



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. Children in Crisis 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) ____/____/____
	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.

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

Form MO-CIC (Revised 05-2015)

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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Visit [dor.mo.gov/tax-credits/cic.html](http://dor.mo.gov/tax-credits/cic.html) for additional information.



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