

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 • \$

[] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] Your Total Refund
Enter Amount

2. U.S. OLYMPIC COMMITTEE PROGRAM CLS 1145 • \$

[] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund
Enter Amount

3. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF CLS 1164 • \$

[] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund
Enter Amount

4. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM CLS 1144 • \$

[] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] Your Total Refund
Enter Amount

5. ORGAN DONOR AWARENESS EDUCATION PROGRAM CLS 1146 • \$

[] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund
Enter Amount

6. AREA AGENCIES ON AGING PROGRAM CLS 1149 • \$

[] \$1 [] \$5 [] \$10 [] _____ [] Your Total Refund
Enter Amount

7. MILITARY FAMILY RELIEF PROGRAM CLS 1147 • \$

[] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] Your Total Refund
Enter Amount

8. NEWBORN UMBILICAL CORD BLOOD INITIATIVE CLS 1180 • \$

[] \$1 [] \$5 [] \$10 [] \$20 [] _____ [] Your Total Refund
Enter Amount

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 \$

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 for 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 52 of the AR1000/AR1000NR or Line 24 of the AR1000S. The total amount you contribute will reduce your refund by a corresponding amount.

If this schedule is not attached to your AR1000/AR1000NR/AR1000S **or** if the amount in Box 10 is not entered on Line 52 of the AR1000/AR1000NR or Line 24 of the AR1000S, 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 - Accounting Branch, P.O. Box 3628, Little Rock, AR 72203.