AR1000-OD 2015

ARKANSAS INDIVIDUAL INCOME TAX ORGAN DONOR DEDUCTION

Taxpayer's Name:	Taxpayer's Social Security Number:
Donor's Name: (If different than taxpayer's)	Donor's Relationship to Taxpayer:
donation of a human organ (all or part of a live	up to \$10,000 for <u>unreimbursed</u> expenses related to the ver, pancreas, kidney, intestine, lung, or bone marrow) to include travel, lodging, medical expenses, and lost wage
	ving, by the taxpayer or the taxpayer's dependent. The exable year in which the organ transplantation uction only once in his/her lifetime.
1. Enter total medical expenses related to the donation of a liver, pancreas, kidney, intestine, lung, or bone	n in 2015 of a human organ <i>(all or part marrow)</i> to another human being:1
2. Enter total travel expenses paid:	2
3. Enter total lodging expenses paid:	3
4. Enter total lost wages:	4
5. Total expenses: (Add lines 1 through 4)	55
6. Maximum allowable deduction:	6 \$10,000 (
7. Your deduction: (Enter the smaller of Lines 5 or 6 he	ere and on Line 14, AR1000ADJ)7
PLEASE SIGN: Under penalties of perjury, and complete.	I declare that the above information is true, correct
Taxpayer Signatu	re Date