

State of Arkansas EMPLOYEE TUITION REIMBURSEMENT TAX CREDIT

| Tax Year beginning/ and ending/ | | | | | | | | | |
|---------------------------------|--|-------|--|---------------------|----------|--|--|--|--|
| Name of Entity FEIN/S | | | | | N | | | | |
| Address NAIC | | | | NAICS | Code | | | | |
| City | | State | County | Zip | I | Telephone Number | | | |
| A | OWNERSHIP CLASSIFICATION (Check only one box) | | | | | | | | |
| SECTION | 1. Sole Proprietorship 4. Partnership (Complete Section D below) | | | | | | | | |
| | 2. Taxable Corporation | | 5. Limited Lia | te Section D below) | | | | | |
| | 3. Fiduciary | | 6. Subchapter S Corporation (Complete Section D below) | | | | | | |
| SECTION B | | | | | | | | | |
| | 7. Enter Applicable Eligibility Number (Refer to Instructions, Page 2, Item 15) | | | | | | | | |
| | 8. Enter Percentage of Revenue from out-of-state sales (If Eligibility Number 2, 3, 4B, 4C, 8 or 9 entered on Line 7) | | | | | % | | | |
| | 9. Enter Percentage of retail sale | % | | | | | | | |
| 5 | 10. Enter average hourly wages pai | | | | | | | | |
| SECTION C | ELIGIBLE TAX CREDIT FOR THIS TAX YEAR | | | | | | | | |
| | 11. Total Tax Credit subject to inc | 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 f | \$ | | | | | | | |
| | 13. Income Tax Liability Limitatio | \$ | | | | | | | |
| | 14. Eligible Tax Credit available f | \$ | | | | | | | |
| | 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 | | | | | | | | |
| D | Member's Name | | Percentage Of Ownership | Member's | SSN/FEIN | Member's Share of Total Tax Credit From Line 11 | | | |
| | | | % | | | \$ | | | |
| | | | % | | | \$ | | | |
| 101 | | | % | | | \$ | | | |
| SECTION | | | % | | | \$ | | | |
| | | | % | | | \$ | | | |
| | | | % | | | \$ | | | |
| | | | % | | \$ | | | | |
| | | | % | | | \$ | | | |
| | | | % | | | \$ | | | |

AR1036



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| Tax Year beginning | // and ending/ | / | FEIN/SSN | | | | |
|---|-----------------------------|--------|------------------------------------|--|--|--|--|
| Name of Entity | | | | | | | |
| SECTION E: Tuitic | on 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) | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
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| | | | | \$ | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| 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. | | | | | | | |

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