| 2  | Form<br>Missouri Department of Revenue<br>Food Pantry, Homeless Shelter, or<br>Soup Kitchen Tax Credit | Department Use Only<br>(MM/DD/YY) |       |          |  |  |  |  |
|--|--|-----------------------------------|-------|----------|--|--|--|--|
|  | Taxable Year Beginning<br>(MM/DD/YY)   | Ending<br>(MM/DD/YY)              |       |          |  |  |  |  |
|  | Taxpayer's<br>Name<br>Spouse's   | Social Security<br>Number         |       |          |  |  |  |  |
| tion   | Name   | Security<br>Number                |       |          |  |  |  |  |
| t Informat   | Business<br>Name   |                                   |       |          |  |  |  |  |
| t Claiman  | Missouri Tax I.D.<br>Number  | Federal Employer                  |       |          |  |  |  |  |
| Tax Credit Claimant Information  | Charter<br>Number  | NAICS Code<br>(if applicable)     |       |          |  |  |  |  |
|  | Address  | City                              | State | ZIP Code |  |  |  |  |
|  | Tax Type Individual Corporation Other  |                                   |       |          |  |  |  |  |
| [ Far  | od Pantry, Homeless Shelter, or Soup Kitchen Name  |                                   |       |          |  |  |  |  |
| Springfield Victory Mission  |  |                                   |       |          |  |  |  |  |
| Food Pantry, Homeless Shelter, or Soup Kitchen Address City State ZIP Code |  |                                   |       |          |  |  |  |  |

Qualifications

Instructions

PO Box 2884

Any taxpayer who donates cash or food to a food pantry, homeless shelter, or soup kitchen unless such food is donated after the expiration date may claim a tax credit against the tax imposed by Chapter 143 RSMo. The credit claimed shall equal 50% of the value of the contribution or donation made. Donations to a food bank, out-of-state food pantry, out-of-state homeless shelter or out-of-state soup kitchen do not qualify for the credit. Credits cannot exceed \$2,500 per taxpayer per year, cannot exceed the taxpayer's tax liability, and cannot be sold or transferred. All claims must be filed by April 15 of the fiscal year. If claims exceed \$1.75 million, all claims will be apportioned equally among those filing a valid claim.

Springfield

- If married individuals filing a combined return made contributions to a food pantry, homeless shelter, or soup kitchen each spouse may claim up to \$2,500.
- If you made contributions to more than one food pantry, homeless shelter, or soup kitchen you will need to complete a separate Form MO-FPT for each food pantry, homeless shelter, or soup kitchen.
- · Enter the date and amount of each contribution in the appropriate columns below.
- Multiply each contribution amount by 50% and report the credit amount in the appropriate column.
- Total all contributions and tax credit amounts from each column.
- · Enter the tax credit amount.

 If you included any contributions as charitable donations on your Federal Schedule A, and you claimed itemized deductions on your Missouri return, you must report those contributions on Form MO-A, Line 4. See Form MO-A instructions for further information.

MO

65801

- An eligible staff member of the food pantry, homeless shelter, or soup kitchen must certify that each contribution reported was received.
- · If your corporation, partnership, resident estate, or trust reduced its federal taxable income by charitable contributions to a food pantry, homeless shelter, or soup kitchen you must report those amounts as additions on Form MO-1120, MO-1120S, MO-1065, or MO-1041.



| Date of Contribution   | on (MM/DD/YYYY)                        | V/YYYY) Contribution Amount Tax Credit |                             | (50%)               |                         |
|------------------------|--|--|-----------------------------|---------------------|-------------------------|
| Yourself               | Spouse                                 | Yourself                               | Spouse                      | Yourself            | Spouse                  |
| / /                    | //                                     | 00                                     | 00                          | 00                  |                         |
| //                     |  | 00                                     | 00                          | 00                  |                         |
| //                     | //                                     | 00                                     | 00                          | 00                  |                         |
| _//                    | //                                     | 00                                     | 00                          | 00                  |                         |
| _//                    |  | 00                                     | 00                          | 00                  |                         |
| _11                    | //                                     | 00                                     | 00                          | 00                  |                         |
| //                     | //                                     | 00                                     | 00                          | 00                  |                         |
| //                     | //                                     | 00                                     | 00                          | 00                  |                         |
| //                     | / /                                    | 00                                     | 00                          | 00                  |                         |
| //                     | ······································ | 00                                     | 00                          | 00                  |                         |
| //                     | ······································ | 00                                     | 00                          | 00                  |                         |
| //                     | ······································ | 00                                     | 00                          | 00                  |                         |
| / /                    | ······································ | 00                                     | 00                          | 00                  |                         |
| //                     | //                                     | 00                                     | 00                          | 00                  |                         |
| //                     | ······································ | 00                                     | 00                          | 00                  |                         |
| //                     | ······································ | 00                                     | 00                          | 00                  |                         |
| //                     | ······································ | 00                                     | 00                          | 00                  |                         |
| *T(                    | otal                                   | 00                                     | 00                          | 00                  |                         |
| needed, attach a se    | parate sheet and include the           | e total of all contributions           | here. Enter the total amo   | ount on Form MO-TC. |                         |
|                        | ons were made to the food pan          | try listed above and I am elig         | ible to sign this document. |                     | 2.0                     |
| nature of Staff Member | Soon Hypen                             |  |                             | Date (MM/DD/YYY     | Y)<br>)_/ <u>2_0_2_</u> |

| Ð        |
|----------|
| <u> </u> |
| Ξ        |
| ਯ        |
| 2        |
| 0        |
|          |
| S        |

Contributions

 credit(s).)

 Signature of Taxpayer

 \_\_\_\_\_/\_\_\_/\_\_\_\_

 Signature of Spouse (if applicable)

 Date (MM/DD/YYYY)

 \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

This form must be attached to the Miscellaneous Income Tax Credits (Form MO-TC), along with your return.

Form MO-FPT (Revised 01-2019)

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) 522-8619 E-mail: <u>taxcredit@dor.mo.gov</u>



Visit http://dor.mo.gov/taxcredit/fpt.php for additional information.

