

State of Arkansas EMPLOYEE TUITION REIMBURSEMENT TAX CREDIT

Tax Year beginning/ and ending/									
Name of Entity FEIN/					FEIN/SS	SN			
Address NAICS					Code				
City	Sta	ate	County	Zip		Telephone Number			
A	OWNERSHIP CLASSIFICATION (Check only one box)								
SECTION	1. Sole Proprietorship 4. Partnership (Complete Section D be				low)				
	2. Taxable Corporation		5. Limited Liability Company LLC (Complete Section D below)						
	3. Fiduciary 6. Subchapter S Corporation (Complete S					Section D below)			
SECTION B									
	7. Enter Applicable Eligibility Number (Refer to Instructions, Page 2, Item 15)								
	8. Enter Percentage of Revenue from (%							
	9. Enter Percentage of retail sales	%							
	10. Enter average hourly wages paid (
SECTION C	ELIGIBLE TAX CREDIT FOR THIS TAX YEAR								
	11. Total Tax Credit subject to incom	Ŧ							
	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 for	\$							
	13. Income Tax Liability Limitation (\$							
	14. Eligible Tax Credit available for	\$							
	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								
SECTION D	Member's Name		Percentage Of Ownership	Member's SSN	I/FEIN	Member's Share of Total Tax Credit From Line 11			
			%			\$			
			%			\$			
			%			\$			
ECT			%			\$			
SE			%			\$			
			%			\$			
			%		\$				
			%			\$			
			%			\$			

AR1036



State of Arkansas EMPLOYEE TUITION REIMBURSEMENT TAX CREDIT

Tax Year beginning/	/ and ending/	/	FEIN/SSN				
Name of Entity							
SECTION E: Tuitio	n Paid or Reimbursed by Em	ployer					
Accredited Educational Institution Located within Arkansas							
Employee's Name	Name of Institution	City	Date Tuition Paid or Reimbursed	Amount Paid or Reimbursed (round to whole dollars)			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
1. Total Amount Paid or Reimbursed1.							
2. Total Tax Credit (Multiply Line 1 X 30%, Enter results here and on Line 11, Page 1, Section C)2.							

AR1036