



Form
MO-CIC

Missouri Department of Revenue
Children in Crisis Tax Credit

Department Use Only
(MM/DD/YY)

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



13302010001

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. Children in Crisis 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) ____/____/____
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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.

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

Form MO-CIC (Revised 05-2015)

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/cic.php> for additional information.



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