



ARKANSAS INDIVIDUAL INCOME TAX CHECK-OFF CONTRIBUTIONS

Primary's legal name		Primary's social security number
Spouse's legal name		Spouse's social security number
Mailing address		
City	State	ZIP

SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

1. ARKANSAS DISASTER RELIEF PROGRAM • \$

☐ \$1 ☐ \$5 ☐ \$10 ☐ \$20 ☐ _____ Enter amount ☐ **Your Total Refund**

2. ARKANSAS GAME AND FISH FOUNDATION • \$

☐ \$1 ☐ \$5 ☐ \$10 ☐ _____ Enter amount ☐ **Your Total Refund**

3. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF • \$

☐ \$1 ☐ \$5 ☐ \$10 ☐ _____ Enter amount ☐ **Your Total Refund**

4. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM • \$

☐ \$1 ☐ \$5 ☐ \$10 ☐ \$20 ☐ _____ Enter amount ☐ **Your Total Refund**

5. ORGAN DONOR AWARENESS EDUCATION PROGRAM • \$

☐ \$1 ☐ \$5 ☐ \$10 ☐ _____ Enter amount ☐ **Your Total Refund**

6. AREA AGENCIES ON AGING PROGRAM • \$

☐ \$1 ☐ \$5 ☐ \$10 ☐ _____ Enter amount ☐ **Your Total Refund**

7. MILITARY FAMILY RELIEF PROGRAM • \$

☐ \$1 ☐ \$5 ☐ \$10 ☐ \$20 ☐ _____ Enter amount ☐ **Your Total Refund**

8. NEWBORN UMBILICAL CORD BLOOD INITIATIVE • \$

☐ \$1 ☐ \$5 ☐ \$10 ☐ \$20 ☐ _____ Enter amount ☐ **Your Total Refund**

9. AR 529 COLLEGE INVESTING PLAN (GIFT PLAN OR ISHARES 529 PLAN)

IMPORTANT: To contribute to your AR 529 College Investing Plan, you MUST enter the correct account number below. You may contribute part or all of your refund to one or two accounts, provided a minimum of \$25 is contributed to each account. (You cannot send a check for this check-off.)

Account Number: _____ • \$

☐ \$25 ☐ \$50 ☐ \$100 ☐ _____ Enter amount ☐ **Your Total Refund**

Account Number: _____ • \$

☐ \$25 ☐ \$50 ☐ \$100 ☐ _____ Enter amount ☐ **Your Total Refund**

10. TOTAL CHECK-OFF CONTRIBUTIONS • \$