AR1100NOL



Arkansas Corporation Income Tax Schedule of Net Operating Loss

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Corporation Name		FEIN	
This form should be us Line C3 on Form AR11		DL) amounts to enter on Line 29 or Schedule A	,
Tax Year:	NOL Amt:	Yr Expires:	
Tax Year 01:	Claim Amt 01:	Balance 01:	
Tax Year 02:	Claim Amt 02:	Balance 02:	
Tax Year 03:	Claim Amt 03:	Balance 03:	
Tax Year 04:	Claim Amt 04:	Balance 04:	
Tax Year 05:	Claim Amt 05:	Balance 05:	
Tax Year 06:	Claim Amt 06:	Balance 06:	
Tax Year 07:	Claim Amt 07:	Balance 07:	
Tax Year 08:	Claim Amt 08:	Balance 08:	
Tax Year 09:	Claim Amt 09:	Balance 09:	
Tax Year 10:	Claim Amt 10:	Balance 10:	
	Amt Expired:		
Tax Year:	NOL Amt:	Yr Expires:	
Tax Year 01:	Claim Amt 01:	Balance 01:	
Tax Year 02:	Claim Amt 02:	Balance 02:	
Tax Year 03:	Claim Amt 03:	Balance 03:	
Tax Year 04:	Claim Amt 04:	Balance 04:	
Tax Year 05:	Claim Amt 05:	Balance 05:	
Tax Year 06:	Claim Amt 06:	Balance 06:	
Tax Year 07:	Claim Amt 07:	Balance 07:	
Tax Year 08:	Claim Amt 08:	Balance 08:	
Tax Year 09:	Claim Amt 09:	Balance 09:	
Tax Year 10:	Claim Amt 10:	Balance 10:	
	Amt Expired:		
Tax Year:	NOL Amt:	Yr Expires:	
Tax Year 01:	Claim Amt 01:	Balance 01:	
Tax Year 02:	Claim Amt 02:	Balance 02:	
Tax Year 03:	Claim Amt 03:	Balance 03:	
Tax Year 04:	Claim Amt 04:	Balance 04:	
Tax Year 05:	Claim Amt 05:	Balance 05:	
Tax Year 06:	Claim Amt 06:	Balance 06:	
Tax Year 07:	Claim Amt 07:	Balance 07:	
Tax Year 08:	Claim Amt 08:	Balance 08:	
Tax Year 09:	Claim Amt 09:	Balance 09:	
Tax Year 10:	Claim Amt 10:	Ralance 10:	

Amt Expired: