



MISSOURI DEPARTMENT OF REVENUE
ADOPTION TAX CREDIT CLAIM

FORM
MO-ATC
(REV. 11-2010)

DLN

FOR CALENDAR YEAR 20 _____ OR OTHER TAX YEAR BEGINNING _____, 20 _____, ENDING _____ 20 _____

PART A — ADOPTED SPECIAL NEEDS CHILD INFORMATION

ADOPTIVE FATHER'S NAME		SOCIAL SECURITY NUMBER ____ - ____ - ____		TAX TYPE	
ADOPTIVE MOTHER'S NAME		SOCIAL SECURITY NUMBER ____ - ____ - ____		<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other _____	
ADDRESS		CITY, STATE, AND ZIP CODE		TELEPHONE NUMBER (____) _____ - _____	
NAME OF ADOPTED CHILD		STATE OR COUNTRY OF ORIGIN			
SOCIAL SECURITY NUMBER OF CHILD, IF AVAILABLE	AGE OF CHILD	BIRTHDATE OF CHILD	DATE CHILD WAS PLACED	DATE ADOPTION BECAME FINAL	
			____/____/____	____/____/____	

- 1) Was the child a resident of Missouri prior to assignment? YES NO
- 2) Did the adoptive parents have legal custody prior to the assignment? YES NO
- 3) Name any other state or federal program utilized for the adoption of a special needs child. _____

If the "special needs child" was 18 years of age or over on the date the adoption was final, you must attach a statement from the child's physician indicating that the child has a medical condition or handicap that limits the child's ability to live independently of the adoptive parents. Check here if you have a statement from the physician.

PART B — EMPLOYER INFORMATION (IF CLAIMING CREDIT)

NAME OF EMPLOYER		STANDARD INDUSTRY CODE (SIC)	PHONE NUMBER
			(____) _____ - _____
ADDRESS	CITY, STATE, AND ZIP CODE	FEDERAL I.D. NUMBER	MO TAX I.D. NUMBER
		_____	_____

PART C — NONRECURRING ADOPTION EXPENSES (see back of form for instructions)

	Paid by Adoptive Parent(s)		Paid by Employer	
1. Adoption fees	1		1	
2. Court costs	2	+	2	+
3. Attorney fees	3	+	3	+
4. Other directly related expenses	4	+	4	+
5. TOTAL NONRECURRING ADOPTION EXPENSES (Employers claiming the credit, enter total on Line 5 and then skip to Line 11.)	5	=	5	=
6. Amount of nonrecurring expenses paid by Missouri Children's Division	6	+		
7. Amount of nonrecurring expenses paid by employer	7	+		
8. Amount of federal adoption tax credit claimed	8	+		
9. Amount received from other state or local programs	9			
10. Add Lines 6 through 9 and enter on Line 10.	10	=		
11. Subtract Line 10 from Line 5 and enter the amount on Line 11. (Employer enter amount from Line 5.)	11	=	11	=
12. The special needs adoption credit is limited to the lesser of the total on Line 11 or \$10,000.	12		12	

PART D — VERIFICATION THAT NONRECURRING EXPENSES WILL NOT BE REIMBURSED

I hereby certify, to the Department of Revenue, that the adoption expenses itemized in Part C of this schedule have not and will not be reimbursed and paid from funds available from the state of Missouri, managed by the Missouri Department of Social Services, Children's Division.

AUTHORIZED SIGNATURE	TITLE	CHILDREN'S DIVISION COUNTY OFFICE	DATE
			____/____/____

PART E — VERIFICATION OF "SPECIAL NEEDS CHILD"

(To verify that the adopted child has met the necessary criteria and is determined a "special needs child" any other document may be attached to this form if it reflects the same information as in Part A.) I certify that the adopted child meets the necessary criteria and is determined to be a "special needs child" pursuant to Section 135.326, RSMo.

(Part E may be shared by: (1) The Missouri Department of Social Services, Children's Division, or (2) A child placing agency licensed by the state of Missouri, or (3) A court of competent jurisdiction.)

AUTHORIZED SIGNATURE	DATE OF CERTIFICATION	OFFICE OF
	____/____/____	

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.

ADOPTIVE FATHER'S SIGNATURE	DATE	ADOPTIVE MOTHER'S SIGNATURE	DATE
	____/____/____		____/____/____
NAME OF AGENT OR CONTACT	ADDRESS	CITY, STATE, AND ZIP CODE	PHONE NUMBER
			(____) _____ - _____

INSTRUCTIONS

Adoption Tax Credit: Individuals and business entities may claim a tax credit for their total nonrecurring adoption expenses. Missouri residents may claim up to \$10,000 per child. The full credit may be claimed when the adoption is final, or a claim for 50 percent of the credit may be made when the child is placed in the home and the remaining 50 percent may be claimed when the adoption is final.

