

This form should be used to calculate Net Operating Loss (NOL) amounts to enter on Line 31 or Schedule A, Line C3 of the Arkansas Form AR1100CT.

**Name of Corporation:** \_\_\_\_\_

**FEIN:** \_\_\_\_\_

**Tax Year:**

Tax Year 1:

Tax Year 2:

Tax Year 3:

Tax Year 4:

Tax Year 5:

**NOL Amt:**

Claim Amt 1:

Claim Amt 2:

Claim Amt 3:

Claim Amt 4:

Claim Amt 5:

Amt Expired:

**Yr Expires:**

Balance 1:

Balance 2:

Balance 3:

Balance 4:

Balance 5:

**Tax Year:**

Tax Year 1:

Tax Year 2:

Tax Year 3:

Tax Year 4:

Tax Year 5:

**NOL Amt:**

Claim Amt 1:

Claim Amt 2:

Claim Amt 3:

Claim Amt 4:

Claim Amt 5:

Amt Expired:

**Yr Expires:**

Balance 1:

Balance 2:

Balance 3:

Balance 4:

Balance 5:

**Tax Year:**

Tax Year 1:

Tax Year 2:

Tax Year 3:

Tax Year 4:

Tax Year 5:

**NOL Amt:**

Claim Amt 1:

Claim Amt 2:

Claim Amt 3:

Claim Amt 4:

Claim Amt 5:

Amt Expired:

**Yr Expires:**

Balance 1:

Balance 2:

Balance 3:

Balance 4:

Balance 5:

**Tax Year:**

Tax Year 1:

Tax Year 2:

Tax Year 3:

Tax Year 4:

Tax Year 5:

**NOL Amt:**

Claim Amt 1:

Claim Amt 2:

Claim Amt 3:

Claim Amt 4:

Claim Amt 5:

Amt Expired:

**Yr Expires:**

Balance 1:

Balance 2:

Balance 3:

Balance 4:

Balance 5:

**Tax Year:**

Tax Year 1:

Tax Year 2:

Tax Year 3:

Tax Year 4:

Tax Year 5:

**NOL Amt:**

Claim Amt 1:

Claim Amt 2:

Claim Amt 3:

Claim Amt 4:

Claim Amt 5:

Amt Expired:

**Yr Expires:**

Balance 1:

Balance 2:

Balance 3:

Balance 4:

Balance 5: