

Calendar year 2004 or Tax Year Beginning _____, 20____ and Ending ● _____, 20____

Name of Corporation ●	Business Code	Employer Identification Number ●
Address ●	Date of Incorporation	Date of Arkansas S Corp Election
City, State and Zip Code ●	Date Began Business in Arkansas	Date of Federal S Corp Election

INCLUDE COPY OF FEDERAL RETURN, SCHEDULE K, K-1 AND ARKANSAS TAX CREDITS (See Arkansas Business and Incentive Package)

Check box if applicable: Initial Return Amended Return Final Return (going out of business)

FILING STATUS:

- 1 Corporation operating only in Arkansas
- 2 Multi-state corporation - Apportionment
- 3 Multi-state corporation - Direct accounting

TYPE OF CORPORATION:

- Check only one box below:*
- 4 Domestic corporation
 - 5 Foreign corporation

	A. TOTAL			B. ARKANSAS	
6. Gross receipts of sales: (Less returns and allowances) 6		00	6		00
7. Cost of goods sold and/or operations: (Submit schedule) 7		00	7		00
8. Gross profit: (Subtract Line 7 from Line 6) 8		00	8		00
9. Net gain (or loss) from Form 4797: 9		00	9		00
10. Other income: (Attach schedule) 10		00	10		00
11. TOTAL INCOME (LOSS): (Add Lines 8 through 10 and enter here) 11		00	11		00
12. Compensation of officers: 12		00	12		00
13. Salaries and wages: (See Instructions) 13		00	13		00
14. Repairs: 14		00	14		00
15. Bad Debts: (Submit schedule) 15		00	15		00
16. Rent: 16		00	16		00
17. Taxes: (See Instructions) 17		00	17		00
18. Deductible interest expense not claimed or reported elsewhere: 18		00	18		00
19a. Depreciation: (Attach Fed. Form 4562) 19a	00				
b. Depreciation reported elsewhere on return: 19b	00				
c. Subtract Line 19b from 19a: 19c		00	19c		00
20. Depletion: (Do not deduct oil and gas depletion) 20		00	20		00
21. Advertising: 21		00	21		00
22. Pension, profit-sharing, etc. plans: 22		00	22		00
23. Employee benefit programs: 23		00	23		00
24. Other deductions: (Attach schedule) 24		00	24		00
25. TOTAL DEDUCTIONS: (Add Lines 12 through 24 and enter here) 25		00	25		00
26. NET INCOME (LOSS) from trade or business activity: (Subtr. Line 25 from Line 11) 26		00	26		00
27. Excess net passive income tax: (See Instructions) 27		00	27		00
28. Income tax on capital gains: (From Schedule D, page 2) 28		00	28		00
29. Add Lines 27 and 28: 29			29		00
30. 3% Income Tax Surcharge 30			30		00
31. Total Tax : (Add Lines 29 and 30) 31			31		00
32. Payments: (2004 estimated tax payments and amount applied from 2003 return) 32			32		00
33. Tax Due: (If Line 32 is less than Line 31, enter the amount due) 33			33		00
34. Overpayment: (If Line 32 is greater than Line 31, enter the difference) 34			34		00
35. Amount of refund to be credited to 2005 estimated tax: 35			35		00
36. Refund: (Subtract Line 35 from Line 34) 36			36		00

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

Officer's Signature	Date	Title	FOR DEPARTMENT USE ONLY		
Preparer's Signature	Date	Preparer's SSN or PTIN	Check if Self-Employed <input type="checkbox"/>	A ●	
Firm's Name (or yours, if self-employed) and Address	Preparer's Telephone Number	May the Arkansas Revenue Agency discuss this return with the preparer shown at left? <input type="checkbox"/> Yes <input type="checkbox"/> No		B ●	
	Employer Identification Number			C ●	
				D ●	
				E ●	
				F ●	

