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

NAME								FEIN					
ADE	RESS	S											
CIT	Υ										STATE	EZIP	
												nount for each check-of	
FOR	TAXI	PAYE	ERS T	HAT A	ARE D	UE A	REFU	ND: Thi	s schedule mu	ıst be atta	ched to	any return claiming a chec	ck-off contribution.
the a	mount	from	Box I	(Total	Check	Off C	ontributi	<i>ion</i>) fron	this schedule	on Line 4	41 of th	e AR1100CT. The total am	nount you contribu
												nt will be refunded to you.	it iii box i is not e
												nd submit a separate ch Box 919, Little Rock, AR	
,	000.						. ,		p 0 1 0 11 11 11 11 11 11 11 11 11 11 11				
A . A	RKAN	ISAS	S DIS	ASTE	R REL	IEF I	PROGR	RAM.				CLS 1162	\$
[] \$1	[] \$5	[]] \$10	[] \$20	[]Write in A	mount	[] Your Total Refund	
B. L	J.S. OI	_YM	PIC C	ОММ	ITTEE	PRO	GRAN	1				CLS 1145	\$
[]\$	1	[] \$5		[] \$10	[]Write in A	mount	[] Your Total Refund	
C. A												CLS 1164	\$
[]\$	1	[] \$5		[] \$10	[]Write in Ar	nount	[] Your Total Refund	
D. B												CLS 1144	\$
[] \$1	[] \$5	[]	\$10	[]\$20	[]Write in Am	nount	[] Your Total Refund	
												CLS 1146	\$
[]\$	1	[] \$5		[] \$10	[]Write in Ar	nount	[] Your Total Refund	
F. M												CLS 1147	\$
[] \$1	[] \$5	[]	\$10]]\$20	[]		[] Your Total Refund	
G. A	REA	AGE	NCIES	S ON	AGIN	G PR	OGRAI	VI				CLS 1149	\$
[]\$	31	[] \$5]] \$10	[]Write in A	mount	[] Your Total Refund	
H. N	EWBO	RN L	JMBIL	ICAL (CORD	BLOC	D INIT	IATIVE.				CLS 1180	\$
[] \$1	[] \$5	[]] \$10	[]\$20	[]Write in A	mount	[] Your Total Refund	
L TO	TAL	CHF	CK O	FF CC	MTRI	BUT	ION.		vviite in Al	nount			\$