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Form **MO-CFC**

Missouri Department of Revenue
Champion for Children Tax Credit

Taxpayer

Name of Taxpayer	Spouse (If Applicable)		
Social Security, Federal Employer I.D., or Missouri Tax I.D. Number	Spouse Social Security, Federal Employer I.D., or Missouri Tax I.D. Number		
Taxpayer Address	City	State	Zip Code

Qualified Agency

Agency Name		
Address		
City	State	Zip Code

Contributions

The above taxpayer has made the following contributions:

Date (MM/DD/YYYY)	Contribution Amount (minimum amount $100)	Tax Credit (50%)
__ __/__ __/__ __ __ __		
__ __/__ __/__ __ __ __		
__ __/__ __/__ __ __ __		
__ __/__ __/__ __ __ __		
__ __/__ __/__ __ __ __		
__ __/__ __/__ __ __ __		
__ __/__ __/__ __ __ __		

Agency Type

- ❒ CASA (Court Appointed Special Advocate)
- ❒ Child Advocacy Centers
- ❒ Crisis Care Centers

Tax Type

- ❒ Individual
- ❒ Corporation
- ❒ Other _____

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 135.341, 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.

Signature

I certify this claim to be true and accurate.

Signature of Qualified Agency Director	
Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
Signature of Taxpayer	Signature of Spouse (If Applicable)
Printed Name of Taxpayer	Printed Name of Spouse (If Applicable)
E-mail Address	

Form MO-CFC (Revised 12-2013)

This form must be attached to the Miscellaneous Income Tax Credits (**Form MO-TC**), the Individual Income Tax Return (**Form MO-1040**), or the Corporation Income Tax Return (**Form MO-1120**).

Taxation Division
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Visit **http://dor.mo.gov/taxcredit/cfc.php** for additional information.