

AR1100NOL



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

Corporation Name	FEIN
------------------	------

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 or P3 Line 26 and/or P4 Section C Line 3 on Form AR1100PET.

Tax Year:

Tax Year 01:	
Tax Year 02:	
Tax Year 03:	
Tax Year 04:	
Tax Year 05:	
Tax Year 06:	
Tax Year 07:	
Tax Year 08:	
Tax Year 09:	
Tax Year 10:	

NOL Amt:

Claim Amt 01:	
Claim Amt 02:	
Claim Amt 03:	
Claim Amt 04:	
Claim Amt 05:	
Claim Amt 06:	
Claim Amt 07:	
Claim Amt 08:	
Claim Amt 09:	
Claim Amt 10:	
Amt Expired:	

Yr Expires:

Balance 01:	
Balance 02:	
Balance 03:	
Balance 04:	
Balance 05:	
Balance 06:	
Balance 07:	
Balance 08:	
Balance 09:	
Balance 10:	

Tax Year:

Tax Year 01:	
Tax Year 02:	
Tax Year 03:	
Tax Year 04:	
Tax Year 05:	
Tax Year 06:	
Tax Year 07:	
Tax Year 08:	
Tax Year 09:	
Tax Year 10:	

NOL Amt:

Claim Amt 01:	
Claim Amt 02:	
Claim Amt 03:	
Claim Amt 04:	
Claim Amt 05:	
Claim Amt 06:	
Claim Amt 07:	
Claim Amt 08:	
Claim Amt 09:	
Claim Amt 10:	
Amt Expired:	

Yr Expires:

Balance 01:	
Balance 02:	
Balance 03:	
Balance 04:	
Balance 05:	
Balance 06:	
Balance 07:	
Balance 08:	
Balance 09:	
Balance 10:	

Tax Year:

Tax Year 01:	
Tax Year 02:	
Tax Year 03:	
Tax Year 04:	
Tax Year 05:	
Tax Year 06:	
Tax Year 07:	
Tax Year 08:	
Tax Year 09:	
Tax Year 10:	

NOL Amt:

Claim Amt 01:	
Claim Amt 02:	
Claim Amt 03:	
Claim Amt 04:	
Claim Amt 05:	
Claim Amt 06:	
Claim Amt 07:	
Claim Amt 08:	
Claim Amt 09:	
Claim Amt 10:	
Amt Expired:	

Yr Expires:

Balance 01:	
Balance 02:	
Balance 03:	
Balance 04:	
Balance 05:	
Balance 06:	
Balance 07:	
Balance 08:	
Balance 09:	
Balance 10:	