



**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 40 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 40 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 _____
Write in Amount **Your Total Refund**

B. ARKANSAS GAME AND FISH FOUNDATION..... • \$

\$1 \$5 \$10 _____
Write in Amount **Your Total Refund**

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

\$1 \$5 \$10 _____
Write in Amount **Your Total Refund**

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

\$1 \$5 \$10 \$20 _____
Write in Amount **Your Total Refund**

E. ORGAN DONOR AWARENESS EDUCATION PROGRAM..... • \$

\$1 \$5 \$10 _____
Write in Amount **Your Total Refund**

F. MILITARY FAMILY RELIEF PROGRAM..... • \$

\$1 \$5 \$10 \$20 _____
Write in Amount **Your Total Refund**

G. AREA AGENCIES ON AGING PROGRAM..... • \$

\$1 \$5 \$10 _____
Write in Amount **Your Total Refund**

H. NEWBORN UMBILICAL CORD BLOOD INITIATIVE..... • \$

\$1 \$5 \$10 \$20 _____
Write in Amount **Your Total Refund**

I. LAW ENFORCEMENT FAMILY RELIEF TRUST FUND..... • \$

\$1 \$5 \$10 \$20 _____
Write in Amount **Your Total Refund**

J. TOTAL CHECK OFF CONTRIBUTION..... • \$