



Form ID: AR Arkansas General Information

Taxpayer deaf _____ [1]
 Spouse deaf _____ [2]
 Early childhood program - certificate number _____ [3]
 State political contribution _____ [4]

Taxpayer Spouse

Contributions to a long-term intergenerational trust _____ [5] _____ [6]

Contributions

Amount of charitable contributions you wish to make to:

Disaster Relief Program _____ [7]
 Game and Fish Foundation _____ [8]
 School for the Blind and Deaf _____ [9]
 Baby Sharon's Children's Catastrophic Illness Program _____ [10]
 Organ Donor Awareness Education Program _____ [11]
 Area Agencies 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: