



**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

**A. ARKANSAS DISASTER RELIEF PROGRAM.....** • \$

\$1    \$5    \$10    \$20    \_\_\_\_\_  
Write in Amount    **Your Total Refund**

**B. ARKANSAS GAME AND FISH FOUNDATION.....** • \$

\$1    \$5    \$10    \_\_\_\_\_  
Write in Amount    **Your Total Refund**

**C. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF.....** • \$

\$1    \$5    \$10    \_\_\_\_\_  
Write in Amount    **Your Total Refund**

**D. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM.....** • \$

\$1    \$5    \$10    \$20    \_\_\_\_\_  
Write in Amount    **Your Total Refund**

**E. ORGAN DONOR AWARENESS EDUCATION PROGRAM.....** • \$

\$1    \$5    \$10    \_\_\_\_\_  
Write in Amount    **Your Total Refund**

**F. MILITARY FAMILY RELIEF PROGRAM.....** • \$

\$1    \$5    \$10    \$20    \_\_\_\_\_  
Write in Amount    **Your Total Refund**

**G. AREA AGENCIES ON AGING PROGRAM.....** • \$

\$1    \$5    \$10    \_\_\_\_\_  
Write in Amount    **Your Total Refund**

**H. NEWBORN UMBILICAL CORD BLOOD INITIATIVE.....** • \$

\$1    \$5    \$10    \$20    \_\_\_\_\_  
Write in Amount    **Your Total Refund**

**I. LAW ENFORCEMENT FAMILY RELIEF TRUST FUND.....** • \$

\$1    \$5    \$10    \$20    \_\_\_\_\_  
Write in Amount    **Your Total Refund**

**J. TOTAL CHECK OFF CONTRIBUTION.....** • \$