



APPLICATION FOR NON-RESIDENT TAX OFFSET CREDIT

(For Missouri Taxpayers)

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

Summer

Fall

Spring

(Year) 20 _____

Credit may be used for one academic year only (Summer-Spring semesters). Select the semesters above that you want to apply the credit to. If more than one semester is selected, credit will be split between all checked.

Student's Last Name	First Name	Middle Initial

Student's SS# (without dashes)	Student's ID#

Taxpayer's Last Name (if different)	First Name	Middle Initial	SS# (without dashes)

Taxpayer's Contact Information:

Mailing Address _____

Home Phone Number (_____) _____ Work Phone Number (_____) _____
(without dashes) (without dashes)

E-mail Address (if applicable) _____

THE ORIGINAL FORM IS TO BE RETURNED TO THE CASHIERS OFFICE AT THIS MAILING ADDRESS:

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

Telephone: 573-882-3097

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

