

**2010 AR1100S**  
**STATE OF ARKANSAS S CORPORATION**  
**INCOME TAX RETURN**



Tax Year beginning ● / / and ending ● / / ●  Check If Filing as a Financial Institution  
 ●  Check if INITIAL Return ●  Check if AMENDED Return ●  Check if FINAL Arkansas Return ●  Check if Cooperative Association

FEIN ●	<input type="checkbox"/> Check this box if Automatic Federal Extension Form 7004 filed (See Instructions) <input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed			<b>Type of Corporation</b> Check only one box below ● 5 <input type="checkbox"/> Domestic ● 6 <input type="checkbox"/> Foreign
Federal Business Code ●	Name <input type="checkbox"/> Check this box if Name has changed from prior year ●			
Date of Incorporation ●	Address <input type="checkbox"/> Check this box if Address has changed from prior year ●			
Date Began Business in AR ●	City ●	State ●	Zip ●	Telephone Number
<b>FILING STATUS:</b> ● 1 <input type="checkbox"/> S Corporation operating only in Arkansas ● 3 <input type="checkbox"/> Multistate S Corporation - Direct Accounting (Check only one box) ● 2 <input type="checkbox"/> Multistate S Corporation - Apportionment ● 4 <input type="checkbox"/> S Corporation with QSSS Entities (Attach schedule of QSSS entities)				

NOTE: Attach completed copy of Federal Return and Sign Arkansas Return		TOTAL	ARKANSAS
7. Gross receipts of sales: (Less returns and allowances).....	7.	00	7. 00
8. Cost of goods sold and/or operations: (Attach schedule).....	8.	00	8. 00
9. Gross profit: (Subtract Line 8 from Line 7).....	9.	00	9. 00
10. Net gain (or loss) from Form 4797:.....	10.	00	10. 00
11. Other income: (Attach schedule).....	11.	00	11. 00
12. TOTAL INCOME (LOSS): (Add Lines 9 through 11 and enter here).....	12.	00	12. 00
13. Compensation of officers:.....	13.	00	13. 00
14. Salaries and wages: (See Instructions).....	14.	00	14. 00
15. Repairs:.....	15.	00	15. 00
16. Bad Debts: (Attach schedule).....	16.	00	16. 00
17. Rent:.....	17.	00	17. 00
18. Taxes: (See Instructions).....	18.	00	18. 00
19. Deductible interest expense not claimed or reported elsewhere:.....	19.	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).....	21.	00	21. 00
22. Advertising:.....	22.	00	22. 00
23. Pension, profit-sharing, etc. plans:.....	23.	00	23. 00
24. Employee benefit programs:.....	24.	00	24. 00
25. Other deductions: (Attach schedule).....	25.	00	25. 00
26. TOTAL DEDUCTIONS: (Add Lines 13 through 25 and enter here).....	26.	00	26. 00
27. NET INCOME (LOSS) from trade or business activity: (Subtr. Line 26 from Line 12).....	27.	00	27. 00
28. Excess net passive income tax: (See Instructions).....	28.	00	28. 00
29. Income tax on Capital gains/Built in gains: (from Schedule D, page 2, A7+B6).....	29.	00	29. 00
30. Total Tax : (Add Lines 28 and 29) (If Amended Return Checked, Enter Amended Total Tax).....	30.	00	30. 00
31. Payments: (2010 estimated tax payments and amount applied from 2009 return).....	31.	00	31. 00
32. Amended Return Only: (Enter Net Tax paid (or refunded) on previous returns for this tax year).....	32.	00	32. 00
33. Tax Due: (If Line 31 is less than Line 30, enter the amount due).....	33.	00	33. 00
34. Overpayment: (If Line 31 is greater than Line 30, enter the difference).....	34.	00	34. 00
35. Amount of refund to be credited to 2011 estimated tax:.....	35.	00	35. 00
36. Refund: (Line 34 less Line 35).....	36.	00	36. 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	<b>FOR OFFICE USE ONLY</b>
Preparer's Signature	Date	Preparer's FEIN/PIN ●	
Preparer's Printed Name		Check if Self-Employed <input type="checkbox"/>	
Area Code and Telephone Number of Preparer		May the Arkansas Revenue Agency discuss this return with the preparer shown at left? <input type="checkbox"/> Yes <input type="checkbox"/> No	



CTSC102

SCHEDULE A - Worksheet for Apportionment of Multistate Corporation

A. INCOME TO APPORTION: Table with 12 rows for income items and deductions, including Total Income and Total Deductions.

B. APPORTIONMENT FACTOR: Table with columns (A) Amounts in Arkansas, (B) Total Amounts, and (C) Percentage (A)÷(B). Includes rows for Property used in Production of Business Income and Salaries/Wages.

\*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: Table with 3 rows for income apportioned to Arkansas, direct income allocated, and total income taxable to Arkansas.

SCHEDULE D - Capital Gains Tax

A. TAX IMPOSED ON CERTAIN CAPITAL GAINS: Table with 7 rows for taxable income, tax amount, net long-term capital gain, statutory minimum, and final tax calculation.

B. TAX IMPOSED ON CERTAIN BUILT-IN GAINS: Table with 6 rows for taxable income, recognized built-in gain, smaller of lines 1 or 2, deduction, and final tax calculation.