

2014

FAILURE TO PROVIDE LANDLORD

CERTIFICATION OF F	RENT PAID FOR	2014	FORM MO-CRP		ON WILL RES DELAY OF Y	SULT IN YOUR CLAIM.		
1. SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? YES NO NO					
2. NAME		3. LANDLORD'S NAI	ME, LAST 4 DIGITS C	F SSN, OR FEIN (MU	ST BE COMPLETE)		
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT A	ALLOWED) APT. NUMBER	LANDLORD'S ADD	PRESS, CITY, STATE	, AND ZIP CODE (MU	IST BE COMPLETE	APT. NUMBER		
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PH	HONE NUMBER (MU	IST BE COMPLETED)		
5. RENTAL PERIOD FROM: MONTH DURING YEAR	DAY	YEAR 2014	TO: MON	NTH —	DAY	— YEAR 2014		
6. Enter your gross rent paid. Attach rent receipt or copies of cancelled checks (front and back). NOTE: If you rent from a facility that does in the corollar of the corolla	if you received housing assistant pay property tax, you are responding percentage on LOME, OR DUPLEX — 100% CARE — 50% ENURSING HOME — 45% — 50%; Otherwise, enter — (RENT CANNOT EXCEED 4 ared your rent with relatives	stance, enter the a e not eligible for a ine 7. - 100% 40% OF TOTAL F or friends (OTHE	mount of rent YOU Property Tax Cr	J paid. edit	6	00		
Additional persons sharing rent/		, ,	` '	3 (25%)	7	%		
8. Net rent paid — Multiply Line 6 by the perce	ntage on Line 7				8	00		
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS						00		
MISSOURI DEPARTMENT OF	F REVENUE	Notice, see instru	2014 FORM	INFORMATI) PROVIDE L ON WILL RE			

MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2014				FORM INFORMAT			O PROVIDE LANDLORD TON WILL RESULT IN R DELAY OF YOUR CLAIM.				
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY				Y NUMBER	ARE YOU RELATED TO YOUR LA IF YES, EXPLAIN.			ANDLORD? YES NO			
2. NAME 3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (N						E SSN OR FEIN (MIL	IST RE	COMPLETED)			
	TV WIL				O. E. WAS EGIND OF	47 UVIE, E	2.01 4 2.0110 0	oon, on Envino	0. 52	COM LLILD)	
PH	YSICAL ADDRESS OF REN	ITAL UNIT (P.O. BOX NOT A	ALLOWED)	APT. NUMBER	R LANDLORD'S A	DDRES	SS, CITY, STATE	, AND ZIP CODE (MU	JST BE	COMPLETED)	APT. NUMBER
CIT	TY, STATE, AND ZIP CODE				•			4. LANDLORD'S PH	HONE N	NUMBER (MUST BI	E COMPLETED)
5.	RENTAL PERIOD DURING YEAR	FROM: MONTH		DAY	YEAR 2014		TO: MON	NTH		DAY	YEAR 2014
6.	or copies of cancelled	paid. Attach rent receipt checks (front and back) om a facility that does i	. Íf you recei	ived housing ass	sistance, enter the	e amou	int of rent YOL	J paid.	6		00
7.	 7. Check the appropriate box and enter the corresponding percentage on Line 7. A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDENTIAL CARE — 50% D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.) G. SHARED RESIDENCE — If you shared your rent with relatives or friends (OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18), check the appropriate box and enter percentage. 										
	<u>Additional</u>	persons sharing rent/	percentage	to be entered	: 🗌 1 (50%)		2 (33%)	3 (25%)	7		%
8.	Net rent paid — Mult	iply Line 6 by the perce	ntage on Li	ne 7					8		00
9.	Multiply Line 8 by 20	%. Enter amount here a	and on Line	10 of Form MC	PTC or Line 12	of For	m MO-PTS		9		00