

# 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. ....	\$	
[ ] \$1 [ ] \$5 [ ] \$10 [ ] \$20 [ ] _____ [ ] <u>Your Total Refund</u>		
<small>Write in Amount</small>		
B. ARKANSAS GAME AND FISH FOUNDATION.....	\$	
[ ] \$1 [ ] \$5 [ ] \$10 [ ] _____ [ ] <u>Your Total Refund</u>		
<small>Write in Amount</small>		
C. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF.....	\$	
[ ] \$1 [ ] \$5 [ ] \$10 [ ] _____ [ ] <u>Your Total Refund</u>		
<small>Write in Amount</small>		
D. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM.....	\$	
[ ] \$1 [ ] \$5 [ ] \$10 [ ] \$20 [ ] _____ [ ] <u>Your Total Refund</u>		
<small>Write in Amount</small>		
E. ORGAN DONOR AWARENESS EDUCATION PROGRAM.....	\$	
[ ] \$1 [ ] \$5 [ ] \$10 [ ] _____ [ ] <u>Your Total Refund</u>		
<small>Write in Amount</small>		
F. MILITARY FAMILY RELIEF PROGRAM.....	\$	
[ ] \$1 [ ] \$5 [ ] \$10 [ ] \$20 [ ] _____ [ ] <u>Your Total Refund</u>		
<small>Write in Amount</small>		
G. AREA AGENCIES ON AGING PROGRAM.....	\$	
[ ] \$1 [ ] \$5 [ ] \$10 [ ] _____ [ ] <u>Your Total Refund</u>		
<small>Write in Amount</small>		
H. NEWBORN UMBILICAL CORD BLOOD INITIATIVE.....	\$	
[ ] \$1 [ ] \$5 [ ] \$10 [ ] \$20 [ ] _____ [ ] <u>Your Total Refund</u>		
<small>Write in Amount</small>		
I. TOTAL CHECK OFF CONTRIBUTION.....	\$	