



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 _____ **Your Total Refund**

Enter amount
2. ARKANSAS GAME AND FISH FOUNDATION • \$

\$1 \$5 \$10 _____ **Your Total Refund**

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

\$1 \$5 \$10 _____ **Your Total Refund**

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

\$1 \$5 \$10 \$20 _____ **Your Total Refund**

Enter amount
5. ORGAN DONOR AWARENESS EDUCATION PROGRAM • \$

\$1 \$5 \$10 _____ **Your Total Refund**

Enter amount
6. AREA AGENCIES ON AGING PROGRAM • \$

\$1 \$5 \$10 _____ **Your Total Refund**

Enter amount
7. MILITARY FAMILY RELIEF PROGRAM • \$

\$1 \$5 \$10 \$20 _____ **Your Total Refund**

Enter amount
8. NEWBORN UMBILICAL CORD BLOOD INITIATIVE • \$

\$1 \$5 \$10 \$20 _____ **Your Total Refund**

Enter amount
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 _____ **Your Total Refund**

Enter amount

Account Number: _____ • \$

\$25 \$50 \$100 _____ **Your Total Refund**

Enter amount
10. TOTAL CHECK-OFF CONTRIBUTIONS • \$