AR1100NOL



Arkansas Corporation Income Tax or Pass-Through Entity Tax Schedule of Net Operating Loss

| | <u>-</u> | | |
|------------------|--|--|---|
| Corporation Name | | FEIN | |
| | ed to calculate Net Operating Loss (NC 00CT or P3 Line 26 and/or P4 Section | DL) amounts to enter on Line 29 or Schedule A, C Line 3 on Form AR1100PET. | |
| 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: | Balance 10: | |

Amt Expired: