

# 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 (*Total Check Off Contribution*) from this schedule on Line 41 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 41 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

<b>A. ARKANSAS DISASTER RELIEF PROGRAM.</b> ..... CLS 1162	\$
[ ] \$1 [ ] \$5 [ ] \$10 [ ] \$20 [ ] _____ [ ] <u>Your Total Refund</u> <small style="margin-left: 100px;">Write in Amount</small>	
<b>B. U.S. OLYMPIC COMMITTEE PROGRAM.</b> ..... CLS 1145	\$
[ ] \$1 [ ] \$5 [ ] \$10 [ ] _____ [ ] <u>Your Total Refund</u> <small style="margin-left: 100px;">Write in Amount</small>	
<b>C. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF.</b> ..... CLS 1164	\$
[ ] \$1 [ ] \$5 [ ] \$10 [ ] _____ [ ] <u>Your Total Refund</u> <small style="margin-left: 100px;">Write in Amount</small>	
<b>D. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM.</b> ..... CLS 1144	\$
[ ] \$1 [ ] \$5 [ ] \$10 [ ] \$20 [ ] _____ [ ] <u>Your Total Refund</u> <small style="margin-left: 100px;">Write in Amount</small>	
<b>E. ORGAN DONOR AWARENESS EDUCATION PROGRAM.</b> ..... CLS 1146	\$
[ ] \$1 [ ] \$5 [ ] \$10 [ ] _____ [ ] <u>Your Total Refund</u> <small style="margin-left: 100px;">Write in Amount</small>	
<b>F. MILITARY FAMILY RELIEF PROGRAM.</b> ..... CLS 1147	\$
[ ] \$1 [ ] \$5 [ ] \$10 [ ] \$20 [ ] _____ [ ] <u>Your Total Refund</u> <small style="margin-left: 100px;">Write in Amount</small>	
<b>G. AREA AGENCIES ON AGING PROGRAM.</b> ..... CLS 1149	\$
[ ] \$1 [ ] \$5 [ ] \$10 [ ] _____ [ ] <u>Your Total Refund</u> <small style="margin-left: 100px;">Write in Amount</small>	
<b>H. NEWBORN UMBILICAL CORD BLOOD INITIATIVE.</b> ..... CLS 1180	\$
[ ] \$1 [ ] \$5 [ ] \$10 [ ] \$20 [ ] _____ [ ] <u>Your Total Refund</u> <small style="margin-left: 100px;">Write in Amount</small>	
<b>I. TOTAL CHECK OFF CONTRIBUTION.</b> .....	\$