AR1100-CO

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

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ADI	DRESS_		1								
CIT	Υ								_STATE	ZIP	
Tota	TRUCTI al your co OUNTS	ntribut	ions and	e appr enter	opriate both	ox and int in E	then en Box H. •	ter the desig	nated an	mount for each check-o	off in the box provided.  WHOLE DOLLAR
con will	tribution. I reduce yo not enter	Enter t ur refu	he amoun ind by a co	t from orresp	Box H fro	om this	s schedu If this so	ule on Line 4 chedule is no	10 of the ot attach	attached to any return AR1100CT. The total a ed to your AR1100CT of recognized and the ar	amount you contribute or if the amount in Box
										e and submit a separat D. Box 919, Little Rock	
A. <i>A</i>	ARKANSA	S DIS	ASTER R	ELIEI	F PROGR	AM.				CLS 1162	• \$
[		]	] \$5	]						] Your Total Refund	
B. l	J.S. OLYN	лріс (	ОММІТТ	EE PI	ROGRAM					CLS 1145	\$
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C. /	ARKANSA	S SCI	HOOL FO	R THI	E BLIND/S	SCHO	OL FOR	THE DEAF	_	CLS 1164	\$
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D. E	BABY SHA	ARON	'S CHILDI	REN'S	CATAST	ROPH	IIC ILLN	NESS PROG	RAM.	CLS 1144	\$
[	] \$1	[	] \$5		] \$10		]	ite in Amount	[	] Your Total Refund	Ţ.
F (	DRGAN D	ONOR	AWAREN	IFSS	FDUCAT	ION P	ROGRA	M		CLS 1146	• \$
[			] \$5		] \$10		]	te in Amount		] Your Total Refund	Ţ.
FM	F. MILITARY FAMILY RELIEF PROGRAM										
[			[ ]\$10				]w	rite in Amount		] Your Total Refund	ĮΨ
G. AREA AGENCIES ON AGING PROGRAMCLS 1149											• <b>\$</b>
[		[	] \$5		] \$10	[	]	te in Amount		] Your Total Refund	- [ψ
н. 1	TOTAL CH	IECK	OFF CON	TRIB	UTION						\$