

**State of Arkansas
EMPLOYEE TUITION REIMBURSEMENT TAX CREDIT**

Tax Year beginning ____ / ____ / ____ and ending ____ / ____ / ____		FEIN/SSN		
Name of Entity		NAICS Code		
Address				
City	State	County	Zip Telephone Number	
SECTION A	OWNERSHIP CLASSIFICATION <i>(Check only one Box)</i>			
	1. <input type="checkbox"/> Sole Proprietorship	4. <input type="checkbox"/> Partnership (Complete Section D below)		
	2. <input type="checkbox"/> Taxable Corporation	5. <input type="checkbox"/> Limited Liability Company LLC (Complete Section D below)		
	3. <input type="checkbox"/> Fiduciary	6. <input type="checkbox"/> 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)		\$	
	<i>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."</i>			
	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			
	<i>NOTE: Each Member's share of total tax credit subject to 25% income tax liability limitation</i>			
	Member's Name	Percentage Of Ownership	Member's SSN/FEIN	Member's Share of Total Tax Credit From Line 11
		%		\$
		%		\$
		%		\$
		%		\$
		%		\$
		%		\$
		%		\$

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Tax Year beginning ____/____/____ and ending ____/____/____

Name of Entity	FEIN/SSN
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SECTION E
Schedule of 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 <small>(round to whole dollars)</small>
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
1. Total Amount Paid or Reimbursed			1.	\$
2. Total Tax Credit <i>(Multiply Line 1 X 30%, Enter results here and on Line 11, Page 1, Section C)</i>			2.	\$