5	Form Missouri Departmer MO-CFC Champion for Chil								
-[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.	Federal Employer							
Tax Credit Cla	Number	I.D. Number I.D. Number <t< td=""><td></td><td></td><td></td></t<>							
	Address City State ZIP Code Tax Type Individual Corporation Other								
Qualified Agency	Name								
ualified	Address	City	State	ZIP Code					
Agency Type (
Contributions (See page two for additional contributions)									
	Date (MM/DD/YY)	Contribution Amount (Minimum amount \$100) Tax Credit Round to nearest dollar	(50%)						
	//	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.

> > Date (MM/DD/YYYY) _/ ___ __ / __

> > Date (MM/DD/YYYY)

	I certify this claim to be true and accurate.							
	Signature of Qualified Agency Director	Date (MM/DD/YYYY)						
(s)		//						
ature(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 (M				
ign				/				
Sig	Spouse's Signature (if applicable)	Spouse's Printed Name		Date (M				

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) Tax Credit (50%) -- Round to nearest dollar --00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00

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



Form MO-CFC (Revised 05-2015)

Visit https://dor.mo.gov/tax-credits/cfc.html for additional information.

