



Department Use Only  
(MM/DD/YY)

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Taxable Year Beginning (MM/DD/YY) 

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 Ending (MM/DD/YY) 

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Tax Credit Claimant Information

Taxpayer's Name  Social Security Number 

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Spouse's Name  Spouse's Social Security Number 

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Business Name

Missouri Tax I.D. Number 

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 Federal Employer I.D. Number 

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Charter Number 

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 NAICS Code (if applicable) 

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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

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.

<b>Signature(s)</b>	I certify this claim to be true and accurate.		
	Signature of Qualified Agency Director		Date (MM/DD/YYYY) ___ / ___ / _____
	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I am aware of any applicable reporting requirements of <a href="#">Section 135.805 RSMo</a> and the penalty provisions of <a href="#">Section 135.810 RSMo</a> .		
	Taxpayer Signature	Taxpayer's Printed Name	Date (MM/DD/YYYY) ___ / ___ / _____
Spouse's Signature (if applicable)	Spouse's Printed Name	Date (MM/DD/YYYY) ___ / ___ / _____	

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](mailto:corporate@dor.mo.gov) or by phone at 573-751-4541.

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](mailto:taxcredit@dor.mo.gov) Form MO-CFC (Revised 09-2022)  
Visit <https://dor.mo.gov/tax-credits/cfc.html> for additional information.

**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/](https://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/](https://veteranbenefits.mo.gov/state-benefits/).