



MISSOURI DEPARTMENT OF
REVENUE
 Champion for Children Tax Credit

Department Use Only
 (MM/DD/YY)

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Taxable Year Beginning (MM/DD/YY) Ending (MM/DD/YY)

Tax Credit Claimant Information

Taxpayer's Name Social Security Number

Spouse's Name Spouse's Social Security Number

Business Name

Missouri Tax I.D. Number Federal Employer I.D. Number

Charter Number NAICS Code (if applicable)

Address City State ZIP Code

Tax Type Individual Corporation Other _____

Qualified Agency

Name

Address City State ZIP Code

Agency Type

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

Contributions (See page two for additional contributions)

Date (MM/DD/YY)	Contribution Amount (Minimum amount \$100) -- Round to nearest dollar --	Tax Credit (50%)
___ / ___ / _____	00	00
___ / ___ / _____	00	00
___ / ___ / _____	00	00



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
___ / ___ / _____	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.

Signature(s)

Signature of Qualified Agency Director	Date (MM/DD/YYYY) ___ / ___ / _____
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Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Taxpayer Signature	Taxpayer's Printed Name	Date (MM/DD/YYYY) ___ / ___ / _____
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.

Mail to: Taxation Division
Income Tax
P.O. Box 27
Jefferson City, MO 65105-0027

E-mail: taxcredit@dor.mo.gov
Visit for additional information.

Form MO-CFC (Revised 12-2021)

Phone: (573) 751-3220
Fax: (573) 751-7744



Ever served on active duty in the United States Armed Forces?
If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.



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