

2011 AR1100CT

ARKANSAS CORPORATION

INCOME TAX RETURN

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

Check if INITIAL Return •
 Check if AMENDED Return •
 Check if FINAL Arkansas Return •
 Check if Cooperative Association

| | | | | |
|--------------------------------|--|--|----------|------------------|
| FEIN • | <input type="checkbox"/> Check this box if Automatic Federal Extension Form 7004 filed <input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed <small>(See Instructions)</small> | <input type="checkbox"/> Check if Filing as Financial Institution <input type="checkbox"/> Check if Single Weighting Sales Factor | | |
| NAICS Code • | Name <input type="checkbox"/> Check this box if Name has changed from prior year • | Type of Corporation <small>Check only one box below</small> • 5 <input type="checkbox"/> Domestic • 6 <input type="checkbox"/> Foreign | | |
| Date of Incorporation • | Address <input type="checkbox"/> Check this box if Address has changed from prior year • | | | |
| Date Began Business in AR • | City • | State • | Zip • | Telephone Number |

If you are a pass-through entity and are electing the "Check the Box" provision for state income tax purposes, check the type of entity and check one of the filing status boxes below: • 7 LIMITED LIABILITY COMPANY • 8 PARTNERSHIP
See Instructions, page 4

FILING STATUS: (CHECK ONLY ONE BOX) • 1 CORPORATION OPERATING ONLY IN ARKANSAS • 3 MULTISTATE CORPORATION - DIRECT ACCOUNTING
(Prior written approval required for Direct Accounting)
 • 2 MULTISTATE CORPORATION - APPORTIONMENT • 4 CONSOLIDATED RETURN: # of corp. entities in AR ____

Note: Attach completed copy of Federal Return and Sign Arkansas Return. (See Important Reminders)

| | | ARKANSAS |
|--|---|----------|
| INCOME | 9. Gross Sales: (Less returns and allowances)9. ● | 00 |
| | 10. Less Cost of Goods Sold:10. ● | 00 |
| | 11. Gross Profit: (Line 9 less Line 10)11. ● | 00 |
| | 12. Dividends: (See Instructions)12. ● | 00 |
| | 13. Taxable Interest: (Attach AR1100REC)13. ● | 00 |
| | 14. Gross Rents/Gross Royalties: (See Instructions)14. ● | 00 |
| | 15. Gains or Losses:15. ● | 00 |
| DEDUCTIONS | 16. Other Income:16. ● | 00 |
| | 17. TOTAL INCOME: (Add Lines 11 through 16)17. ● | 00 |
| | 18. Compensation of Officers/Other Salaries and Wages: (See Instructions)18. ● | 00 |
| | 19. Repairs:19. ● | 00 |
| | 20. Bad Debts:20. ● | 00 |
| | 21. Rent on Business Property:21. ● | 00 |
| | 22. Taxes: (Attach AR1100REC)22. ● | 00 |
| | 23. Interest:23. ● | 00 |
| | 24. Contributions:24. ● | 00 |
| | 25. Depreciation: (Attach AR1100REC)25. ● | 00 |
| | 26. Depletion:26. ● | 00 |
| | 27. Advertising:27. ● | 00 |
| | 28. Other Deductions: (Attach schedule)28. ● | 00 |
| | 29. TOTAL DEDUCTIONS: (Add Lines 18 through 28)29. ● | 00 |
| | 30. Taxable Income Before Net Operating Losses: (Line 17 less Line 29)30. ● | 00 |
| 31. Net Operating Losses: (Adjust for Non-taxable Income)31. ● | 00 | |
| TAX COMPUTATION | 32. Net Taxable Income: (Line 30 less Line 31 or Schedule A C4 page 2) (If Amended Return Box Checked, Enter Amended Net Taxable Income)32. ● | 00 |
| | 33. Tax from Table: (Instruction Booklet, pages 17 and 18)33. ● | 00 |
| | 34. Business Incentive Credits: (Attach all original certificates and Schedule AR1100BIC)34. ● | 00 |
| | 35. Tax Liability: (If Amended Return Box Checked, Enter Amended Tax Liability)35. ● | 00 |
| | 36. Estimated Tax Paid: (Including estimate carryforward from prior year)36. ● | 00 |
| | 37. Payment with Extension Request:37. ● | 00 |
| | 38. Amended Return Only: (Enter Net tax paid (or refunded) on previous returns(s) for this tax year)38. ● | 00 |
| | 39. Overpayment: (Line 36 plus line 37 less line 35; plus or minus Line 38, if applicable)39. ● | 00 |
| | 40. Amount Applied to 2012 Estimated Tax40. ● | 00 |
| | 41. Amount Applied to Check Off Contributions: (Attach AR1100CO)41. ● | 00 |
| | 42. Amount to be Refunded: (Line 39 less Lines 40 and 41)42. ● | 00 |
| | 43. Tax Due: (Line 35 less Line 36 and 37; plus or minus Line 38, if applicable)43. ● | 00 |
| | 44. Interest on Tax Due:44. ● | 00 |
| | 45. Penalty for Late Filing or Payment: (See Instructions)45. ● | 00 |
| | 46. Penalty for Underpayment of Estimated Tax: (Attach AR2220) Enter exception checked in Part 346. ● | 00 |
| | 47. Amount Due: (Add Lines 43 through 46)47. ● | 00 |

