



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 (Complete Section D below)
5. Limited Liability Company LLC (Complete Section D below)
6. Subchapter S Corporation (Complete Section D below)

SECTION B ELIGIBILITY CLASSIFICATION
7. Enter Applicable Eligibility Number (Refer to Instructions, Page 2, Item 15)
8. Enter Percentage of Revenue from out-of-state sales (If Eligibility Number 2, 3, 4B, 4C, 8 or 9 entered on Line 7) %
9. Enter Percentage of retail sales to general public (If Eligibility Number 2, 3, 5 or 6 entered on Line 7) %
10. Enter average hourly wages paid (If Eligibility Number 8 or 9 entered on Line 7)

SECTION C ELIGIBLE TAX CREDIT FOR THIS TAX YEAR
11. Total Tax Credit subject to income tax liability limitation (Enter amount from Section E, page 2, line 2) \$
NOTE: If Ownership Classification box 4, 5 or 6 is checked in Section A, skip lines 12-14 and complete section D, "Allocation of Total Tax Credit for Pass-Through Entity Members."
12. Entity's Income Tax Liability for This Tax Year \$
13. Income Tax Liability Limitation (Multiply Line 12 x 25%) \$
14. Eligible Tax Credit available for this Tax Year only (Enter the smaller of Line 11 or Line 13) \$

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.	\$