The credit is non-refundable and limited to the tax liability. The credit is available for a total of five consecutive years. The five year period begins when the credit is first taken or the adoption is final, whichever occurs first.

The cumulative amount of adoption tax credits claimed cannot exceed the limit established in Section 135.327, RSMo.

Special Needs Child: A child for whom it has been determined by the Missouri Department of Social Services, Children's Division, a child-placing agency licensed by the state, or a court of competent jurisdiction to be a child who has a specific factor or condition such as ethnic background, age, membership in a minority or sibling group, medical condition, or handicap because of which it is reasonable to conclude that such child cannot be easily placed with adoptive parents.

To Claim the Adoption Tax Credit: Attach Form ATC and Form MO-TC to the tax return the first year the adoption tax credit is claimed. (The remaining four years the credit is claimed only attach Form MO-TC to the return.)

When first claiming the credit as the result of a sale or assignment, attach a statement signed by the seller including the names, addresses, and social security numbers of the buyer and seller, the date the credit was sold, the amount of the tax credit sold, and a copy of the original Form ATC completed by the adoptive parents, as well as Part A of the revised form.

Due Date: Beginning July 1, 2006, applications to claim the ATC for children who were Missouri residents when the adoption was initiated must be filed between July 1 and April 15 of each fiscal year. Also beginning July 1, 2006, applications to claim the ATC for children who were not Missouri residents when the adoption was initiated must be filed between July 1 and December 31 of each fiscal year.

Line-by-Line Instructions

Part A

Enter the adopted special needs child information and provide answers to the questions by checking each appropriate box.

Part B

Enter the employer information if they have provided funds toward the adoption and are claiming a portion of the credit.

Part C

Enter the nonrecurring adoption expenses incurred by the adoptive parents or the employer (up to \$10,000). Nonrecurring adoption expenses include: reasonable and necessary adoption fees, court costs, attorney fees, and other expenses which are directly related to the adoption of a special needs child and are not incurred in violation of federal, state, or local laws. Section 135.815, RSMo, requires the department to reduce the credit by any income, sales, use, or insurance tax delinquency including interest and penalties.

Line 1: Enter the total amount of the reasonable and necessary adoption fees incurred.

Line 2: Enter the total amount of court cost associated in the adoption of the special needs child.

Line 3: Enter the total amount of attorney fees associated in the adoption of the special needs adoption.

Line 4: Enter the total amount of other directly related expenses (which are not in violations of federal, state, or local laws.)

Line 5: Add Lines 1 through 4 and enter the amount on Line 5. This is the total amount of nonrecurring special needs adoption expenses. Employers claiming the credit enter total on Line 5 and then skip to Line 11.

Line 6: Enter the amount paid by the Missouri Department of Social Services, Children's Division.

Line 7: Enter the amount paid by your employer.

Line 8: Enter the amount claimed as an adoption tax credit on your Federal Income Tax Return.

Line 9: Enter the amount you received from other state or local programs.

Line 10: Add Lines 6 through 9 and enter the amount on Line 10.

Line 11: Subtract the amount on Line 10 from the amount on Line 5. Enter the amount on Line 11. (Employer enter amount from Line 5.) If Line 10 exceeds the amount on Line 5, enter zero (0) on Line 11.

Line 12: The special needs adoption tax credit is limited to the lesser of the total on Line 11 or \$10,000.

Part D

The Missouri Department of Social Services, Children's Division must certify the adoption expenses in Part C will not be reimbursed from funds available under any federal, state, or local programs. If credit is claimed upon placement of the child, this certification will be completed at that time and does not need to be resubmitted, when the adoption is final and/or when the remainder of the credit is claimed.

Part E

Must be completed by the agency certifying the child meets the criteria as a special needs child. If the credit is claimed upon placement of the child, this certification will be completed and submitted at that time and does not need to be resubmitted when the adoption is final and/or when the remainder of the credit is claimed.

If you require additional information, you may call the Missouri Department of Revenue at (573) 526-8733 or (573) 751-5268 or e-mail: taxcredit@dor.mo.gov.

ADOPTION TAX CREDIT WORKSHEET					
<i>Use the Adoption Tax Credit Worksheet to track your available credit.</i>					
	1st Year	2nd Year	3rd Year	4th Year	5th Year
A. Tax liability					
B. Amount claimed					
	Amount from Form ATC, Part C, Line 12	Ending Balance (1st Year Line F)	Ending Balance (2nd Year Line F)	Ending Balance (3rd Year Line F)	Ending Balance (4th Year Line F)
C. Beginning balance					
D. Amount allowed by DOR					
E. Credit sold or transferred					
F. Ending balance (Line C less Line D, less Line E)					