



APPLICATION FOR NON-RESIDENT TAX OFFSET CREDIT

(For Missouri Taxpayers)

I wish to apply for the Tax Offset Credit for the following semester:

Fall Spring Summer (Year) _____

(Credit carried over from a previous semester must be requested in writing.)

Student's Last Name	First Name	Middle Initial

Student's SS#	Student's ID#

Taxpayer's Last Name (if different)	First Name	Middle Initial	SS#

Taxpayer's Contact Information:

Mailing Address _____

Home Phone Number (_____) _____ Work Phone Number (_____) _____

E-mail Address (if applicable) _____

RETURN TO: University of Missouri-Columbia
 Cashiers Office
 15 Jesse Hall
 Columbia, MO 65211

Telephone: 573-882-3097
E-mail: 4cash@missouri.edu

The following conditions must be met before any tax credit can be applied:

1. The student must be listed by name as a dependent of the taxpayer.
2. The taxpayer must accrue a personal income tax liability the calendar year prior to the school year in question.
3. Tax Offset Credit form must be completed, signed and notarized with appropriate supporting documentation each academic year.

The following documents must be received before any tax credit can be applied:

1. Missouri State income tax returns (1040) for the calendar year prior to the school year in question, including the Nonresident Income Schedule (NRI). Student's name must be listed as a dependent. (If the student is not listed in the MO state tax forms, the front page of the taxpayer's 1040 Federal Income tax form can be used in conjunction with the MO state tax documents to prove status as a dependent.)
2. ALL W2's, 1099's, or Schedules to indicate source of Missouri income for the calendar year prior to the school year in question.
3. Copy, front and back, of the cancelled check to Missouri Department of Revenue (if applicable).

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All statements concerning requirements and conditions of this Credit are for informational purposes only and are subject to change without notice. This application should not be regarded as a contract. The University understands that this information is private and it will be held in confidence.

I AUTHORIZE THE MISSOURI DEPARTMENT OF REVENUE TO VERIFY AND/OR RELEASE MY TAX DOCUMENTS FOR VERIFICATION OF THE INFORMATION SUBMITTED FOR THE NONRESIDENT TAX OFFSET CREDIT.

Signature of taxpayer

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me on this _____ day of _____, (year) _____.

Notary Public

Commission Expires

