

# ARKANSAS INDIVIDUAL INCOME TAX SCHEDULE OF CHECK-OFF CONTRIBUTIONS

NAME	SSN	
SPOUSE'S NAME	SSN	
ADDRESS	•	
CITY	TE	ZIP
SEE INSTRUCTIONS ON REVERSE SIDE	OF THIS FORM	
1. ARKANSAS DISASTER RELIEF PROGRAM		\$
\$1 \$5 \$10 \$20 \$20 [	Your Total Refund	
2. ARKANSAS GAME AND FISH FOUNDATION		\$
□ \$1 □ \$5 □ \$10 □ <u></u>	Your Total Refund	
3. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF.		\$
\$1 \$5 \$10 \$10 [	Your Total Refund	
4. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROG	RAM•	\$
\$1 \$5 \$10 \$20 \$20 [	Your Total Refund	
5. ORGAN DONOR AWARENESS EDUCATION PROGRAM	•	\$
□\$1 □\$5 □\$10 □ [	Your Total Refund	
6. AREA AGENCIES ON AGING PROGRAM	•	\$
\$1 \$5 \$10 \$10 [	Your Total Refund	
7. MILITARY FAMILY RELIEF PROGRAM	•	\$
\$1 \$5 \$10 \$20 \$20 [	Your Total Refund	
8. NEWBORN UMBILICAL CORD BLOOD INITIATIVE	•	\$
\$1 \$5 \$10 \$20 \$20 [	Your Total Refund	
9. ARKANSAS TAX DEFERRED TUITION SAVINGS PROGRAM		
<b>IMPORTANT:</b> To contribute to your Arkansas Tax Deferred Tuition Savings Program, you <b>MUST</b> 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 <u>Enter Amount</u>	Your Total Refund	
Account Number	ı	
CHOOSE ACCOUNT TYPE: GIFT IShares	_	\$
\$25\$50\$100	Your Total Refund	
Account Number	ı	_
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.** 

### FOR TAXPAYERS WHO ARE DUE A REFUND:

Attach this schedule 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. Arkansas Game and Fish Foundation: www.agff.org
- 3. Arkansas School for the Blind: www.arkansasschoolfortheblind.org
  - Arkansas School for the Deaf: www.arschoolforthedeaf.org
- 4. Baby Sharon's Children's Catastrophic Illness Program: www.babysharonfund.arkansas.gov
- 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