AR1000-CO   2005

STATE OF ARKANSAS
SCHEDULE OF CHECK-OFF CONTRIBUTIONS
INDIVIDUAL INCOME TAX RETURN
ATTACH AS THE THIRD PAGE OF YOUR RETURN

NAME • _____ SSN• _____

SPOUSE'S NAME: _____ SSN: _____

ADDRESS • _____

CITY • _____ STATE • _____ ZIP • _____

INSTRUCTIONS: Check the appropriate box and enter the designated amount for each check-off in the box provided. Total your contributions and enter the amount in Box 8. **Contributions are limited to whole dollar amounts only.**

FOR TAXPAYERS THAT ARE DUE A REFUND: This schedule **must** be attached to any return claiming a check-off contribution. Enter the amount in Box 8 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 8 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 THAT OWE ADDITIONAL TAXES: Detach this schedule and submit a separate check for the amount of your check-off contributions. **Mail to**: Arkansas Individual Income Tax - Accounting Branch, P.O. Box 3628, Little Rock, AR 72203

1. ARKANSAS DISASTER RELIEF PROGRAM. .... CLS 1162 • $ _____

[ ] $1   [ ] $5   [ ] $10   [ ]_____   [ ] 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   [ ]_____   [ ] 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. TOTAL CHECK-OFF CONTRIBUTIONS. .... $ _____

AR1000-CO (R11/05)