2013

ARKANSAS INDIVIDUAL INCOME TAX SCHEDULE OF CHECK-OFF CONTRIBUTIONS

NAME	SSN	
SPOUSE'S NAME	SSN	
ADDRESS		
CITY	STATE	ZIP
IMPORTANT: SEE INSTRUCTIONS ON RE	VERSE SIDE OF THIS	FORM
1. ARKANSAS DISASTER RELIEF PROGRAM	CLS 1162	\$
[] \$1 [] \$5 [] \$10 [] \$20 []	[] Your Total Refund	
2. U.S. OLYMPIC COMMITTEE PROGRAM		\$
[]\$1 []\$5 []\$10 []	[] Your Total Refund	
3. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE		\$
[]\$1 []\$5 []\$10 []		
4. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS		\$
[]\$1 []\$5 []\$10 []\$20 []	[] Your Total Refund	
5. ORGAN DONOR AWARENESS EDUCATION PROGRAM		\$
	[] Your Total Refund	
6. AREA AGENCIES ON AGING PROGRAM		\$
[]\$1 []\$5 []\$10 []		Ψ
7. MILITARY FAMILY RELIEF PROGRAM		. (¢
		Ψ
Enter Amount Enter Amount	[] Your Total Refund	ф
8. NEWBORN UMBILICAL CORD BLOOD INITIATIVE		\$
[] \$1 [] \$5 [] \$10 [] \$20 []	[] Your Total Refund	
9. ARKANSAS TAX DEFERRED TUITION SAVINGS PROGRA IMPORTANT: To contribute to your Arkansas Tax Deferred Tuition		anter the account
number below. You may contribute part or all of your refund to one contributed to each account. (You cannot send a check for this che	or two accounts, provided a min	
· _	······································	\$
[] \$25 [] \$50 [] \$100 []	[] Your Total Refund	
Account Number		
CHOOSE ACCOUNT TYPE: GIFT iShares		\$
[] \$25 [] \$50 [] \$100 []	[] Your Total Refund	
Account Number		
10. TOTAL CHECK-OFF CONTRIBUTIONS		\$

INSTRUCTIONS FOR AR1000-CO

GENERAL INSTRUCTIONS:

Check the appropriate box and enter the designated amount for each check-off contribution in the box provided. Total your contributions and enter the amount in Box 10. **Contributions are limited to whole dollar amounts only.**

SPECIAL INSTRUCTIONS FOR LINE 9:

A new check-off was added, beginning for tax year 2009, allowing contributions for up to two Arkansas Tax Deferred Tuition Savings Program account(s). The account(s) must already be in existence at the time you make your election. Enter type of account and account numbers for each account, or your contribution will not be recognized.

FOR TAXPAYERS WHO ARE DUE A REFUND:

This schedule **must** be attached to any return claiming a check-off contribution. Enter the amount in Box 10 on Line 47 of Form AR1000F/AR1000NR or Line 27 of Form AR1000S. The total amount you contribute will reduce your refund by a corresponding amount.

If this schedule is not attached to your return **or** if the amount in Box 10 is not entered on your return, your contribution will not be recognized and the amount will be refunded to you.

FOR TAXPAYERS WHO OWE ADDITIONAL TAXES:

Detach this schedule and submit a separate check for the total amount of your check-off contributions. (You can send a check for check-off contributions #1 through #8. You cannot send a check for check-off contribution #9.) Mail to: Arkansas Individual Income Tax, P.O. Box 3628, Little Rock, AR 72203.

FOR INFORMATION ABOUT PROGRAMS/ORGANIZATIONS ON AR1000-CO GO TO:

- 1. Arkansas Disaster Relief Program: www.adem.arkansas.gov
- 2. U.S. Olympic Committee Program: www.teamusa.org
- 3. Arkansas School for the Blind:

www.arkansasschoolfortheblind.org

Arkansas School for the Deaf:

www.arschoolforthedeaf.org

4. Baby Sharon's Children's Catastrophic Illness Program:

www.babysharonfundofarkansas.org

- 5. Organ Donor Awareness Education Program: www.arora.org
- 6. Area Agencies on Aging Program:

www.daas.ar.gov/aaamap.html

- 7. Military Family Relief Program:
 - www.arguard.org/Family/docs/MFRTF.pdf
- 8. Newborn Umbilical Cord Blood Initiative: www.cordbloodbankarkansas.org/
- 9. Arkansas Tax Deferred Tuition Savings Program: www.arkansas529.org