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

NAME						FEIN				
ADD	RESS_									
CITY	/							STATI	ZIP	
									nount for each check-c	
		/ED0 T								
the a	mount fro	m Box I	(Total Che	eck Off	Contributi	on) from	this schedule on Lin	ne 41 of th	any return claiming a che e AR1100CT. The total at	mount you contribut
									AR1100CT or if the amount will be refunded to you	
- 00	TAMPA	VED0 T		/E AD	DITIONA		-c Details this set			had for the same
									nd submit a separate cl lox 919, Little Rock, AF	
										\$
[] \$1	[] \$5	[]\$1] 0] \$20	[Write in Amount	. [] Your Total Refund	
B. A	RKANS	AS GAN	IE AND	FISH	FOUNDA	TION				\$
]] \$1	[] \$5	[] \$10	[Write in Amount	. [] Your Total Refund	
C. A										
[] \$1	[] \$5	[] \$10	[]Write in Amount	[] Your Total Refund	
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			Y RELIE				Write in Amount			\$
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G. A	REA AG	ENCIES	S ON AG	ING F	PROGRAM	И	Write in Amount			\$
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H. N	EWBORN	I UMBILI	ICAL COI	RD BL	OOD INITI	ATIVE.	Write in Amount			\$
[] \$1	[]\$5	[]\$1] 0]\$20	[1	. [] Your Total Refund	
. T	TAL CL	IECK O	FF CON	TDIDI	ITION		Write in Amount			\$