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Form **5674**

MISSOURI DEPARTMENT OF REVENUE

# Verification of Rent Paid

Department Use Only (MM/DD/YY)

**Landlord must complete this form each year.**

Tax Year

## Tenant and Rental Information

Tenant's Name

Social Security Number

Rental Address

City

State

ZIP Code

Rental Begin Date (MM/DD/YYYY)

Rental End Date (MM/DD/YYYY)

Gross Rent Paid for the Year . . . . . .00

Did the tenant receive any housing assistance? . . . . . ☐ Yes ☐ No

If yes, how much rent was the tenant responsible for? . . . . . .00

Did anyone reside at this dwelling with the above tenant? . . . . . ☐ Yes ☐ No

If yes, how many were over the age of 18? . . . . . .

## Landlord Information

Landlord's Name

Landlord's Address

City

State

ZIP Code

Telephone Number (Home)

Telephone Number (Cell)

Telephone Number (Work)

Landlord's Signature



Taxation Division

Attach to Form MO-PTC or MO-PTS and mail to the Missouri Department of Revenue.

**Ever served on active duty in the United States Armed Forces?**

If yes, visit **dor.mo.gov/military/** to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at **mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR** to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at **veteranbenefits.mo.gov/state-benefits/**.