



AR1036

State of Arkansas
EMPLOYEE TUITION REIMBURSEMENT TAX CREDIT

Tax Year beginning \_\_\_/\_\_\_/\_\_\_ and ending \_\_\_/\_\_\_/\_\_\_

Name of Entity, FEIN/SSN, Address, NAICS Code, City, State, County, Zip, Telephone Number

SECTION A OWNERSHIP CLASSIFICATION (Check only one box)
1. Sole Proprietorship, 2. Taxable Corporation, 3. Fiduciary, 4. Partnership, 5. Limited Liability Company LLC, 6. Subchapter S Corporation

SECTION B ELIGIBILITY CLASSIFICATION
7. Enter Applicable Eligibility Number, 8. Enter Percentage of Revenue from out-of-state sales, 9. Enter Percentage of retail sales to general public, 10. Enter average hourly wages paid

SECTION C ELIGIBLE TAX CREDIT FOR THIS TAX YEAR
11. Total Tax Credit subject to income tax liability limitation, NOTE: If Ownership Classification box 4, 5 or 6 is checked in Section A, skip lines 12-14 and complete section D, 12. Entity's Income Tax Liability for This Tax Year, 13. Income Tax Liability Limitation, 14. Eligible Tax Credit available for this Tax Year only

SECTION D ALLOCATION OF TOTAL TAX CREDIT FOR PASS-THROUGH ENTITY MEMBERS
NOTE: Each Member's share of total tax credit subject to 25% income tax liability limitation
Table with columns: Member's Name, Percentage Of Ownership, Member's SSN/FEIN, Member's Share of Total Tax Credit From Line 11



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**SECTION E: Tuition Paid or Reimbursed by Employer**

Accredited Educational Institution Located within Arkansas

Employee's Name	Name of Institution	City	Date Tuition Paid or Reimbursed	Amount Paid or Reimbursed (round to whole dollars)
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

1. Total Amount Paid or Reimbursed.....1.	\$
2. Total Tax Credit (Multiply Line 1 X 30%, Enter results here and on Line 11, Page 1, Section C).....2.	\$