

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 S	IDE OF THIS FORM
1. ARKANSAS DISASTER RELIEF PROGRAM	\$
\$1 \$5 \$10 \$20 \$_Enter amount	Your Total Refund
2. ARKANSAS GAME AND FISH FOUNDATION	\$
\$1 \$5 \$10 <u>Enter amount</u>	Your Total Refund
3. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF	
\$1 \$5 \$10 <u>Enter amount</u>	Your Total Refund
4. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM	
\$1 \Bigsize \$5 \Bigsize \$10 \Bigsize \$20 \Bigsize Enter amount	Your Total Refund
5. ORGAN DONOR AWARENESS EDUCATION PROGRAM	• \$
\$1 \$5 \$10 Enter amount	Your Total Refund
6. AREA AGENCIES ON AGING PROGRAM	
\$1 \$5 \$10 <u>Enter amount</u>	Your Total Refund
7. MILITARY FAMILY RELIEF PROGRAM	
\$1 \$5 \$10 \$20 Enter amount	Your Total Refund
8. NEWBORN UMBILICAL CORD BLOOD INITIATIVE	• \$
\$1 \$5 \$10 \$20 Enter amount	Your Total Refund
9. LAW ENFORCEMENT FAMILY RELIEF TRUST FUND	
\$1 \$5 \$10 \$20 \$20 Enter amount	Your Total Refund
10. ARKANSAS BRIGHTER FUTURE FUND PLAN ACCOUNT (Formerly AR529	College Investing Plan)
Account Number:	• \$
\$25 \$50 \$100 <u>Enter amount</u>	Your Total Refund
Account Number:	• \$
\$25 \$50 \$100	Your Total Refund
11 TOTAL CHECK-DEE CONTRIBUTIONS	\$