

# AR1100-CO

**STATE OF ARKANSAS  
SCHEDULE OF CHECK-OFF CONTRIBUTIONS  
CORPORATION INCOME TAX RETURN  
ATTACH IMMEDIATELY AFTER SCHEDULE A OF ARKANSAS FORM AR1100CT**

NAME \_\_\_\_\_ FEIN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**INSTRUCTIONS:** Check the appropriate box and then enter the designated amount for each check-off in the box provided. Total your contributions and enter the amount in Box I. *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 from Box I (*Total Check Off Contribution*) from this schedule on Line 40 of the AR1100CT. The total amount you contribute will reduce your refund by a corresponding amount. If this schedule is not attached to your AR1100CT or if the amount in Box I is not entered on Line 40 of the AR1100CT, then 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 Corporation Income Tax - P O Box 919, Little Rock, AR 72203-0919

<b>A. ARKANSAS DISASTER RELIEF PROGRAM.....</b>	\$
<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> _____ <span style="font-size: small; margin-left: 100px;">Write in Amount</span>	<input type="checkbox"/> <b>Your Total Refund</b>
<b>B. ARKANSAS GAME AND FISH FOUNDATION.....</b>	\$
<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> _____ <span style="font-size: small; margin-left: 100px;">Write in Amount</span>	<input type="checkbox"/> <b>Your Total Refund</b>
<b>C. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF.....</b>	\$
<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> _____ <span style="font-size: small; margin-left: 100px;">Write in Amount</span>	<input type="checkbox"/> <b>Your Total Refund</b>
<b>D. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM.....</b>	\$
<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> _____ <span style="font-size: small; margin-left: 100px;">Write in Amount</span>	<input type="checkbox"/> <b>Your Total Refund</b>
<b>E. ORGAN DONOR AWARENESS EDUCATION PROGRAM.....</b>	\$
<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> _____ <span style="font-size: small; margin-left: 100px;">Write in Amount</span>	<input type="checkbox"/> <b>Your Total Refund</b>
<b>F. MILITARY FAMILY RELIEF PROGRAM.....</b>	\$
<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> _____ <span style="font-size: small; margin-left: 100px;">Write in Amount</span>	<input type="checkbox"/> <b>Your Total Refund</b>
<b>G. AREA AGENCIES ON AGING PROGRAM.....</b>	\$
<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> _____ <span style="font-size: small; margin-left: 100px;">Write in Amount</span>	<input type="checkbox"/> <b>Your Total Refund</b>
<b>H. NEWBORN UMBILICAL CORD BLOOD INITIATIVE.....</b>	\$
<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> _____ <span style="font-size: small; margin-left: 100px;">Write in Amount</span>	<input type="checkbox"/> <b>Your Total Refund</b>
<b>I. TOTAL CHECK OFF CONTRIBUTION.....</b>	\$