S	Form Missouri Departmer Champion for Chile	Department Use Only (MM/DD/YY) dren Tax Credit						
	Taxable Year Beginning (MM/DD/YY)	Ending (MM/DD/YY)						
	Taxpayer's Name Spouse's Name	Social Security Number Spouse's Social Security Number						
Tax Credit Claimant Information	Business Name Missouri Tax I.D. Number Charter Number	Federal Employer I.D. Number NAICS Code (if applicable)						
	Address City State ZIP Code Tax Type Other							
Qualified Agency	Name Address	City	ate Zip Code					
Agency Type								
Contributions (See page two for additional contributions)								
	Date (MM/DD/YY)	Contribution Amount (Minimum amount \$100) Round to nearest dollar	;0%)					
	//	00	00					
_	//	00	00					
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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 of Qualified Agency Director			Date (MM/DD/YYYY)		
(S)			//	<u> </u>		
Ţ.	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.					
Signature(s)	Taxpayer Signature	Taxpayer's Printed Name		Date (MM/DD/YYYY)		
<u>g</u>				//		
S	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.

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Additional Contributions							
Date (MM/DD/YY)	Contribution Amount (Minimum amount \$100) Round to nearest dollar	Tax Credit (50%)					
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Form MO-CFC (Revised 12-2014)

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

