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: | NOL Amt: | Yr Expires: |
| Tax Year 1: | Claim Amt 1: | Balance 1: |
| Tax Year 2: | Claim Amt 2: | Balance 2: |
| Tax Year 3: | Claim Amt 3: | Balance 3: |
| Tax Year 4: | Claim Amt 4: | Balance 4: |
| Tax Year 5: | Claim Amt 5: | Balance 5: |
| | Amt Expired: | |
| Tax Year: | NOL Amt: | Yr Expires: |
| Tax Year 1: | Claim Amt 1: | Balance 1: |
| Tax Year 2: | Claim Amt 2: | Balance 2: |
| Tax Year 3: | Claim Amt 3: | Balance 3: |
| Tax Year 4: | Claim Amt 4: | Balance 4: |
| Tax Year 5: | Claim Amt 5: | Balance 5: |
| | Amt Expired: | |
| Tax Year: | NOL Amt: | Yr Expires: |
| Tax Year 1: | Claim Amt 1: | Balance 1: |
| Tax Year 2: | Claim Amt 2: | Balance 2: |
| Tax Year 3: | Claim Amt 3: | Balance 3: |
| Tax Year 4: | Claim Amt 4: | Balance 4: |
| Tax Year 5: | Claim Amt 5: | Balance 5: |
| | Amt Expired: | |
| Tax Year: | NOL Amt: | Yr Expires: |
| Tax Year 1: | Claim Amt 1: | Balance 1: |
| Tax Year 2: | Claim Amt 2: | Balance 2: |
| Tax Year 3: | Claim Amt 3: | Balance 3: |
| Tax Year 4: | Claim Amt 4: | Balance 4: |
| Tax Year 5: | Claim Amt 5: | Balance 5: |
| | Amt Expired: | |
| Tax Year: | NOL Amt: | Yr Expires: |
| Tax Year 1: | Claim Amt 1: | Balance 1: |
| Tax Year 2: | Claim Amt 2: | Balance 2: |
| Tax Year 3: | Claim Amt 3: | Balance 3: |
| Tax Year 4: | Claim Amt 4: | Balance 4: |
| Tax Year 5: | Claim Amt 5: | Balance 5: |
| | Amt Expired: | |