



Taxpayer's Full Name: _____ **Spouse's Full Name:** _____

Form ID: AR	Arkansas General Information
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Taxpayer deaf		____ [1]
Spouse deaf		____ [2]
Early childhood program - certificate number	_____	[3]
State political contribution	_____	[4]
Contributions to a long-term intergenerational trust	Taxpayer	Spouse
	_____ [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: