

## **General Information:**

Number of developmentally disabled individuals						
Names of developmentally disabled individuals						
Type of disability						
	Тах	bayer	Spo	ouse	]	
	Yes	No	Yes	No	]	
Do you qualify as being deaf for personal credit purposes?					]	
Early Childhood Program certification number						
Residency Information:					From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Arkansas for all of 2023, enter the dates you did live in Arkans Enter the state names other than Arkansas where you had income						
Education Savings:						
Did you or your spouse make any contributions to an Arkansas Tax Deferred Tuitio	on Saving	gs Progra	ım	Y	Yes No	

account? If Yes, enter the following:							
	TS	Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed		

## Check-Off Contribution:

Enter the amount you wish to contribute on your 2023 tax return to:	
Arkansas Disaster Relief Fund	
Arkansas Game and Fish Foundation	
Arkansas School for the Blind and Deaf	
Baby Sharon's Children Catastrophic Illness Grant Program Trust Fund	
Organ Donor Awareness Education Program	
Military Family Relief Program	
Arkansas Area Agencies on Aging	
Newborn Umbilical Cord Initiative	
Arkansas Brighter Future Fund Plan Account	

## Enter Any Additional Arkansas Information:

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