



Form **MO-CFC**  
**Missouri Department of Revenue**  
**Champion for Children Tax Credit**

Department Use Only  
 (MM/DD/YY)

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Taxable Year Beginning (MM/DD/YY) 

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 Ending (MM/DD/YY) 

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**Tax Credit Claimant Information**

Taxpayer's Name  Social Security Number 

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Spouse's Name  Spouse's Social Security Number 

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Business Name

Missouri Tax I.D. Number 

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 Federal Employer I.D. Number 

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Charter Number 

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 NAICS Code (if applicable) 

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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



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**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
___ / ___ / _____	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.

<b>Signature(s)</b>	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	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.

Form MO-CFC (Revised 12-2015)

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](mailto:taxcredit@dor.mo.gov)



Visit <http://dor.mo.gov/taxcredit/cfc.php> for additional information.



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