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 H. **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 H from this schedule on Line 42 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 H is not entered on Line 42 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

A. ARKANSAS DISASTER RELIEF PROGRAM. ....CLS 1162 ● $_____

   [   ] $1   [   ] $5   [   ] $10   [   ]_____ [   ] Your Total Refund
                                                 Write in Amount

B. U.S. OLYMPIC COMMITTEE PROGRAM. .... CLS 1145 ● $_____

   [   ] $1   [   ] $5   [   ] $10   [   ]_____ [   ] Your Total Refund
                                                 Write in Amount

C. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF. ....CLS 1164 ● $_____

   [   ] $1   [   ] $5   [   ] $10   [   ]_____ [   ] Your Total Refund
                                                 Write in Amount

D. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM. ....CLS 1144 ● $_____

   [   ] $1   [   ] $5   [   ] $10   [   ]_____ [   ] Your Total Refund
                                                 Write in Amount

E. ORGAN DONOR AWARENESS EDUCATION PROGRAM. ....CLS 1146 ● $_____

   [   ] $1   [   ] $5   [   ] $10   [   ]_____ [   ] Your Total Refund
                                                 Write in Amount

F. MILITARY FAMILY RELIEF PROGRAM. ....CLS 1147 ● $_____

   [   ] $1   [   ] $5   [   ] $10   [   ]_____ [   ] Your Total Refund
                                                 Write in Amount

G. AREA AGENCIES ON AGING PROGRAM. ....CLS 1149 ● $_____

   [   ] $1   [   ] $5   [   ] $10   [   ]_____ [   ] Your Total Refund
                                                 Write in Amount

H. TOTAL CHECK OFF CONTRIBUTION. .... $_____