2	Form Missouri Departmer Champion for Chile								
-L	Taxable Year Beginning (MM/DD/YY)	Ending (MM/DD/YY)							
	Taxpayer's Name Spouse's	Social Security Number Spouse's Social Security							
rmation	Name Number Number								
Tax Credit Claimant Information	Missouri Tax I.D. Number Charter Number	Federal Employer I.D. Number NAICS Code (if applicable)							
	Address Tax Type Individual	City Sta	ate ZIP Code						
Qualified Agency	Name								
Jualifie	Address	City	ate ZIP Code						
Agency Type (
Contributions (See page two for additional contributions)									
	Date (MM/DD/YY)	Contribution Amount (Minimum amount \$100) Tax Credit (50	0%)						
	//	00	00	0					
	//	00	00	0					
	//	00	00	0					

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					

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.

I certify this claim to be true and accurate.

(s)	Signature of Qualified Agency Director			Date (MM/DD/YYYY)		
ATA.	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.					
natı	Taxpayer Signature	Taxpayer's Printed Name		Date (MM/DD/YYYY)		
Sign				//		
S	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 12-2016)

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

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E-mail: taxcredit@dor.mo.gov



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

