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

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

2. U.S. OLYMPIC COMMITTEE PROGRAM .............................................. CLS 1145 • $
   [ ] $1 [ ] $5 [ ] $10 [ ] ____________ [ ] Your Total Refund

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

4. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM .... CLS 1144 • $
   [ ] $1 [ ] $5 [ ] $10 [ ] ____________ [ ] Your Total Refund

5. ORGAN DONOR AWARENESS EDUCATION PROGRAM ..................... CLS 1146 • $
   [ ] $1 [ ] $5 [ ] $10 [ ] ____________ [ ] Your Total Refund

6. TOTAL CHECK-OFF CONTRIBUTIONS ....................................................... $