

ARKANSAS INDIVIDUAL INCOME TAX CHECK-OFF CONTRIBUTIONS

Primary's legal name Primary's legal name	rimary's social security number
Spouse's legal name	pouse's social security number
Mailing address	
City	ZIP
SEE INSTRUCTIONS ON REVERSE SIDE OF THI	S FORM
1. ARKANSAS DISASTER RELIEF PROGRAM	• \$
	tal Refund
2. ARKANSAS GAME AND FISH FOUNDATION	
	tal Refund
3. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF	• \$
	tal Refund
Enter amount 4. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM	
\$1 \$5 \$10 \$20 \$20 Your To	tal Refund
5. ORGAN DONOR AWARENESS EDUCATION PROGRAM	
	tal Refund
6. AREA AGENCIES ON AGING PROGRAM	
	tal Refund
7. MILITARY FAMILY RELIEF PROGRAM	• \$
\$1 \$5 \$10 \$20 \$20 Enter amount	tal Refund
8. NEWBORN UMBILICAL CORD BLOOD INITIATIVE	• \$
	tal Refund
9. AR 529 COLLEGE INVESTING PLAN (GIFT PLAN OR ISHARES 529 PLAN)
IMPORTANT: To contribute to your AR 529 College Investing Plan, you MUST enter below. You may contribute part or all of your refund to one or two accounts, provided a to each account. (You cannot send a check for this check-off.)	
Account Number:	• \$
\$25 \$50 \$100 <u>Enter amount</u> Your To	tal Refund
Account Number:	
\$25 \$50 \$100 <u>Enter amount</u> Your To	tal Refund
10. TOTAL CHECK-OFF CONTRIBUTIONS	\$