5	Missouri Department of Revenue MO-ATC Adoption Tax Credit Claim	Department Use Only (MM/DD/YY)
	Taxable Year Beginning (MM/DD/YY)	Ending (MM/DD/YY)
	Adoptive Father's Name Adoptive Mother's Name	Social Security Number Social Security Number
Part A - Tax Credit Claimant Information	Business Name Missouri Tax I.D. Number Charter Number	Federal Employer I.D. Number NAICS Code (if applicable)
Part A - 1	Address State ZIP Tax Type Individual Corporation Non-Profit	City Telephone Number Other
Part B - Adopted Child Information	Name of Adopted Child Age of Country of Child Date Child Date Child Was Placed (MM/DD/YY) Date MM/DD/YY) Date Child Date Child Mas Placed (MM/DD/YY)	Social Security Number (If Available) Birthdate of Child (MM/DD/YY) Adoption Ime Final (DD/YY)
	If the "special needs child" was 18 years of age or over on the date	gnment?
	Select this box if you have a statement from the physician	

	F				Paid by Adoptive Parent			(s) Paid by Employer			
ses	1.	Adoption fees	S	1		(00	1			00
en		•		2	+		00	2	+		00
Part C - Nonrecurring Adoption Expenses			3	3	+		00	3	+		00
	4.	•	y related expenses	4	+	i	00	4	+		00
		,			İ						
	5.		urring expenses claiming the credit, enter total on Line 5 and then skip to Line 11.)	5			00	5			00
	6		Family and drough driver total on Eline d and alternating to Eline 1.17, minimum	6	_		00				- 00
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			and and an		=						1
	11.	Subtract Line	e 10 from Line 5 and enter the amount on Line 11. (Employer enter amount from Line 5.)	11	=	(00	11	=		00
₾	12.	•	needs adoption tax credit is limited to the lesser of the total on Line 11 or \$10,000.	40				40			
		Enter the small	aller amount on Line 12	12		! (00	12			00
cation Part D - Social	(To	ects the same	e adopted child has met the necessary criteria and is determined a "special needs child" as information as in Part A.) I certify that the adopted child meets the necessary criteria and is	any s de	othe	mined to be a "s	pec	ial n	eeds c	hild" purs	uant to
- Agency Certification	stat Autl		RSMo. (Part E may be shared by: (1) The Missouri Department of Social Services, Children's or (3) A court of competent jurisdiction.) Date (MM/DI			on, or (2) A child	pla	cing	agenc	y licensed	by the
	o.g.			٥, .	٠,						
Part E	Offi	ice of									
Signature(s)	Und	der penalties o	of perjury, I declare that the above information and any attached supplement is true, complete, a	and	corı	rect.					
	Fat	optive :her's nature	Date (MM/DI	D/Y	Y)						
		optive Mother nature	Date (MM/DI	D/Y	Y)						
	Age	me of ent or	Telephone Number								
	Ado	dress	City			State			ZIP		

This form must be attached to the Miscellaneous Income Tax Credits ($\underline{\textbf{Form MO-TC}}$), along with your tax return.

Form MO-ATC (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

Fax: (573) 751-7744 **TTY:** 1-800-735-2966

Phone: (573) 751-3220

Jefferson City, MO 65105-3365 **E-mail:** <u>taxcredit@dor.mo.gov</u>

dit@dor.mo.gov





General 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 MO-ATC and Form MO-TC to the tax return each year the adoption tax credit is claimed. You may be eligible to claim an additional federal adoption tax credit in subsequent years, which will reduce your Missouri adoption tax credit and may result in a billing. When first claiming the credit as the result of a sale or assignment, attach a completed Form MO-TF and a copy of the original Form MO-ATC completed by the adoptive parents, as well as Part A of the revised form.

Due Date:

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. ATC claims 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. Note: Non-resident adoptions may only be claimed if the adoption was finalized on or before March 28, 2013.

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Instructions

Part A

Enter the adopted special needs child information and provide answers to the questions by selecting 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 costs 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 child.
- 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 of adoption tax credit claimed from Federal Form 8839, Line 16 for specified child.
- Line 9: Enter the amount of nonrecurring adoption expenses paid from any funds received under any federal, 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. Enter the smaller amount on Line 12.

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 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 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.

Services, Children's Division.							
Adoption	on Tax Cre	dit Worksh	eet				
Use the Adoption Tax Credit Worksheet to track your available credit.							
	1st Year	2nd Year	3rd Year	4th Year	5th Year		
A. Tax liability							
B. Amount claimed							
	Amount From MO-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 Department of Revenue							
E. Credit sold or transferred							
F. Ending balance (Line C less Line D, and Line E)							