

AR1100NOL

**Arkansas Corporation Income Tax Section
Schedule of Net Operating Loss**

This form should be used to calculate Net Operating Loss (NOL) amounts to enter on Line 29 or Schedule A, Line C3 on 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:	