

APPLICATION FOR NON-RESIDENT TAXPAYER CREDIT

Mail To:

UNIVERSITY OF MISSOURI-KANSAS CITY
CASHIERS OFFICE-ADMINISTRATIVE CENTER RM 112
5115 OAK ST
KANSAS CITY, MO 64110

The Taxpayer Credit application must be turned in to the Cashiers Office at least one week prior to the end of the semester for which you are requesting credit. Students seeking to obtain this waiver must also have complied with Missouri House Bill 390 and provided proof of lawful presence to the Registration Office.

CHECK THE BOX FOR EACH SEMESTER YOU PLAN TO ATTEND AND ENTER THE

This scholarship is for: [ ] SUMMER 20 [ ] FALL 20 [ ] SPRING 20

[ ] MYSELF
LAST FIRST M.I.
SS# STUDENT #

[ ] MY DEPENDENT
LAST FIRST M.I.
SS# STUDENT #

I understand the scholarship will be valid for Summer, Fall, and Spring semesters of the current academic year and will be renewable subject to continuous Missouri personal income tax liability. The maximum amount of the scholarship awarded annually is equal to the lesser amount of my total tax liability or total non-resident fees charged. I have attached a copy of:

[ ] the Missouri Tax Return filed for the previous tax year including a copy of supporting W-2's and/or a copy of the front and back of the cancelled check(s) for my paid tax. A check copy is required if the W-2 shows no Missouri state withholding.

AND

[ ] a copy of the Federal Tax Return filed for the previous tax year if the scholarship is for my dependent.

ADDITIONAL DOCUMENTATION MAY BE REQUESTED BY THE CASHIERS OFFICE

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_