

# AR1100-CO

**STATE OF ARKANSAS  
SCHEDULE OF CHECK-OFF CONTRIBUTIONS  
CORPORATION INCOME TAX RETURN  
ATTACH IMMEDIATELY AFTER SCHEDULE A OF ARKANSAS FORM AR1100CT**

NAME \_\_\_\_\_ FEIN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**INSTRUCTIONS:** Check the appropriate box and then enter the designated amount for each check-off in the box provided. Total your contributions and enter the amount in Box I. **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 from Box I from this schedule on Line 40 of the AR1100CT. The total amount you contribute will reduce your refund by a corresponding amount. If this schedule is not attached to your AR1100CT or if the amount in Box I is not entered on Line 40 of the AR1100CT, then 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 Corporation Income Tax - P.O. Box 919, Little Rock, AR 72203-0919

**A. ARKANSAS DISASTER RELIEF PROGRAM.** ..... CLS 1162 ● \$

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

**B. U.S. OLYMPIC COMMITTEE PROGRAM.**..... CLS 1145 ● \$

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

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

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

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

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

**E. ORGAN DONOR AWARENESS EDUCATION PROGRAM.**..... CLS 1146 ● \$

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

**F. MILITARY FAMILY RELIEF PROGRAM.** ..... CLS 1147 ● \$

[ ] \$1 [ ] \$5 [ ] \$10 [ ] \$20 [ ] \_\_\_\_\_ [ ] Your Total Refund  
Write in Amount

**G. AREA AGENCIES ON AGING PROGRAM.**..... CLS 1149 ● \$

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

**H. NEWBORN UMBILICAL CORD BLOOD INITIATIVE.** ..... CLS 1180 ● \$

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

**I. TOTAL CHECK OFF CONTRIBUTION.**..... \$