FOR OFFICE USE ONLY

State of Arkansas CORPORATION INCOME TAX RETURN 2007 AR1100CT

	ar beginning / _	/ and ending / / /	_ •	Check if Final Arkansa	s Return	
FEIN		HAS A FEDERAL EXTENSION BEEN		Check if Filing as Final		
•		Check this box if Automatic Federal Extens	sion Form 7004 filed	Check if Single Weight	ing Sales Factor	
Federal Business Code		Name			Type of Corporation	
•		•			• 5 Domestic	
Date of Incorporation		Address			• 6 Foreign	
•		•			o L Foreign	
Date Began Business in AR		City	State	Zip	Telephone Number	
•		•	•	•		
	u are a pass-through iling status boxes bel instructions, page 4	entity and are electing the "Check the Box" p ow: ● 7 ☐ LIMITED LIABILITY CO		purposes, check the type open comments of the	of entity and check one of	
FILIN	NG STATUS: ● 1	☐ CORPORATION OPERATING ONLY IN			N - DIRECT ACCOUNTING	
(CHE	CK ONLY	☐ MULTISTATE CORPORATION - APPOR		ior written approval require NSOLIDATED RETURN: #		
		ppy of Federal Return and sign Arkansas Ret				
74010.	· · · · · · · · · · · · · · · · · · ·	ess returns and allowances)	*		ARRANSAS 00	
		oods Sold:			00	
ш		ine 9 less Line 10)			00	
ME	,	e Instructions, page 5)			00	
0	,	t: (See Instructions, page 6)			00	
INCO		ross Royalties: (See Instructions, page 6)			00	
Z		s:			00	
					00	
	17. TOTAL INCOM	E: (Add Lines 11 through 16)		17 •	00	
	18. Compensation	of Officers/Other Salaries and Wages: (See I	nstructions, page 6)	18	00	
	19. Repairs:			19	00	
S	20. Bad Debts:			20	00	
	21. Rent on Busine	ess Property:		21	00	
Z	22. Taxes: (Submit	Arkansas schedule, see instructions, page 6)	22	00	
2	23. Interest:			23	00	
5					00	
DOC	· '	Submit Arkansas schedule, see instructions, _l			00	
					00	
					00	
_		ns: (Submit Schedule)			00	
		CTIONS: (Add Lines 18 through 28)e Before Net Operating Losses: (Line 17 less			00	
		e Before Net Operating Losses: (Line 17 less Losses: (Adjust for Non-taxable Income – Se	•		00	
		come: (Line 30 less Line 31 or Schedule A C4			00	
NOIL		(Instruction Booklet, pages 17 and 18)			00	
		ncentive Credits (Attach all original certificate			00	
		ine 33 less Line 34)			00	
	, ,	Paid: (Including estimate carryforward from p			00	
₹		Extension Request:			00	
TAX COMPUTATION	38. Overpayment:	(Line 36 plus Line 37 less Line 35, enter here	e)	38 •	00	
		d to 2008 Estimated Tax:				
	40. Amount Applied					
		Refunded: (Line 38 less Lines 39 and 40)			00	
	42. Tax Due: (Line	35 less Lines 36 and 37)		42 •	00	
	43. Interest on Tax	Due: (See Instructions, page 5)		43	00	
		e Filing or Payment: (See instructions, page			00	
	45. Penalty for Und	derpayment of Estimated Tax: (Attach AR222)	0) Enter exception checked in	n Part 345 ●	00	
l	46 Amount Due: (A	Add Lines 42 through 45)		46	00	

A. INCOME TO APPORTION:						
Income per Federal Return: (Federal Form 1120, Line 28))					00
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 0			s a statu	ıs 1, CORF	ORATIC	N.
OPERATING ONLY IN ARKANSAS and complete all	appropriate lines of page 1	of Form AR1100CT.				
B. APPORTIONMENT FACTOR:	(A)	(B)			(C)	
Property Used in Business:	Amounts in Arkansas	Total Amounts		Percenta		(B)
a. Tangible Assets Used in Business and Inventories			П		<u> </u>	
Less Construction in Progress:						
Amount Beginning of Year:	00		00	(Calculate	to 6 pla	ces to
Amount End of Year:	00		00	the right of		
3. Total: (Add Lines a1 and a2)	00		00	Fill in	all space	s.)
4. Average Tangible Assets: (<i>Line</i> 3 ÷ 2)	00		00			
	00		00	000 0	99999	I ₀ /
b. Rental Property: (8 times annual rent)	[00]		00			%
c. Average Value of Intangible Property:				(EXA	(MPLE)	
(For Financial Institutions Only - Submit schedule)			00			1
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:			1.			-
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:						$\neg \vdash$
(Add Lines 3a through 3e)	00		00			%
g. DOUBLE WEIGHTED: (Applies to tax years beginning		(5)	100			
(Financial Institutions must use Single Weighted Factor						%
(Financial institutions must use Single Weighted Facto	or) (Columni C, Line 31 X 2) .					70
4 Cum of Doroontogooy/Single Weighted: Add Column C. Li	noo 1d 20 and 2f					
4. Sum of Percentages: (Single Weighted: Add Column C, Li	· ·		_			10/
(Double Weighted: Add Column C, Li	nes 1d, 2a and 3g)					%
		5	_			I ₀ ,
5. Percentage Attributable to Arkansas:Line 4		Divided By	= •			%
*For Part B, Line 5, Divide Line 4 by number of entries other ti).	
NOTE: An entry other than zero in Part B, Column B, Line (3f)), counts as two (2) entries (unless using Single Weigl	nted Fa	ctor.		
. 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 scheen	dule)					00
3. Less: Apportioned NOL to Arkansas: (See NOL Instruction	,					00
4. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here						00
				14-4114	- f l	
nder penalties of perjury, I declare that I have examined this return, in and belief, it is true, correct, and complete. Declaration of preparer (oth						wieage
IGNATURE OF OFFICER	DATE	TITLE	TITLE FOR OFFICE		CE USE O	NLY
REPARER'S SIGNATURE	DATE	PREPARER'S FEIN/PI	-	A●		
	5.11		.	_	 	
DEDADED'S DDINTED NAME	1	May the Arkanasa Days	Agono	В●	$\sqcup \sqcup$	
REPARER'S PRINTED NAME		May the Arkansas Revenue discuss this return with the		C●		
DEA CODE AND TELEDHONE NUMBER OF RREPARES		shown above?		D●		
REA CODE AND TELEPHONE NUMBER OF PREPARER	Yes	No	E .			

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