STATE OF ARKANSAS SCHEDULE OF CHECK-OFF CONTRIBUTIONS CORPORATION INCOME TAX RETURN ATTACH IMMEDIATELY AFTER SCHEDULE A OF ARKANSAS FORM AR1100CT

NAME						FEIN						
ADD	ADDRESS											
CITY	/								STATI	≣ZIP		
										nount for each check-of		
the a	mount fro ce your re	m Box I fund by	(Total Ci a corres	<i>heck Off</i> ponding	Contributi amount. If	<i>ion</i>) fron this scl	n this sched hedule is no	ule on Line to attached to	41 of tho your	any return claiming a chec be AR1100CT. The total an AR1100CT or if the amoun nt will be refunded to you.	nount you contribu	
your	check-of	ff contri	butions.	Mail t	o: Arkans	sas Co	rporation Ir	ncome Tax,	, P O E	nd submit a separate ch Box 919, Little Rock, AR		
A. A	RKANSA	AS DIS	ASTER	RELIE	PROGR	AM.				CLS 1162	\$	
[] \$1 [[] \$5	[]\$	S10 [] \$20	[]Write in	n Amount	[] Your Total Refund		
B. U	.S. OLYI	MPIC C	OMMIT	TEE P	ROGRAM	l				CLS 1145	\$	
[] \$1	[] \$5	[] \$10	[]	o Amount	[] Your Total Refund		
										CLS 1164	\$	
[] \$1	[] \$5	[] \$10	[]	A	[] Your Total Refund		
D. B										CLS 1144	\$	
[] \$1 [] \$5	[]\$	10 []\$20	[]	Amount	[] Your Total Refund		
										CLS 1146	\$	
[] \$1	[] \$5	[] \$10	[]		[] Your Total Refund		
F. M	ILITARY	′ FAMIL	Y RELI	EF PRO	GRAM		vvrite ir	n Amount		CLS 1147	\$	
[] \$1 [] \$5	[]\$	10 []\$20	[]		[] Your Total Refund		
G. A	REA AG	ENCIE	S ON A	GING F	ROGRAN	۸		in Amount		CLS 1149	\$	
[] \$1	[] \$5	[] \$10	[]	n Amount	[] Your Total Refund		
H. N	EWBORN	I UMBIL	ICAL CO	ORD BLO	DOD INITI	ATIVE.				CLS 1180	\$	
[] \$1 [[] \$5	[]\$	S10 []\$20	[]		[] Your Total Refund		
ı TC	OTAL CH	IECK O	FF CON	JTRIRI	ITION		vvrite ii	n Amount			\$	