



MISSOURI DEPARTMENT OF
REVENUE
Foster Care Affidavit

Name (Primary)

Social Security Number

 - -

Name (Spouse)

Social Security Number

 - -

1. Total expense from providing care as a foster parent 1 .00
2. Number of days a foster child is present in the home (Form CD-310 provided by DSS) 2
3. Minimum number of days to qualify for full deduction 3
4. Divide Line 2 by Line 3. Round to the nearest whole percent. If greater than 100%, enter 100% 4 %
5. Enter the amount associated with your filing status:
 - Married Filing Combined, Qualifying Widow(er), Single, Head of Household, Claimed as a Dependent - \$5,000
 - Married Filing Separate - \$2,500 5 .00
6. Multiply Line 5 by Line 4 - Maximum deduction allowed based on number of days in the home 6 .00
7. Deduction amount. Enter the smaller of Line 1 or Line 6 here and on Form MO-1040, Line 24. 7 .00

Under penalty of perjury, I affirm that I meet the definition of a foster parent as defined in [Section 210.566, RSMo](#). I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.1170, RSMo](#).

Primary's Signature	Print Name	Date (MM/DD/YYYY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature	Print Name	Date (MM/DD/YYYY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

See instructions on back.

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/.