



ARKANSAS INDIVIDUAL INCOME TAX CHECK-OFF CONTRIBUTIONS

Primary's legal name, Primary's social security number, Mailing address, City, State, ZIP

SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

1. ARKANSAS DISASTER RELIEF PROGRAM \$

Input boxes for \$1, \$5, \$10, \$20, and Enter amount

Your Total Refund

2. ARKANSAS GAME AND FISH FOUNDATION \$

Input boxes for \$1, \$5, \$10, \$20, and Enter amount

Your Total Refund

3. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF \$

Input boxes for \$1, \$5, \$10, \$20, and Enter amount

Your Total Refund

4. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM \$

Input boxes for \$1, \$5, \$10, \$20, and Enter amount

Your Total Refund

5. ORGAN DONOR AWARENESS EDUCATION PROGRAM \$

Input boxes for \$1, \$5, \$10, \$20, and Enter amount

Your Total Refund

6. AREA AGENCIES ON AGING PROGRAM \$

Input boxes for \$1, \$5, \$10, \$20, and Enter amount

Your Total Refund

7. MILITARY FAMILY RELIEF PROGRAM \$

Input boxes for \$1, \$5, \$10, \$20, and Enter amount

Your Total Refund

8. NEWBORN UMBILICAL CORD BLOOD INITIATIVE \$

Input boxes for \$1, \$5, \$10, \$20, and Enter amount

Your Total Refund

9. LAW ENFORCEMENT FAMILY RELIEF TRUST FUND \$

Input boxes for \$1, \$5, \$10, \$20, and Enter amount

Your Total Refund

10. ARKANSAS BRIGHTER FUTURE FUND PLAN ACCOUNT (Formerly AR529 College Investing Plan)

Account Number: [grid] - [grid] \$

Input boxes for \$25, \$50, \$100, and Enter amount

Your Total Refund

Account Number: [grid] - [grid] \$

Input boxes for \$25, \$50, \$100, and Enter amount

Your Total Refund

11. TOTAL CHECK-OFF CONTRIBUTIONS \$