

## **AR1036**

## State of Arkansas EMPLOYEE TUITION REIMBURSEMENT TAX CREDIT

| iax i     | rear beginning/   | and ending | /  |                    |          |     |  |  |  |  |
|-----------|---|------------|--|--------------------|----------|-----|--|--|--|--|
| Name      | FEIN/SS   |            |  |                    |          |     | SN .   |  |  |  |
| Addre     | ddress  |            |  |                    |          |     | Code   |  |  |  |
| City      | S   | State      | County   | Zi                 | p        |     | Telephone Number                                   |  |  |  |
| SECTION A | OWNERSHIP CLASSIFICATI  |            |  |                    |          |     |  |  |  |  |
|           | 1. Sole Proprietorship  |            | 4. Partnersh   | low)               |          |     |  |  |  |  |
| E         | 2. Taxable Corporation  |            | 5. Limited Lia   | e Section D below) |          |     |  |  |  |  |
| SE(       | 3. Fiduciary  |            | 6. Subchapter S Corporation (Complete Section D below) |                    |          |     |  |  |  |  |
| SECTION B | ELIGIBILITY CLASSIFICATION  |            |  |                    |          |     |  |  |  |  |
|           | 7. Enter Applicable Eligibility Number (Refer to Instructions, Page 2, Item 15)   |            |  |                    |          |     |  |  |  |  |
|           | 8. Enter Percentage of Revenue fror   | %          |  |                    |          |     |  |  |  |  |
|           | 9. Enter Percentage of retail sale  | %          |  |                    |          |     |  |  |  |  |
|           | 10. Enter average hourly wages paid   |            |  |                    |          |     |  |  |  |  |
| SECTION C | ELIGIBLE TAX CREDIT FOR THIS TAX YEAR   |            |  |                    |          |     |  |  |  |  |
|           | 11. Total Tax Credit subject to inco  | \$         |  |                    |          |     |  |  |  |  |
|           | NOTE: If Ownership Classification box 4, 5 or 6 is checked in Section A, skip lines 12-14 and complete section D, "Allocation of Total Tax Credit for Pass-Through Entity Members." |            |  |                    |          |     |  |  |  |  |
|           | 12. Entity's Income Tax Liability fo  | \$         |  |                    |          |     |  |  |  |  |
|           | 13. Income Tax Liability Limitation   | \$         |  |                    |          |     |  |  |  |  |
|           | 14. Eligible Tax Credit available fo  | \$         |  |                    |          |     |  |  |  |  |
|           | ALLOCATION OF TOTAL TAX CREDIT FOR PASS-THROUGH ENTITY MEMBERS  NOTE: Each Member's share of total tax credit subject to 25% income tax liability limitation                        |            |  |                    |          |     |  |  |  |  |
|           | Member's Name   |            | Percentage<br>Of Ownership                             | Member             | 's SSN/F | EIN | Member's Share of Total<br>Tax Credit From Line 11 |  |  |  |
| SECTION D |   |            | %  |                    |          |     | \$   |  |  |  |
|           |   |            | %  |                    |          |     | \$   |  |  |  |
|           |   |            | %  |                    |          |     | \$   |  |  |  |
|           |   |            | %  |                    |          |     | \$   |  |  |  |
|           |   |            | %  |                    |          |     | \$   |  |  |  |
|           |   |            | %  |                    |          |     | \$   |  |  |  |
|           |   |            | %  |                    |          |     | \$   |  |  |  |
|           |   |            | %  |                    |          |     | \$   |  |  |  |
|           |   |            | %  |                    |          |     | \$   |  |  |  |



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| Tax Year beginning/  | / and ending //_              |  | FEIN/SSN                        |  |  |  |  |  |
|--|-------------------------------|--|---------------------------------|--|--|--|--|--|
| Name of Entity   |                               |  |                                 |  |  |  |  |  |
| SECTION E: Tuition P                                       | aid or Reimbursed by Employer |  |                                 |  |  |  |  |  |
| Accredited Educational Institution Located within Arkansas |                               |  |                                 |  |  |  |  |  |
| Employee's Name  | Name of Institution           |  | Date Tuition Paid or Reimbursed | Amount Paid<br>or Reimbursed<br>(round to whole dollars) |  |  |  |  |
|  |                               |  |                                 | \$   |  |  |  |  |
|  |                               |  |                                 | \$   |  |  |  |  |
|  |                               |  |                                 | \$   |  |  |  |  |
|  |                               |  |                                 | \$   |  |  |  |  |
|  |                               |  |                                 | \$   |  |  |  |  |
|  |                               |  |                                 | \$   |  |  |  |  |
|  |                               |  |                                 | \$   |  |  |  |  |
|  |                               |  |                                 | \$   |  |  |  |  |
|  |                               |  |                                 | \$   |  |  |  |  |
|  |                               |  |                                 | \$   |  |  |  |  |
|  |                               |  |                                 | \$   |  |  |  |  |
|  |                               |  |                                 | \$   |  |  |  |  |
|  |                               |  |                                 | \$   |  |  |  |  |
|  |                               |  |                                 | \$   |  |  |  |  |
|  |                               |  |                                 | \$   |  |  |  |  |
| 1. Total Amount Paid or Reim                               | \$                            |  |                                 |  |  |  |  |  |
| 2. Total Tax Credit (Multiply Li                           | \$                            |  |                                 |  |  |  |  |  |