## **AR1000-CO**

## STATE OF ARKANSAS SCHEDULE OF CHECK-OFF CONTRIBUTIONS

## **INDIVIDUAL INCOME TAX RETURN**

## ATTACH AS THE SECOND PAGE OF YOUR RETURN

| NAME                                       |                                  |                         |                                       |                                |  |                              |                                     | SSN                          |   |                                       |  |
|--|----------------------------------|-------------------------|---------------------------------------|--------------------------------|--|------------------------------|-------------------------------------|------------------------------|---|---------------------------------------|--|
| SPOUSE'S NAME:                             |                                  |                         |                                       |                                |  |                              |                                     | SSN:                         |   |                                       |  |
| ADD  | RESS_                            |                         |                                       |                                | · · · · · · · · · · · · · · · · · · ·      | <del></del>                  |                                     |                              |   |                                       |  |
| CITY                                       | ,                                |                         |                                       |                                | <del></del>                                |                              |                                     | ST/                          | ATE   | ZIP                                   |  |
|  |                                  |                         |                                       |                                |  |                              |                                     |                              | t for each check-off in the   |                                       |  |
| contri<br>contri<br>AR10                   | ibution.<br>ibute wil<br>200S or | Enter<br>redu<br>if the | the amour<br>ice your re<br>amount in | nt in Bo<br>efund b<br>n Box 6 | ox 6 on Line<br>by a corres<br>6 is not er | e 60 of<br>spondii<br>ntered | the AR1000/AR100 amount. If this se | 0NR or<br>chedule<br>R1000// | e attached to any return<br>Line 26 of the AR1000S.<br>is not attached to your<br>AR1000NR or Line 26 o | The total amount you AR1000/AR1000NR/ |  |
| of yo                                      |                                  |                         |                                       |                                |  |                              |                                     |                              | e and submit a separate<br>unting Branch, P.O. Box  |                                       |  |
| 1. ARKANSAS DISASTER RELIEF PROGRAM        |                                  |                         |                                       |                                |  |                              |                                     |                              | CLS 1162  | \$                                    |  |
| [  | ] \$1                            | [                       | ] \$5                                 | [                              | ] \$10                                     | [                            | Write in Amount                     | [                            | ] Your Total Refund   |                                       |  |
| 2. U.S. OLYMPIC COMMITTEE PROGRAM          |                                  |                         |                                       |                                |  |                              |                                     |                              | CLS 1145  | \$                                    |  |
| ]  | ] \$1                            | [                       | ] \$5                                 | [                              | ] \$10                                     | [                            | Write in Amount                     | [                            | ] Your Total Refund   |                                       |  |
| 3. A                                       | RKANS                            | AS S                    | SCHOOL                                | FOR '                          | THE BLI                                    | ND/S(                        | CHOOL FOR THE                       | DEAF                         | CLS 1164  | \$                                    |  |
| [  | ] \$1                            | [                       | ] \$5                                 | [                              | ] \$10                                     | [                            | Write in Amount                     | [                            | ] Your Total Refund   |                                       |  |
| 4. B                                       | ABY SI                           | IARC                    | ON'S CH                               | LDRE                           | N'S CAT                                    | ASTF                         | OPHIC ILLNESS                       | PROG                         | RAM CLS 1144  | \$                                    |  |
| [  | ] \$1                            | [                       | ] \$5                                 | [                              | ] \$10                                     | [                            | Write in Amount                     | [                            | ] Your Total Refund   |                                       |  |
| 5. ORGAN DONOR AWARENESS EDUCATION PROGRAM |                                  |                         |                                       |                                |  |                              |                                     |                              |   | \$                                    |  |
| ]  | ] \$1                            | [                       | ] \$5                                 | [                              | ] \$10                                     | [                            | ]Write in Amount                    | [                            | ] Your Total Refund   |                                       |  |
| 6. T                                       | OTAL C                           | HEC                     | K-OFF C                               | ONTI                           | RIBUTIO                                    | NS                           |                                     |                              |   | \$                                    |  |