

STATE OF ARKANSAS
S Corporation Income Tax Return
2007 AR1100S

For Office Use Only



Tax Year Beginning _____, 20____ and Ending ● _____, 20____

| | | |
|-------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Corporation ● | Fed Business Code ● | FEIN ● |
| Address ● | Date of Incorporation ● | TYPE OF CORPORATION: <i>Check only one box below:</i> ● 5 <input type="checkbox"/> Domestic corporation ● 6 <input type="checkbox"/> Foreign corporation |
| City, State and Zip Code ● | Date Began Business in AR ● | |

INCLUDE COPY OF FEDERAL RETURN, SCHEDULE K, K-1 AND ARKANSAS TAX CREDITS (See *Arkansas Business and Incentive Package*)

Check box if applicable: Federal Extension Filed Initial Return Final Return (going out of business) Amended Return

FILING STATUS: (Check only one box)

| | | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| ● 1 <input type="checkbox"/> S Corporation operating only in Arkansas | ● 3 <input type="checkbox"/> Multistate S Corporation - Direct Accounting <small>(Prior written approval required for Direct Accounting)</small> | For Office Use Only ● <input type="checkbox"/> |
| ● 2 <input type="checkbox"/> Multistate S Corporation - Apportionment | ● 4 <input type="checkbox"/> S Corporation with QSSS Entities <small>(Attach schedule of QSSS entities)</small> | |

| | A. TOTAL | | B. ARKANSAS |
|----------------------------------------------------------------------------------------------|----------|-----|-------------|
| 7. Gross receipts of sales: (Less returns and allowances)..... | 00 | 7 | 00 |
| 8. Cost of goods sold and/or operations: (Submit schedule)..... | 00 | 8 | 00 |
| 9. Gross profit: (Subtract Line 8 from Line 7) | 00 | 9 | 00 |
| 10. Net gain (or loss) from Form 4797: | 00 | 10 | 00 |
| 11. Other income: (Attach schedule)..... | 00 | 11 | 00 |
| 12. TOTAL INCOME (LOSS): (Add Lines 9 through 11 and enter here) | 00 | 12 | 00 |
| 13. Compensation of officers:..... | 00 | 13 | 00 |
| 14. Salaries and wages: (See Instructions) | 00 | 14 | 00 |
| 15. Repairs: | 00 | 15 | 00 |
| 16. Bad Debts: (Submit schedule)..... | 00 | 16 | 00 |
| 17. Rent:..... | 00 | 17 | 00 |
| 18. Taxes: (See Instructions)..... | 00 | 18 | 00 |
| 19. Deductible interest expense not claimed or reported elsewhere:..... | 00 | 19 | 00 |
| 20a. Depreciation: (Attach Fed. Form 4562)..... 20a | 00 | | |
| b. Depreciation reported elsewhere on return:..... 20b | 00 | | |
| c. Subtract Line 20b from 20a:..... 20c | 00 | 20c | 00 |
| 21. Depletion: (Do not deduct oil and gas depletion) | 00 | 21 | 00 |
| 22. Advertising:..... | 00 | 22 | 00 |
| 23. Pension, profit-sharing, etc. plans:..... | 00 | 23 | 00 |
| 24. Employee benefit programs: | 00 | 24 | 00 |
| 25. Other deductions: (Attach schedule) | 00 | 25 | 00 |
| 26. TOTAL DEDUCTIONS: (Add Lines 13 through 25 and enter here) | 00 | 26 | 00 |
| 27. NET INCOME (LOSS) from trade or business activity: (Subtr. Line 26 from Line 12)..... | 00 | 27● | 00 |
| 28. Excess net passive income tax: (See Instructions page 9) | | 28● | 00 |
| 29. Income tax on Capital gains/Built in gains: (from Schedule D, page 2, A7+B6)..... | | 29 | 00 |
| 30. Total Tax : (Add Lines 28 and 29) | | 30● | 00 |
| 31. Payments: (2007 estimated tax payments and amount applied from 2006 return) | | 31● | 00 |
| 32. Tax Due: (If Line 31 is less than Line 30, enter the amount due) | | 32● | 00 |
| 33. Overpayment: (If Line 31 is greater than Line 30, enter the difference) | | 33● | 00 |
| 34. Amount of refund to be credited to 2008 estimated tax: | | 34● | 00 |
| 35. Refund: (Subtract Line 34 from Line 33)..... | | 35● | 00 |

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | | |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|-----|
| Officer's Signature | Date | Title | FOR DEPARTMENT USE ONLY | |
| Preparer's Signature | Date | Preparer's FEIN/PIN ● | Check if Self-Employed <input type="checkbox"/> | A ● |
| Preparer's Printed Name | May the Arkansas Revenue Agency discuss this return with the preparer shown at left? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | B ● |
| Area Code and Telephone Number of Preparer | | | | C ● |
| | | | | D ● |
| | | | | E ● |
| | | | | F ● |

