

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. CLS 1162		\$
[] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] <u>Your Total Refund</u>	<small>Write in Amount</small>	
B. U.S. OLYMPIC COMMITTEE PROGRAM..... CLS 1145		\$
[] \$1 [] \$5 [] \$10 [] _____ [] <u>Your Total Refund</u>	<small>Write in Amount</small>	
C. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF. CLS 1164		\$
[] \$1 [] \$5 [] \$10 [] _____ [] <u>Your Total Refund</u>	<small>Write in Amount</small>	
D. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM. CLS 1144		\$
[] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] <u>Your Total Refund</u>	<small>Write in Amount</small>	
E. ORGAN DONOR AWARENESS EDUCATION PROGRAM. CLS 1146		\$
[] \$1 [] \$5 [] \$10 [] _____ [] <u>Your Total Refund</u>	<small>Write in Amount</small>	
F. MILITARY FAMILY RELIEF PROGRAM. CLS 1147		\$
[] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] <u>Your Total Refund</u>	<small>Write in Amount</small>	
G. AREA AGENCIES ON AGING PROGRAM..... CLS 1149		\$
[] \$1 [] \$5 [] \$10 [] _____ [] <u>Your Total Refund</u>	<small>Write in Amount</small>	
H. NEWBORN UMBILICAL CORD BLOOD INITIATIVE.....CLS 1180		\$
[] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] <u>Your Total Refund</u>	<small>Write in Amount</small>	
I. TOTAL CHECK OFF CONTRIBUTION.....		\$