



MISSOURI DEPARTMENT OF REVENUE
Champion for Children Tax Credit

Department Use Only
(MM/DD/YY)

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Taxable Year Beginning (MM/DD/YY) [][] [][][] [][][] Ending (MM/DD/YY) [][][] [][][] [][][]

Tax Credit Claimant Information

Taxpayer's Name [] Social Security Number [][][] [][][] [][][][][]

Spouse's Name [] Spouse's Social Security Number [][][] [][][] [][][][][]

Business Name []

Missouri Tax I.D. Number [][][][][][][][][][] Federal Employer I.D. Number [][][][][][][][][][][][][][][][]

Charter Number [][][][][][][][][][][][][][][][][] NAICS Code (if applicable) [][][][][][][][][]

Address [] City [] State [] ZIP Code []
Tax Type Individual Corporation Other _____

Qualified Agency

Name []
Address [] City [] State [] ZIP Code []

Agency Type

CASA (Court Appointed Special Advocate) Child Advocacy Centers Crisis Care Centers

Contributions (See page two for additional contributions)

Date (MM/DD/YY)	Contribution Amount (Minimum amount \$100) -- Round to nearest dollar --	Tax Credit (50%)
___ / ___ / _____	00	00
___ / ___ / _____	00	00
___ / ___ / _____	00	00

Additional Contributions

Date (MM/DD/YY)	Contribution Amount (Minimum amount \$100) -- Round to nearest dollar --	Tax Credit (50%)
___ / ___ / _____	00	00
___ / ___ / _____	00	00
___ / ___ / _____	00	00
___ / ___ / _____	00	00
___ / ___ / _____	00	00
___ / ___ / _____	00	00
___ / ___ / _____	00	00
___ / ___ / _____	00	00
___ / ___ / _____	00	00
___ / ___ / _____	00	00
___ / ___ / _____	00	00

We are submitting this claim for the purpose of establishing the taxpayer's eligibility for the tax credit pursuant to [Section 135.341, RSMo](#), and said taxpayer is entitled to a tax credit of 50% of the contribution. Champion for Children tax credits are subject to available funding. If claims exceed the funding, the redemption of the credit will be prorated to the extent funds are available.

I certify this claim to be true and accurate.

Signature(s)	Signature of Qualified Agency Director		Date (MM/DD/YYYY) ___ / ___ / _____
	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.		
	Taxpayer Signature	Taxpayer's Printed Name	Date (MM/DD/YYYY) ___ / ___ / _____
	Spouse's Signature (if applicable)	Spouse's Printed Name	Date (MM/DD/YYYY) ___ / ___ / _____

This form must be attached to the Miscellaneous Income Tax Credits ([Form MO-TC](#)), along with your tax return.

Form MO-CFC (Revised 12-2019)

Taxation Division
Individual Income Tax
P.O. Box 27
Jefferson City, MO 65105-0027

Taxation Division
Business Tax
P.O. Box 3365
Jefferson City, MO 65105-3365

Phone: (573) 751-3220
Fax: (573) 751-7744
E-mail: taxcredit@dor.mo.gov



Visit <http://dor.mo.gov/taxcredit/cfc.php> for additional information.



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