2	Form MO-SCC	MISSOURI DEPARTMENT OF REVENUE Shared Care Tax Credit
_[This form must be attached to th

This form must be attached to the Miscellaneous Income Tax Credits (Form MO-TC) and Individual Income Tax Return (Form MO-1040).

Reg	gistered Caregiver		
Registered Caregiver Social Security Number			
Registered Caregiver Name			
Address	City	State	ZIP Code
	Telephone Number		
Inder penalties of perjury, I declare that the above information and any attached su	upplement is true, complete, and correct. I attest that I have read t	he above ar	nd I meet the eligibility requ
nents listed above for the shared care tax credit. I am aware of any applicable repo	orting requirements of <u>Section 135.805 RSMo.</u> and the penalty pr	ovisions of	Section 135.810 RSMo.
Signature	Date (MM/DD/YYYY)		
Elder	ly Recipient of Care		
Social Security Number Date of	f Birth (MM/DD/YYYY)		
Name			
) dataoo		State	ZID Code
Address	City	State	ZIP Code
ist the identity of any other state or federal program utilized to offset t	the cost of this individual's care.		
A shared care member registered with the Division of Senior	and Disability Services, Missouri Department o	f Haalth	and Senior
Services, may be eligible for a tax credit equal to his or her N			
or an elderly person. To be eligible for the shared care tax of			-
The caregiver must care for an elderly person, age 60 c	as determined and certified by his or her licens		

- Division of Senior and Disability Services, Missouri Department of Health and Senior Services staff; and
- requires assistance with activities of daily living to the extent that without care and oversight at home would require
 placement in a facility; and
- under no circumstances, is able or allowed to operate a motor vehicle; and
- does not receive funding or services through Medicaid or social services block grant funding.
- The caregiver must live in the same residence to give protective oversight for an aggregate of more than six months per tax year.

• The caregiver must not receive monetary compensation for providing care for the elderly person.

Note: This tax credit is nonrefundable.

Pursuant to <u>Section 105.1500, RSMo</u>, 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 <u>corporate@dor.mo.gov</u> or by phone at 573-751-4541.

One of the following certifications must be completed to qualify for a tax credit:

Physician Certification

I certify due to the physical or mental conditions described below, the recipient, listed above is incapable of living alone and must acquire necessary home care to avoid placement in a care facility.

Description of physical or mental condition (include description of the care assistance needed):

Signature						Title						
Printed Na	ame					Date (MM/DI	D/Y	YYY)				
		Missouri D	Department of H	lealth ar	nd Se	enior Servi	ces	s Certificat	ion			
care to avo	ue to the physical or men oid placement in a care f n of physical or mental c	tal conditions des acility.	scribed below, the	recipient,	listed	above is inca				d must ac	quire ne	ecessary home
Signature					Title							
Printed Na	ame					Date (MM/DI	D/Y	(444)				
			Co	ontact Inf	orma	ation						
Name of A	Agent or Contact				Telep	hone Numbe	r					
Address				City						State	ZIP	Code
 Must Yes. If Seniol Do I h No. Th as it is I prov Yes. If credit. What A physiliving a from Ii Is the No. Th If I rec No. If 	is considered when d rsician or a Division of S alone. The physician or iving alone. The physici shared care tax credi he credit is the amount of ceive Medicaid, am I en you receive Medicaid fu y for the credit.	uirements, you m s call 573-751-48 caring for the c are caring for the per tax year. Ther half of the yo ix liability and yo etermining whe enior and Disabi counselor must an or social serv t refundable? If your Missouri ta ligible for the cr	ay qualify for the b42. are recipient for recipient does no ear, but I am not u met all of the red ther or not the ca lity Services Socia provide a descript ice worker must a ax liability or \$500, redit? community based	tax credit consecut t need to l currently quirement are recipi al Service tion of the llso descri , whicheve d services,	if you tive s be co a Mit s liste ent is worke care be the er is le	ax months to nsecutive; it of souri reside ad on the prev incapable of a must deter recipient's pha- necessary to ss. If your Mis- are not eligib	o re can ent. viou of li mir nysi trea	Exceive the ta to be aggrega . Do I still qu us page; you iving alone? the whether o ical or menta atment or car buri tax liabilit	x credit te as lor ualify fc may sti may sti r not the conditi re neede y is \$200	er the cre II qualify f care rec on, which d for the D, you will ou receiv	dit? or the sl preven care rec receive e Medic	hared care tax capable of ts the recipient sipient. a credit of \$200 are, you may
Mail to:	Taxation Division P.O. Box 27		E-mail: taxcr			-						CC (Revised 12-202
	P.O. Box 27 Jefferson City, MO	65105-0027	Visit <u>https://d</u>	or.mo.go	ov/ta	xation/indi	<u>vid</u>	lual/tax-typ	oes/inc	ome/ for	additio	onal information
Phone:	(573) 751-3220	夏杨秋夏	Ever served									

Fax:

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