SCHEDULE A - Worksheet for Apportionment of Multistate Corporation

A. INCOME TO APPORTION:

| | | | |
|-------------------------------------------------------------------------------------------------|----|--|----|
| 1. Income: (Enter amount from page 1, Line 27, Column A)..... | 1 | | 00 |
| 2. Interest: (Do not include interest from U. S. Government obligations; Submit schedule) | 2 | | 00 |
| 3. Dividend income: (Submit schedule)..... | 3 | | 00 |
| 4. Net Income (loss) from rental activities and Royalties: (Submit schedule) | 4 | | 00 |
| 5. Net capital gain (loss) not listed on page 1: (Submit schedule) | 5 | | 00 |
| 6. Other income (loss): (Submit schedule) | 6 | | 00 |
| 7. Total Income: (Add Lines 1 through 6 and enter here)..... | 7 | | 00 |
| 8. Charitable Contributions: (Submit schedule)..... | 8 | | 00 |
| 9. Section 179 expense deduction: (Submit schedule) | 9 | | 00 |
| 10. Other expenses (adjustments) not included elsewhere: (Submit schedule) | 10 | | 00 |
| 11. Total deductions: (Add Lines 8 through 10 and enter here) | 11 | | 00 |
| 12. TOTAL APPORTIONABLE INCOME: (Subtract Line 11 from Line 7) | 12 | | 00 |

B. APPORTIONMENT FACTOR:

| | (A) Amounts in Arkansas | (B) Total Amounts | (C) Percentage (A)÷(B) |
|------------------------------------------------------------------------------------------------|----------------------------|----------------------|------------------------------------------------------------------------------------------------------------|
| 1. Property used in the Production of Business Income: | | | |
| a. Tangible Assets used in Business and Inventories | | | |
| Less Construction in Progress | | | |
| 1. Amount at the Beginning of Year | 00 | 00 | (Calculate to 6 places to the right of decimal. Fill in all spaces) 999.999999 % (EXAMPLE) |
| 2. Amount at the End of year | 00 | 00 | |
| 3. Total: (Add Lines a1 and a2)..... | 00 | 00 | |
| 4. Average Tangible Assets: (Line a3 divided by 2) | 00 | 00 | |
| b. Rented Property: (8 X net annual rent)..... | 00 | 00 | |
| c. TOTAL TANGIBLE PROPERTY: (Add Lines a4 and b)..... | 00 | 00 | % |
| 2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Income: | | | |
| a. TOTAL: | 00 | 00 | % |
| 3. Sales / Receipts: | | | |
| a. Destination Shipped From Within Arkansas:..... | 00 | | |
| b. Destination Shipped From Without Arkansas:..... | 00 | | |
| c. Origin Shipped From Within Arkansas to U. S. Govt:..... | 00 | | |
| d. Origin Shipped From Within Arkansas to Other Non-taxable Jurisdictions: | 00 | | |
| e. Other Business Gross Receipts: | 00 | | |
| (Interest, Dividends, Rents, Gains, etc. Attach Schedule) | | | |
| f. TOTAL SALES: (Add Lines 3a through 3e)..... | 00 | 00 | % |
| g. Multiply Column C, Line 3f by 2 to Doubleweight the Sales Factor | | | % |
| 4. Sum of the Percentages: (Add Column C, Lines 1c, 2a, and 3g)..... | | | % |
| *5. Percentage Attributable to Arkansas: | Line 4 | % | Divided by |

(Calculate to 6 places to the right of decimal. Fill in all spaces)

999.999999 %
(EXAMPLE)

* For Part B, Line 5, divide Line 4 by the number of entries other than zero which you make on Part B, Column B, Lines (1c), (2a), and (3f).
Note: An entry other than zero in Part B, Column B, Line 3g, counts as two (2) entries.

C. ARKANSAS TAXABLE INCOME:

| | |
|----------------------------------------------------------------------------------------|----|
| 1. Income Apportioned to Arkansas: (Multiply Part A, Line 12 by Part B, Line 5)..... | 00 |
| 2. Add: Direct Income Allocated to Arkansas: (Submit schedule) | 00 |
| 3. TOTAL INCOME TAXABLE TO ARKANSAS:(Enter here and on page 1, line 27, Column B)..... | 00 |

SCHEDULE D - Capital Gains Tax

A. TAX IMPOSED ON CERTAIN CAPITAL GAINS:

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Taxable Income: (See Instructions; Attach computation schedule)..... | 00 |
| 2. Enter tax on Line 1 amount: (See Instructions for computation of tax) | 00 |
| 3. Net long-term capital gain reduced by net short-term capital loss: (If Multistate, multiply by apportionment factor, Part B, Line 5 above) | 00 |
| 4. Statutory minimum: | \$25,000 00 |
| 5. Subtract Line 4 from Line 3: | 00 |
| 6. Tax: (Enter 6.5% of Line 5)..... | 00 |
| 7. Compare Line 2 and Line 6: (Enter the smaller amount here and on Line 29, page 1, Form AR1100S)..... | 00 |

B. TAX IMPOSED ON CERTAIN BUILT-IN GAINS:

| | |
|------------------------------------------------------------------------------------------------------------|----|
| 1. Taxable Income: (See Instructions; Attach computation schedule)..... | 00 |
| 2. Recognized built-in gain: (If Multistate, multiply by apportionment factor, Part B, Line 5 above) | 00 |
| 3. Enter smaller of Line 1 or 2: | 00 |
| 4. Section 1374(b)(2) deduction: | 00 |
| 5. Subtract Line 4 from Line 3: (If zero or less, enter zero here and on Line 6 below)..... | 00 |
| 6. Enter 6.5% of Line 5: (Enter here and on Line 29, page 1, Form AR1100S)..... | 00 |