



ARKANSAS INDIVIDUAL INCOME TAX CHECK-OFF CONTRIBUTIONS

Primary's legal name, Primary's social security number, Mailing address, City, State, ZIP

SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

1. ARKANSAS DISASTER RELIEF PROGRAM

Contribution amount options: \$1, \$5, \$10, \$20, Enter amount

Your Total Refund

Refund amount box

2. ARKANSAS GAME AND FISH FOUNDATION

Contribution amount options: \$1, \$5, \$10, \$20, Enter amount

Your Total Refund

Refund amount box

3. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF

Contribution amount options: \$1, \$5, \$10, \$20, Enter amount

Your Total Refund

Refund amount box

4. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM

Contribution amount options: \$1, \$5, \$10, \$20, Enter amount

Your Total Refund

Refund amount box

5. ORGAN DONOR AWARENESS EDUCATION PROGRAM

Contribution amount options: \$1, \$5, \$10, \$20, Enter amount

Your Total Refund

Refund amount box

6. AREA AGENCIES ON AGING PROGRAM

Contribution amount options: \$1, \$5, \$10, \$20, Enter amount

Your Total Refund

Refund amount box

7. MILITARY FAMILY RELIEF PROGRAM

Contribution amount options: \$1, \$5, \$10, \$20, Enter amount

Your Total Refund

Refund amount box

8. NEWBORN UMBILICAL CORD BLOOD INITIATIVE

Contribution amount options: \$1, \$5, \$10, \$20, Enter amount

Your Total Refund

Refund amount box

9. LAW ENFORCEMENT FAMILY RELIEF TRUST FUND

Contribution amount options: \$1, \$5, \$10, \$20, Enter amount

Your Total Refund

Refund amount box

10. ARKANSAS BRIGHTER FUTURE FUND PLAN ACCOUNT (Formerly AR529 College Investing Plan)

Account Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ]

Contribution amount options: \$25, \$50, \$100, Enter amount

Your Total Refund

Refund amount box

Account Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ]

Contribution amount options: \$25, \$50, \$100, Enter amount

Your Total Refund

Refund amount box

11. TOTAL CHECK-OFF CONTRIBUTIONS

Total refund amount box