

DO NOT file this claim if you are going to file a Missouri income tax return! See the instructions.



2014 FORM MO-PTC

AMENDED CLAIM []

MISSOURI DEPARTMENT OF REVENUE

VENDOR CODE 006

PROPERTY TAX CREDIT CLAIM

Form sections for Social Security No., Spouse's Social Security No., Last Name, First Name, Initial, JR, SR, Birthdate (MMDDYY), Telephone Number, Deceased 2014, Spouse's Last Name, Spouse's First Name, Spouse's Birthdate, Present Home Address, APT. Number, City, Town, or Post Office, State, ZIP Code.

QUALIFICATIONS section with checkboxes for A. 65 years of age or older, B. 100% Disabled Veteran, C. 100% Disabled, D. 60 years of age or older.

FILING STATUS section with checkboxes for Single, Married - Filing Combined, Married - Living Separate for Entire Year.

FAILURE TO PROVIDE THE ATTACHMENTS LISTED BELOW (RENT RECEIPT(S), TAX RECEIPT(S), FORMS 1099, W-2, ETC.) WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM!

Table with columns for Household Income (Lines 1-8), Real Estate Tax/Rent Paid (Lines 9-11), and Credits (Line 12). Includes detailed instructions for each line.

DIRECT DEPOSIT section with checkboxes for routing number, account number, and account type (Checking/Savings).

SIGNATURE section with fields for Preparer's Signature, Date, E-mail Address, Preparer's Address, and Spouse's Signature.

Mail claim and attachments to Missouri Department of Revenue, P.O. Box 3385, Jefferson City, MO 65105-3385.



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2014

2014
FORM
MO-CRP

**FAILURE TO PROVIDE LANDLORD
INFORMATION WILL RESULT IN
DENIAL OR DELAY OF YOUR CLAIM.**

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? IF YES, EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. NAME			3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)			
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED)		APT. NUMBER	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)		APT. NUMBER	
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) (____) ____ - ____		
5. RENTAL PERIOD DURING YEAR		FROM: MONTH	DAY	YEAR	TO: MONTH DAY YEAR	
		—	—	2014	— — 2014	
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.					6	00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.) <input type="checkbox"/> 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. Additional persons sharing rent/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%).....					7	%
8. Net rent paid — Multiply Line 6 by the percentage 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.....					9	00

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2014)



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