

ARKANSAS INDIVIDUAL INCOME TAX
SCHEDULE OF CHECK-OFF CONTRIBUTIONS

NAME		SSN
SPOUSE'S NAME		SSN
ADDRESS		
CITY	STATE	ZIP

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

1. ARKANSAS DISASTER RELIEF PROGRAM.....CLS 1162 •	\$
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> [] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] Your Total Refund </div> <div style="text-align: center; font-size: small; margin-top: 5px;">Enter Amount</div>	
2. U.S. OLYMPIC COMMITTEE PROGRAM CLS 1145 •	\$
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> [] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund </div> <div style="text-align: center; font-size: small; margin-top: 5px;">Enter Amount</div>	
3. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF.....CLS 1164 •	\$
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> [] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund </div> <div style="text-align: center; font-size: small; margin-top: 5px;">Enter Amount</div>	
4. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM.....CLS 1144 •	\$
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> [] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] Your Total Refund </div> <div style="text-align: center; font-size: small; margin-top: 5px;">Enter Amount</div>	
5. ORGAN DONOR AWARENESS EDUCATION PROGRAMCLS 1146 •	\$
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> [] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund </div> <div style="text-align: center; font-size: small; margin-top: 5px;">Enter Amount</div>	
6. AREA AGENCIES ON AGING PROGRAM.....CLS 1149 •	\$
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> [] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund </div> <div style="text-align: center; font-size: small; margin-top: 5px;">Enter Amount</div>	
7. MILITARY FAMILY RELIEF PROGRAM.....CLS 1147 •	\$
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> [] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] Your Total Refund </div> <div style="text-align: center; font-size: small; margin-top: 5px;">Enter Amount</div>	
8. NEWBORN UMBILICAL CORD BLOOD INITIATIVE.....CLS 1180 •	\$
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> [] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] Your Total Refund </div> <div style="text-align: center; font-size: small; margin-top: 5px;">Enter Amount</div>	

9. ARKANSAS TAX DEFERRED TUITION SAVINGS PROGRAM

IMPORTANT: To contribute to your Arkansas Tax Deferred Tuition Savings Program, you MUST enter the 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.)

CHOOSE ACCOUNT TYPE: ☐ GIFT ☐ iShares..... • \$

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

Enter Amount

Account Number _____

CHOOSE ACCOUNT TYPE: ☐ GIFT ☐ iShares..... • \$

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

Enter Amount

Account Number _____

10. TOTAL CHECK-OFF CONTRIBUTIONS.....	\$
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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.

SPECIAL INSTRUCTIONS FOR LINE 9:

A new check-off was added, beginning for tax year 2009, allowing contributions for up to two Arkansas Tax Deferred Tuition Savings Program account(s). The account(s) must already be in existence at the time you make your election. Enter type of account and account numbers for each account, or your contribution will not be recognized.

FOR TAXPAYERS WHO ARE DUE A REFUND:

This schedule must be attached 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. U.S. Olympic Committee Program:**
www.teamusa.org
- 3. Arkansas School for the Blind:**
www.arkansasasschoolfortheblind.org
Arkansas School for the Deaf:
www.arschoolforthe deaf.org
- 4. Baby Sharon's Children's Catastrophic Illness Program:**
www.babysharonfundofarkansas.org
- 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. Arkansas Tax Deferred Tuition Savings Program:**
www.arkansas529.org