Form MO-TC	MISSOURI DEPARTMENT OF REVENUE 2023 Miscellaneous Income Tax Credits
- 10	2020 Miscenarious modific Tax orears

Department Use Only (MM/DD/YY)			
(' ' /		•	

Name			
(Last, First)			
Spouse's Name			
(Last, First)			
Corporation			
Name			
Missouri Tax			
I.D. Number			

Number				
Spouse's Social				
Security Number				
Charter				
Number				
Federal Employer				
I.D. Number				

- Benefit Number The number is the last six (6) digits of the number located on your Certificate of Eligibility.
 - Example: For benefit, ABC-2018-12345-123456, enter 123456, on Form MO-TC.
- Alpha code The three (3) character code located on the next page
- of this form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.
- If you are claiming more than 10 credits, attach additional MO-TC(s)
- The sum of the tax credits claimed in Column 1 or Column 2 cannot exceed the applicable tax liability, unless the credit is refundable.

	Benefit Number (See example above)	Alpha Code (3 characters) from the next	Credit Name Each credit will apply against your tax		Yourself Corporation Income Fiduciary	Spouse (on a combined re	eturn)
	(Coo oxample above)	page	liability in the order they appear below.		Column 1	Column 2	
1.				1.	0	0	00
2.				2.	0	0	00
3.				3.	0	0	00
4.				4.	0	0	00
5.				5.	0	0	00
6.				6.	0	0	00
7.				7.	0	0	00
8.				8.	0	0	00
9.				9.	0	0	00
10.				10.	0	0	00
11.	Subtotals - add Lines 1	I through 10		11.	0	0	00
12.			om Form MO-1040, Line 35Y for yourself and Line 35S for your spouse, or 041, Line 15 or Form MO-PTE, Line 10	12.		0	00
13.	Line 42; or Form MO-1	041, Line 16;	e 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 17; Form Mor Form MO-PTE, Line 11.) Line 13 cannot exceed the amount on Line 12, u	nless	the	00	
gnature	exemption, credit o with respect to the	r abatement i employees w with any co n 135.810 RS	ury that I employ no illegal or unauthorized aliens as defined under f I employ such aliens. I also declare that if I am a business entity, I prorking in connection with any contracted services and I do not knowntracted services. I am aware of any applicable reporting requirem SMO.	artic ringly	ipate in a federal wor y employ any person	k authorization progr who is an unauthoriz	ram zed

1	provisions of <u>section 153.616 hallo.</u>					
9	Taxpayer's Signature	Printed Name	Date (MM/DD/YYYY)			
1			//			
	Spouse's Signature	Printed Name	Date (MM/DD/YYYY)			
			///			

Use this form to claim income tax credits on Form MO-1040, MO-1120, or MO-1041. Attach to Form MO-1040, MO-1120, or MO-1041.

Ever served on active duty in the United States Armed Forces?

If yes, visit 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/.

