

## Arkansas General Information

Taxpayer deaf		_____ [1]			
Spouse deaf		_____ [2]			
Early childhood program - certificate number		_____ [3]			
State political contribution		_____ [4]			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;"><b>Taxpayer</b></td> <td style="width: 20%; text-align: center;"><b>Spouse</b></td> </tr> </table>				<b>Taxpayer</b>	<b>Spouse</b>
	<b>Taxpayer</b>	<b>Spouse</b>			
Contributions to a long-term intergenerational trust	_____ [5]	_____ [6]			

## Contributions

**Amount of charitable contributions you wish to make to:**

Disaster Relief Program		_____ [7]
US Olympic Committee Program		_____ [8]
School for the Blind and Deaf		_____ [9]
Baby Sharon's Children Catastrophic Illness Program		_____ [10]
Organ Donor Awareness Education Program		_____ [11]
Area Agency on Aging		_____ [12]
Military Family Relief		_____ [13]
Newborn Umbilical Cord Blood Initiative		_____ [14]

## Part-year Resident and Nonresident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Arkansas**

Part-year residency dates:		
From		_____ [15]
To		_____ [16]
State of residency if nonresident of Arkansas		_____ [17]

**NOTES/QUESTIONS:**