

ARKANSAS INDIVIDUAL INCOME TAX
SCHEDULE OF CHECK-OFF CONTRIBUTIONS

NAME • _____ SSN • _____

SPOUSE'S NAME _____ SSN _____

ADDRESS • _____

CITY • _____ STATE • _____ ZIP • _____

INSTRUCTIONS: Check the appropriate box and enter the designated amount for each check-off contribution in the box provided. Total your contributions and enter the amount in Box 9. Contributions are limited to whole dollar amounts only.

FOR TAXPAYERS WHO ARE DUE A REFUND: This schedule must be attached to any return claiming a check-off contribution. Enter the amount in Box 9 on Line 52 of the AR1000/AR1000NR or Line 24 of the AR1000S. The total amount you contribute will reduce your refund by a corresponding amount. If this schedule is not attached to your AR1000/AR1000NR/AR1000S or if the amount in Box 9 is not entered on Line 52 of the AR1000/AR1000NR or Line 24 of the AR1000S, your contribution will not be recognized and the amount will be refunded to you.

FOR TAXPAYERS WHO OWE ADDITIONAL TAXES: Detach this schedule and submit a separate check for the total amount of your check-off contributions. Mail to: Arkansas Individual Income Tax - Accounting Branch, P.O. Box 3628, Little Rock, AR 72203.

1. ARKANSAS DISASTER RELIEF PROGRAM CLS 1162 • \$ [] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] Your Total Refund
Enter Amount

2. U.S. OLYMPIC COMMITTEE PROGRAM CLS 1145 • \$ [] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund
Enter Amount

3. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF CLS 1164 • \$ [] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund
Enter Amount

4. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM CLS 1144 • \$ [] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] Your Total Refund
Enter Amount

5. ORGAN DONOR AWARENESS EDUCATION PROGRAM CLS 1146 • \$ [] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund
Enter Amount

6. AREA AGENCIES ON AGING PROGRAM CLS 1149 • \$ [] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund
Enter Amount

7. MILITARY FAMILY RELIEF PROGRAM CLS 1147 • \$ [] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] Your Total Refund
Enter Amount

8. NEWBORN UMBILICAL CORD BLOOD INITIATIVE CLS 1180 • \$ [] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] Your Total Refund
Enter Amount

9. TOTAL CHECK-OFF CONTRIBUTIONS \$