SCHEDULE A
Apportionment of Income
for Multistate Corporation

FEIN: _____

A. INCOME TO APPORTION:

| | | | |
|---|---|-------|----|
| 1. Income per Federal Return: (Federal Form 1120, Line 28).....1. | ● | _____ | 00 |
| 2. Add Adjustments: (Attach schedule).....2. | ● | _____ | 00 |
| 3. Deduct Adjustments: (Attach schedule).....3. | ● | _____ | 00 |
| 4. TOTAL APPORTIONABLE INCOME:.....4. | ● | _____ | 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 on 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:.....1. | _____00 | _____00 | (Calculate to 6 places to the right of the decimal. Fill in all spaces.) |
| 2. Amount End of Year:.....2. | _____00 | _____00 | |
| 3. Total: (Add Lines a1 and a2).....3. | _____00 | _____00 | |
| 4. Average Tangible Assets: (Line 3 ÷ 2)4. | _____00 | _____00 | |
| b. Rental Property: (8 times annual rent)b. | _____00 | _____00 | 999.999999 % |
| c. Average Value of Intangible Property:c. | _____00 | _____00 | (EXAMPLE) |
| (For Financial Institutions Only - Attach schedule) | | | |
| d. TOTAL PROPERTY: (Add Lines a4, b, and c)d. | _____00 | _____00 | _____ % |

| | | | |
|--|---------|---------|---------|
| 2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Business Income: | | | |
| a. TOTAL:.....a. | _____00 | _____00 | _____ % |

| | | | |
|---|---------|---------|---------|
| 3. Sales/Receipts: | | | |
| a. Destination Shipped From Within Arkansas:.....a. | _____00 | | |
| b. Destination Shipped From Without Arkansas:b. | _____00 | | |
| c. Origin Shipped From Within Arkansas to U.S. Govt: .c. | _____00 | | |
| d. Origin Shipped From Within Arkansas to Other Non-taxable Jurisdictions:.....d. | _____00 | | |
| e. Other Gross Receipts: (Attach schedule)e. | _____00 | | |
| f. TOTAL SALES / RECEIPTS: (Add Lines 3a through 3e)f. | _____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)g. | | | _____ % |

| | | | |
|--|---|-------|---|
| 4. Sum of Percentages:(Single Weighted: Add Column C, Lines 1d, 2a and 3f) (Double Weighted: Add Column C, Lines 1d, 2a and 3g).....4. | ● | _____ | % |
|--|---|-------|---|

5. Percentage Attributable to Arkansas:Line 4 _____ Divided By _____ = 5. _____ %

*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)1. | ● | _____ | 00 |
| 2. Add: Direct Income Allocated to Arkansas: (Attach schedule)2. | ● | _____ | 00 |
| 3. Less: Apportioned NOL to Arkansas: (See NOL Instructions, page 7)3. | ● | _____ | 00 |
| 4. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on Line 32, page 1).....4. | ● | _____ | 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 | FOR OFFICE USE ONLY |
| PREPARER'S SIGNATURE | DATE | PREPARER'S FEIN/PIN | |
| PREPARER'S PRINTED NAME | May the Arkansas Revenue Agency discuss this return with the preparer shown above? | | |
| AREA CODE AND TELEPHONE NUMBER OF PREPARER | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Mail completed form to: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919