



ARKANSAS INDIVIDUAL INCOME TAX
SCHEDULE OF CHECK-OFF CONTRIBUTIONS

NAME, SPOUSE'S NAME, ADDRESS, CITY, STATE, ZIP, SSN

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

1. ARKANSAS DISASTER RELIEF PROGRAM CLS 1162 \$ [] \$1 [] \$5 [] \$10 [] \$20 [] Enter Amount [] Your Total Refund

2. U.S. OLYMPIC COMMITTEE PROGRAM CLS 1145 \$ [] \$1 [] \$5 [] \$10 [] Enter Amount [] Your Total Refund

3. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF CLS 1164 \$ [] \$1 [] \$5 [] \$10 [] Enter Amount [] Your Total Refund

4. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM CLS 1144 \$ [] \$1 [] \$5 [] \$10 [] \$20 [] Enter Amount [] Your Total Refund

5. ORGAN DONOR AWARENESS EDUCATION PROGRAM CLS 1146 \$ [] \$1 [] \$5 [] \$10 [] Enter Amount [] Your Total Refund

6. AREA AGENCIES ON AGING PROGRAM CLS 1149 \$ [] \$1 [] \$5 [] \$10 [] Enter Amount [] Your Total Refund

7. MILITARY FAMILY RELIEF PROGRAM CLS 1147 \$ [] \$1 [] \$5 [] \$10 [] \$20 [] Enter Amount [] Your Total Refund

8. NEWBORN UMBILICAL CORD BLOOD INITIATIVE CLS 1180 \$ [] \$1 [] \$5 [] \$10 [] \$20 [] Enter Amount [] Your Total Refund

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 [] Enter Amount [] Your Total Refund
Account Number _____

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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, beginning for tax year 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 47 of the AR2/NR2 or Line 27 of the S1. The total amount you contribute will reduce your refund by a corresponding amount.

If this schedule is not attached to your AR1/NR1/S1 **or** if the amount in Box 10 is not entered on Line 47 of the AR2/NR2 or Line 27 of the S1, 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.