

SCHEDULE A – Apportionment of Income for Multistate Corporation

FEIN:

A. INCOME TO APPORTION:

1. Income per Federal Return: (Federal Form 1120, Line 28)		00
2. Add Adjustments: (Submit Schedule)		00
3. Deduct Adjustments: (Submit schedule)		00
4. TOTAL APPORTIONABLE INCOME:		00

NOTE: If all factors in Section B are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, CORPORATION OPERATING ONLY IN ARKANSAS and complete all appropriate lines of page 1 of Form AR1100CT.

B. APPORTIONMENT FACTOR:

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A) ÷ (B)
1. Property Used in Business:			
a. Tangible Assets Used in Business and Inventories			
Less Construction in Progress:			
1. Amount Beginning of Year:	00	00	(Calculate to 6 places to the right of the decimal. Fill in all spaces.)
2. Amount End of Year:	00	00	
3. Total: (Add Lines a1 and a2)	00	00	
4. Average Tangible Assets: (Line 3 ÷ 2)	00	00	
b. Rental Property: (8 times annual rent)	00	00	999.999999 %
c. Average Value of Intangible Property: (For Financial Institutions Only - Submit schedule)	00	00	(EXAMPLE)
d. TOTAL PROPERTY: (Add Lines a4, b, and c)	00	00	%
2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Business Income:			
a. TOTAL:	00	00	%
3. Sales/Receipts:			
a. Destination Shipped From Within Arkansas:	00		
b. Destination Shipped From Without Arkansas:	00		
c. Origin Shipped From Within Arkansas to U.S. Govt:	00		
d. Origin Shipped From Within Arkansas to Other Non-taxable Jurisdictions:	00		
e. Other Gross Receipts: (Submit schedule)	00		
f. TOTAL SALES / RECEIPTS: (Add Lines 3a through 3e)	00	00	%
g. DOUBLE WEIGHTED: (Applies to tax years beginning on or after January 1, 1995) (Financial Institutions must use Single Weighted Factor) (Column C, Line 3f X 2)			%
4. Sum of Percentages: (Single Weighted: Add Column C, Lines 1d, 2a and 3f) (Double Weighted: Add Column C, Lines 1d, 2a and 3g)			%
5. Percentage Attributable to Arkansas: Line 4		Divided By	= %

*For Part B, Line 5, Divide Line 4 by number of entries other than zero which you make on Part B, Column B, Lines (1d), (2a), and (3f).

NOTE: An entry other than zero in Part B, Column B, Line (3f), counts as two (2) entries unless using Single Weighted Factor.

C. ARKANSAS TAXABLE INCOME:

1. Income Apportioned to Arkansas: (Part A, Line 4) x (Part B, Line 5, Column C)	00
2. Add: Direct Income Allocated to Arkansas: (Submit schedule)	00
3. Less: Apportioned NOL to Arkansas: (See NOL Instructions, page 6)	00
4. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on Line 32, page 1)	00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, statements and documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGNATURE OF OFFICER	DATE	TITLE	OFFICE USE ONLY			
PREPARER'S SIGNATURE	DATE	PREPARER'S FEIN/PIN	A ●			
PREPARER'S PRINTED NAME	May the Arkansas Revenue Agency discuss this return with the preparer shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No		B ●			
AREA CODE AND TELEPHONE NUMBER OF PREPARER			C ●			
			D ●			
			E ●			
Mail completed form to: Corporation Income Tax, P. O. Box 919, Little Rock, AR 72203-0919			F ●			