

AR1000-CO

STATE OF ARKANSAS
SCHEDULE OF CHECK-OFF CONTRIBUTIONS
INDIVIDUAL INCOME TAX RETURN
ATTACH AS THE SECOND PAGE OF YOUR RETURN

NAME _____ SSN _____

SPOUSE'S NAME: _____ SSN: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

INSTRUCTIONS: Check the appropriate box and enter the designated amount for each check-off in the box provided. Total your contributions and enter the amount in Box 6. **Contributions are limited to whole dollar amounts only.**

FOR TAXPAYERS THAT ARE DUE A REFUND: This schedule **must** be attached to any return claiming a check-off contribution. Enter the amount in Box 6 on Line 60 of the AR1000/AR1000NR or Line 26 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 6 is not entered on Line 60 of the AR1000/AR1000NR or Line 26 of the AR1000S, your contribution will not be recognized and the amount will be refunded to you.

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

1. ARKANSAS DISASTER RELIEF PROGRAM CLS 1162 ● \$

[] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund
Write in Amount

2. U.S. OLYMPIC COMMITTEE PROGRAM CLS 1145 ● \$

[] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund
Write in Amount

3. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF CLS 1164 ● \$

[] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund
Write in Amount

4. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM CLS 1144 ● \$

[] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund
Write in Amount

5. ORGAN DONOR AWARENESS EDUCATION PROGRAM CLS 1146 ● \$

[] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund
Write in Amount

6. TOTAL CHECK-OFF CONTRIBUTIONS \$