

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

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