



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 DOMESTIC VIOLENCE SHELTER OR RAPE CRISIS CENTER TAX CREDIT
APPLICATION FOR CLAIMING TAX CREDITS

TAXPAYER/BUSINESS NAME (IF FILING MISSOURI JOINT INCOME TAX RETURN, BOTH SPOUSES' NAMES MUST BE LISTED.) TAXPAYER TELEPHONE NUMBER

TAXPAYER ADDRESS (INCLUDE STREET, CITY, ZIP CODE)

TAXPAYER IDENTIFICATION NUMBER (SOCIAL SECURITY NUMBER - INCLUDE FOR ALL NAMES LISTED ABOVE.) DATE OF DONATION

TAXPAYER TYPE (*REQUIRES SUPPORTING DOCUMENTATION - SEE INSTRUCTIONS)

INDIVIDUAL
 CORPORATION
 PARTNERSHIP*
 S CORPORATION*
 LLC*
 CHARITABLE ORGANIZATION*
 FINANCIAL INSTITUTION
 INSURANCE COMPANY

TYPE OF DONATION (ATTACH REQUIRED DOCUMENTATION)

CASH
 CHECK/MONEY ORDER
 CREDIT CARD
 STOCKS/BONDS
 OTHER MARKETABLE SECURITIES
 REAL ESTATE

AMOUNT OF DONATION (ATTACH PROOF OF DONATION)	-	FAIR MARKET VALUE*	=	QUALIFIED DONATION	X	70%	=	AMOUNT OF TAX CREDIT
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*CONTRIBUTIONS THAT INCLUDE A BENEFIT FUNCTION OR EVENT

BANQUET
 GOLF TOURNAMENT
 BENEFIT AUCTION
 OTHER (DESCRIBE) _____

DOMESTIC VIOLENCE SHELTER OR RAPE CRISIS CENTER RECEIVING THE CONTRIBUTION

Room at the Inn

ADDRESS

3415 Bridgeland Drive, Bridgeton, MO 63044

TELEPHONE NUMBER	CONTACT PERSON
(314) 209-9181	Laurie Phillips, lphillips@roomstl.org

Domestic Violence Shelter or Rape Crisis Center Tax Credit Criteria:

- Cannot exceed the taxpayer's state income tax liability for the year the credit is claimed.
- The taxpayer can not claim credits under this program in excess of \$50,000 per taxable year.
- The tax credit may be carried over to the next year.
- The maximum amount of eligible tax credit issued may be the equivalent of 70% of the value of the qualifying contributions.
- Application must be received by the Department of Social Services within twelve (12) months of donation date.

In accordance with section 135.550, RSMo, I certify that the information provided above is true and accurate. I have read and understand the criteria established for the Domestic Violence Shelter or Rape Crisis Center tax credit program. I also understand the amount of the tax credit issued by the Missouri Department of Social Services will be reduced if it is determined that I have an outstanding balance owed to the Missouri Department of Revenue (section 135.815, RSMo.).

I certify that I am authorized to work in the United States and eligible to receive Missouri tax credits. In addition, I certify that all individuals, if any, employed by the business named above (if applicable) are authorized to work in the United States in accordance with applicable federal and state laws.

TAXPAYER SIGNATURE

PRINTED NAME DATE

I certify that on the date above, this agency received the contribution as noted and agree upon the value of the contribution as specified. The required verification documentation is attached to this application.

EXECUTIVE DIRECTOR SIGNATURE DATE