2	Form MO-ATC Adoption Tax Credit Claim	Department Use Only (MM/DD/YY)
L	Taxable Year Beginning (MM/DD/YY)	Ending (MM/DD/YY)
	Adoptive Parent Name	Social Security Number
	Adoptive Parent Name	Social Security Number
Information	Business Name	
laimant I	Missouri Tax I.D. Number	Federal Employer
Part A - Tax Credit Claimant Information	Charter Number	NAICS Code (if applicable)
Part A - '	Address State ZIP Tax Type Individual Corporation Non-Profit Of	City City Telephone Number
	Name of Adopted Child	Social Security Number (If Available)
	Age of Country of Origin	Birthdate of Child (MM/DD/YY)
formation	Date Child Was Placed in the Home (MM/DD/YY)	Date Adoption Became
Part B - Adopted Child Information	Select the appropriate box: Credit for placed in the home Credit for adoption fina	lized
3 - Ado	1) Was the child a resident or ward of a resident of Missouri at the t	me the adoption was initiated? Yes No
Part I	2) Is the adopted child special needs? See definition on Page 3	
	3) Was the special needs adopted child 18 years of age or over on thNote: If yes, you must attach a statement from the child's physiciar	e date the adoption was final? No indicating that the child is physically or mentally incapable of caring for his or
	herself and living independently of the adoptive parents.	

4) Name any other state or federal program utilized for the adoption of a child.....

			Paic	d b	y Adoptive Parent(s)		Pa	aid by Employer		
ses	1.	Adoption fees	1		00	1		00		
pen	2.	Court costs	2	+	00	2	+	00		
Ě	3.	Attorney fees	3	+	00	3	+	00		
ion	4.	Other directly related expenses	4	+	00	4	+	00		
Adoption Expenses	5.	Total nonrecurring expenses								
Ad		(Employers claiming the credit, enter total on Line 5 and then skip to Line 11.)	5	=	00	5	=	00		
Nonrecurring	6.	Amount of nonrecurring expenses paid by Missouri Children's Division	6	+	00					
	7.	Amount of nonrecurring expenses paid by employer	7	+	00					
	8.	Amount of federal adoption tax credit claimed from Federal Form 8839	8	+	00					
Non	9.	Amount received from other federal, state, or local government programs	9		00					
- Ö	10.	Add Lines 6 through 9 and enter on Line 10	10	=	00					
U T	11.	Subtract Line 10 from Line 5 and enter the amount on Line 11. (Employer enter amount from Line 5.)	11	=	00	11	=	00		
Part	12.	The adoption tax credit is limited to the lesser of the total on Line 11 or \$10,000.	12		00	12		00		
		Enter the smaller amount on Line 12	12		00	12		00		

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.

UO	I hereby certify, to the Department of Revenue, that the adoption expenses itemized in Part C of	
cial icati	funds available from the state of Missouri, managed by the Missouri Department of Social Servi	ces, Children's Division.
Part D - Social vices Certification	Authorized	
es (Signature	Title
Sei	Children's Division	Date
	County Office	(MM/DD/YY)

Only complete Part E for special needs adoptions.

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.)

Part E - Special Needs Certification by Agency	I certify that (Part E may b (3) A court of	be	e shared	by: (1) The N	/lissour										
- Sp atior	Authorized	Γ					 	 	 	Date	`		ר ר		7 Г	
ertific	Signature										, I/DD/YY)					
<u>а</u> О		Г					 	 	 			 		 		

Office of

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I am aware of the applicable reporting requirements of Section 135.805, RSMo and the penalty provisions of Section 135.810, RSMo.

Signature(s)	Adoptive Parent Signature	Date (MM/DD/YY)	
	Adoptive Parent Signature	Date (MM/DD/YY)	
	Name of Business Agent or Contact		
	Telephone		

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

Pursuant to Section 105.1500, RSMo, the Department of Revenue is prohibited from requiring any entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code, or any individual, to provide the Department with any list, record, register, registry, roll, roster, or other compilation of data of any kind that directly or indirectly identifies a person as a member, supporter, volunteer of, or donor of financial or nonfinancial support to, any entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code. Nothing in this form should be read or understood as a requirement that you provide any such information. Notwithstanding any publication, webpage, form, instruction, regulation, or statement shared by the Department, you are not required to include such information on this form. If you encounter any technical difficulty in submitting this form without including information that you believe is protected by Section 105.1500, RSMo, feel free to contact the Department by email at corporate@dor.mo.gov or by phone at 573-751-4541.

Taxation Division Individual Income Tax P.O. Box 27 Jefferson City, MO 65105-0027 Phone: (573) 751-3220 TTY: 1-800-735-2966 Fax: (573) 522-8619 E-mail: taxcredit@dor.mo.gov Form MO-ATC (Revised 12-2024)

Ever served on active duty in the United States Armed Forces? If yes, visit dor.mo.gov/military/ to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Visit dor.mo.gov/tax-credits/atc.html for additional information.

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. You may claim 50% of the credit in the year the child is placed in the home and 50% of the credit may be claimed at the time the adoption is finalized. If the amount of credit claimed exceeds the tax liability, the remaining credit may be claimed on the subsequent 4 years. This credit is non-refundable.

The cumulative amount of adoption tax credits claimed by all taxpayers may not exceed \$6 million in any fiscal year, per <u>Section 135.327 RSMo.</u> If the cumulative amount of credits claimed exceed the limitation, priority shall be given to applications to claim the tax credit for special needs children who are residents or wards of residents of this state at the time the adoption is initiated.

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 age, membership in a sibling group, medical condition or diagnosis, or disability because of which it is reasonable to conclude that such child cannot be easily placed with adoptive parents.

Claim the Adoption Tax Credit:

Attach Form MO-ATC and Form MO-TC to the tax return each year

Part A Enter the tax credit claimant information, address and select the correct tax type.

Part B

Enter the adopted child's information and provide answers to the questions by selecting each appropriate box.

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 child and are not incurred in violation of federal, state, or local laws. <u>Section 135.815, RSMo</u>, 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 child.

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

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

Line 5: Add Lines 1 through 4 and enter the amount on Line 5. This is the total amount of nonrecurring adoption expenses. Employers claiming the

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. If the Adoption Tax Credit is sold, it must be sold for 75% of the value or greater.

Due Date:

To claim the ATC you must file your return between July 1 and April 15 of each fiscal year. In order to claim the Adoption Tax Credit you must provide Federal Form 1040, Federal Form 8839, Form MO-TC, and Form MO-ATC.

Missouri Revised Statutes 135.325 through 135.339 do not provide provisions to waive interest and penalties due to the apportionment of the Adoption Tax Credit.

If your return would result in a balance due without considering the application of the Adoption Tax Credit, the Department recommends paying the amount of tax covered by the Adoption Tax Credit by the return due date to avoid the accrual of interest and penalties on the unpaid tax. Once the Adoption Tax Credit is apportioned for the fiscal year, any amount of payment not due to the Department will be refunded.

Instructions

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 government 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 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 government programs.

Part E

This section is only completed when the agency is 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) 751-3220 or e-mail: <u>taxcredit@dor.mo.gov</u>.

Adoption Tax Credit Worksheet 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)										