

## 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]
Law Enforcement Family Relief Trust Fund	_____ [15]

## 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	_____ [16]
To	_____ [17]
State of residency if nonresident of Arkansas	_____ [18]

**NOTES/QUESTIONS:**