



Arkansas Corporation Income Tax
Schedule of Net Operating Loss

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| Corporation Name | FEIN |
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This form should be used to calculate Net Operating Loss (NOL) amounts to enter on Line 29 or Schedule A, Line C3 on Form AR1100CT.

Tax Year:

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|-------------|--|
| Tax Year 1: | |
| Tax Year 2: | |
| Tax Year 3: | |
| Tax Year 4: | |
| Tax Year 5: | |
| Tax Year 6: | |
| Tax Year 7: | |
| Tax Year 8: | |

NOL Amt:

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|--------------|--|
| Claim Amt 1: | |
| Claim Amt 2: | |
| Claim Amt 3: | |
| Claim Amt 4: | |
| Claim Amt 5: | |
| Claim Amt 6: | |
| Claim Amt 7: | |
| Claim Amt 8: | |
| Amt Expired: | |

Yr Expires:

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| Balance 1: | |
| Balance 2: | |
| Balance 3: | |
| Balance 4: | |
| Balance 5: | |
| Balance 6: | |
| Balance 7: | |
| Balance 8: | |

Tax Year:

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| Claim Amt 6: | |
| Claim Amt 7: | |
| Claim Amt 8: | |
| Amt Expired: | |

Yr Expires:

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NOL Amt:

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| Amt Expired: | |

Yr Expires:

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