2	Form	Department Use Only (MM/DD/YY)								
-[MO-CIC Taxable Year Beginning (MM/DD/YY)	Ending (MM/DD/YY)								
	Taxpayer's Name Spouse's	Social Security Number Spouse's Social Security								
_	Name	Number								
Tax Credit Claimant Information	Business Name									
Claimant	Missouri Tax I.D. Number	Federal Employer I.D. Number								
Tax Credit	Charter Number (if applicable)									
	Address	City	State	ZIP Code						
	Tax Type Individual Corporation Other									
Qualified Agency	Name									
alified	Address	City	State	ZIP Code						
Agency Type Qu										
Contributions (See page two for additional contributions)										
	Date (MM/DD/YY) Contribution Amount (Minimum amount \$100) Tax Credit (50%) Round to nearest dollar									
	//	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 <u>Section 135.341</u>, <u>RSMo</u>, 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)						
		//	/				
er 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) 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: <u>taxcredit@dor.mo.gov</u>



Form MO-CIC (Revised 05-2015)

Visit dor.mo.gov/tax-credits/cic.html for additional information.

