AR1000-CO

ITC0171

2017

ARKANSAS INDIVIDUAL INCOME TAX
CHECK-OFF CONTRIBUTIONS

Primary Name		Primary Social Security Number
Spouse's 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 ..... $

INSTRBP

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.**

FOR TAXPAYERS WHO ARE DUE A REFUND:

Attach this schedule 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. **Arkansas Game and Fish Foundation:**
   www.agff.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.babysharonfund.arkansas.gov
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. **AR 529 College Investing Plan (GIFT PLAN OR iSHARES 529 PLAN):**
   www.arkansas529.org