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	
				d then enter the designat Box I. CONTRIBUTIONS A			
Enter the amout tribute will redunot entered on	unt from Box uce your refur Line 40 of th	I (Total Checled by a correst e AR1100CT,	c Off Contrib ponding amouthen your co	D: This schedule must be a pution) from this schedule count. If this schedule is not ntribution will not be recogn AXES: Detach this sched Corporation Income Tax	on Line 40 of the a attached to your ized and the amo	AR1100CT. The to AR1100CT or if the bount will be refund a separate check	otal amount you con- ne amount in Box I is ded to you. k for the amount of
				RAM			
□ \$1	SAS DISAS	\$10	\$20			Total Refund	Ψ
		E AND FISH		Write in Amount			\$
\$ 1	\$ 5	\$10	\$20			Total Refund	
C. ARKANS	SAS SCHO	OL FOR T	HE BLIND	Write in Amount NSCHOOL FOR THE	DEAF	•	\$
\$ 1	\$5	\$10	\$20	Write in Amount	Your	Total Refund	
D. BABY SI	HARON'S	CHILDREN	'S CATAS	TROPHIC ILLNESS	PROGRAM	•	\$
\$1	\$ 5	\$10	\$20	Write in Amount	Your	Total Refund	
E. ORGAN	DONOR A	WARENES	S EDUCA	TION PROGRAM		•	\$
\$ 1	\$ 5	\$10	\$20	Write in Amount	Your_	Total Refund	
F. MILITAR	Y FAMILY	RELIEF PI	ROGRAM.	·····		•	\$
\$1	\$5	\$10	\$20	Write in Amount	Your	Total Refund	
G. AREA A	GENCIES	ON AGING	PROGRA	.M		•	\$
\$1	\$5	\$10	\$20	Write in Amount	Your_	Total Refund	
H. NEWBO	RN UMBIL	ICAL COR	D BLOOD	INITIATIVE		•	\$
\$1	\$5	\$10	\$20	Write in Amount	Your	Total Refund	
I. LAW ENF	ORCEMEI	NT FAMILY	RELIEF	TRUST FUND		•	\$
\$1	\$ 5	\$10	\$20	Write in Amount	Your Your	Total Refund	
J. TOTAL C	HECK OF	F CONTRI	BUTION	write in Amount			\$