SCHEDULE A - Worksheet for Apportionment of Multistate Corporation

A. INCOME TO APPORTION:

1. Income: (Enter amount from page 1, Line 26, Column A)	1		00
2. Interest: (Do not include interest from U. S. Government obligations; Submit schedule)	2		00
3. Dividend income: (Submit schedule)	3		00
4. Net Income (loss) from rental activities and Royalties: (Submit schedule)	4		00
5. Net capital gain (loss) not listed on page 1: (Submit schedule)	5		00
6. Other income (loss): (Submit schedule)	6		00
7. Total Income: (Add Lines 1 through 6 and enter here)	7		00
8. Charitable Contributions: (Submit schedule)	8		00
9. Section 179 expense deduction: (Submit schedule)	9		00
10. Other expenses (adjustments) not included elsewhere: (Submit schedule)	10		00
11. Total deductions: (Add Lines 8 through 10 and enter here)	11		00
12. TOTAL APPORTIONABLE INCOME: (Subtract Line 11 from Line 7)	12		00

B. APPORTIONMENT FACTOR:

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A)÷(B)
1. Property used in the Production of Business Income:			
a. Tangible Assets used in Business and Inventories			
Less Construction in Progress			
1. Amount at the Beginning of Year	00	00	(Calculate to 6 places to the right of decimal. Fill in all spaces) 999.999999 % (EXAMPLE)
2. Amount at the End of year	00	00	
3. Total: (Add Lines a1 and a2)	00	00	
4. Average Tangible Assets: (Line a3 divided by 2)	00	00	
b. Rented Property: (8 X net annual rent)	00	00	
c. TOTAL TANGIBLE PROPERTY: (Add Lines a4 and b)	00	00	%
2. Salaries, Wages, Commissions and Other Compensation Related to the Production of 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 Business Gross Receipts:	00		
(Interest, dividends, rents, gains, etc. Submit Schedule)			
f. TOTAL SALES: (Add Lines 3a through 3e)	00	00	%
g. Multiply Column C, Line 3f by 2 to Doubleweight the Sales Factor			%
4. Sum of the Percentages: (Add Column C, Lines 1c, 2a, and 3g)			%
*5. Percentage Attributable to Arkansas:	Line 4	%	Divided by

* For Part B, Line 5, divide Line 4 by the number of entries other than zero which you make on Part B, Column B, Lines (1c), (2a), and (3f).
Note: An entry other than zero in Part B, Column B, Line 3g, counts as two (2) entries.

C. ARKANSAS TAXABLE INCOME:

1. Income Apportioned to Arkansas: (Multiple Part A, Line 12 by Part B, Line 5)	00
2. Add: Direct Income Allocated to Arkansas: (Submit schedule)	00
3. TOTAL INCOME TAXABLE TO ARKANSAS:	00

SCHEDULE D - Capital Gains Tax

A. TAX IMPOSED ON CERTAIN CAPITAL GAINS:

1. Taxable Income: (See Instructions; Attach computation schedule)	00
2. Enter tax on Line 1 amount: (See Instructions for computation of tax)	00
3. Net long-term capital gain reduced by net short-term capital loss:	00
4. Statutory minimum:	\$25,000 00
5. Subtract Line 4 from Line 3:	00
6. Tax: (Enter 6.5% of Line 5)	00
7. Compare Line 2 and Line 6: (Enter the smaller amount here and on Line 28, page 1, Form AR1100S)	00

B. TAX IMPOSED ON CERTAIN BUILT-IN GAINS:

1. Taxable Income: (See Instructions; Attach computation schedule)	00
2. Recognized built-in gain:	00
3. Enter smaller of Line 1 or 2:	00
4. Section 1374(b)(2) deduction:	00
5. Subtract Line 4 from Line 3: (If zero or less, enter zero here and on Line 6 below)	00
6. Enter 6.5% of Line 5: (Enter here and on Line 28, page 1, Form AR1100S)	00