



MISSOURI DEPARTMENT OF REVENUE
CHILDREN IN CRISIS TAX CREDIT

FORM MO-CIC (REV. 10-2008)	
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CHILDREN IN CRISIS TAX CREDIT, SECTION 135.327, RSMo

NAME OF TAXPAYER		SPOUSE (IF APPLICABLE)	
SOCIAL SECURITY NUMBER, FEDERAL TAX ID NUMBER AND/OR MO STATE TAX ID NUMBER		SPOUSE ID NUMBER	
ADDRESS OF TAXPAYER		CITY	STATE ZIP CODE
QUALIFIED AGENCY NAME AND ADDRESS		AGENCY TYPE <input type="checkbox"/> CASA <input type="checkbox"/> CHILD ADVOCACY CENTERS <input type="checkbox"/> CRISIS CARE CENTERS	TAX TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____

THE ABOVE TAXPAYER HAS MADE THE FOLLOWING CONTRIBUTION(S):

DATE OF CONTRIBUTION	CONTRIBUTION AMOUNT (minimum amount \$100)	TAX CREDIT (50%)

The current tax period begins _____ and ends _____. We are submitting this claim for the purpose of establishing the taxpayer's eligibility for the tax credit pursuant to Section 135.327, RSMo, and said taxpayer is entitled to a tax credit of **50%** of the contribution. CIC 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

Under penalties of perjury, I declare that I have examined the above information, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. I also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services.

SIGNATURE OF TAXPAYER

SIGNATURE OF SPOUSE (IF APPLICABLE)