

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.

Signature(s)	I certify this claim to be true and accurate.	
	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
	Spouse's Signature (if applicable)	Spouse's Printed Name
		Date (MM/DD/YYYY) ____/____/____
		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 dor.mo.gov/tax-credits/cic.html for additional information.



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