



Missouri Department of Revenue
Champion for Children Tax Credit

| | | | | |
|-----------------|---|--|--|-------------------|
| Taxpayer | Name of Taxpayer | | Spouse (If Applicable) | |
| | Social Security, Federal Employer I.D., or Missouri Tax I.D. Number | | Spouse Social Security, Federal Employer I.D., or Missouri Tax I.D. Number | |
| | Taxpayer Address | | City | State Zip Code |

| | | | |
|-------------------------|-------------|-------|----------|
| Qualified Agency | Agency Name | | |
| | Address | | |
| | City | State | Zip Code |

| | | | |
|----------------------|--|---|------------------|
| Contributions | The above taxpayer has made the following contributions: | | |
| | Date (MM/DD/YYYY) | Contribution Amount (minimum amount \$100) | Tax Credit (50%) |
| | ____/____/____ | | |
| | ____/____/____ | | |
| | ____/____/____ | | |
| | ____/____/____ | | |
| | ____/____/____ | | |
| | ____/____/____ | | |
| Agency Type | <input type="checkbox"/> CASA (Court Appointed Special Advocate) | | |
| | <input type="checkbox"/> Child Advocacy Centers | | |
| | <input type="checkbox"/> Crisis Care Centers | | |
| Tax Type | <input type="checkbox"/> Individual | | |
| | <input type="checkbox"/> Corporation | | |
| | <input type="checkbox"/> Other _____ | | |

The current tax period begins ____/____/____ and ends ____/____/____. 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.

| | | |
|------------------|--|--|
| Signature | I certify this claim to be true and accurate. | |
| | Signature of Qualified Agency Director | |
| | Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. | |
| | Signature of Taxpayer | Signature of Spouse (If Applicable) |
| | Printed Name of Taxpayer | Printed Name of Spouse (If Applicable) |
| E-mail Address | | |

Form MO-CFC (Revised 12-2013)

This form must be attached to the Miscellaneous Income Tax Credits ([Form MO-TC](#)), the Individual Income Tax Return ([Form MO-1040](#)), or the Corporation Income Tax Return ([Form MO-1120](#)).

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

