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# MISSOURI

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## 2014 PROPERTY TAX CREDIT CLAIM

### FINAL CHECKLIST BEFORE MAILING YOUR CLAIM.

THE INSTRUCTIONS AND FORM ITSELF WILL LIST  
BACK-UP INFORMATION NEEDED.

**DID YOU NEED TO ATTACH ANY OF THESE?**

- MO-CRP
- RENT RECEIPTS OR SIGNED LANDLORD STATEMENT
- SSA-1099, RRB-1099, OR SSI STATEMENT
- 2014 **PAID** REAL ESTATE RECEIPTS OR PERSONAL PROPERTY TAX RECEIPTS
- DISABLED VETERAN DOCUMENTATION
- POWER OF ATTORNEY OR FEDERAL FORM 1310 AND DEATH CERTIFICATE



**FAILURE TO INCLUDE REQUIRED DOCUMENTATION OR  
INFORMATION MAY REDUCE OR DELAY YOUR REFUND.**

# AM I ELIGIBLE?

Use this diagram to determine if you or your spouse are eligible to claim the **PROPERTY TAX CREDIT (CIRCUIT BREAKER)**

START DIAGRAM BY CHOOSING BOX 1 OR BOX 2 AND FOLLOW TO CONCLUSION.

**1**

**RENTERS / PART YEAR OWNERS** -- If **single**, is your total household income \$27,500 or less? If **married filing combined**, is your total household income \$29,500 or less? If you are a 100 percent service connected disabled veteran, do not include VA payments.

NO

YES

OR

**2**

**OWNED AND OCCUPIED YOUR HOME THE ENTIRE YEAR** -- If **single**, is your total household income \$30,000 or less? If **married filing combined**, is your total household income \$34,000 or less? If you are a 100 percent service connected disabled veteran, do not include VA payments.

NO

YES

Did you pay real estate taxes or rent on the home you occupied?

**RENTERS:** If you rent from a facility that does not pay property taxes, you are not eligible for a Property Tax Credit.

NO

YES

Can you truthfully state that you do not employ illegal or unauthorized aliens?

NO

YES

Were you or your spouse 65 years of age or older as of December 31, 2014, and were you or your spouse a Missouri resident the entire 2014 calendar year? If so, check **Box A** on Form MO-PTC.

NO

Are you or your spouse 100 percent disabled as a result of military service? If so, check **Box B** on Form MO-PTC.

NO

Are you or your spouse 100 percent disabled? If so, check **Box C** on Form MO-PTC.

NO

Were you 60 years of age or older as of December 31, 2014, and did you receive surviving spouse social security benefits? If so, check **Box D** on Form MO-PTC.

NO

YES

YES

YES

YES

**ELIGIBLE**

This information is for guidance only and does not state complete law.

NOT ELIGIBLE

**2-D Barcode Returns** - If you plan to file a paper return, you should consider 2-D barcode filing. The software encodes all your tax information into a 2-D barcode, which allows your return to be processed with fewer errors compared to traditional paper returns. If you use software to prepare your return, check our website for approved 2-D barcode software companies. Also, check out the Department's fill-in forms that calculate and have a 2-D barcode. You can have your refund directly deposited into your bank account when you use the Department's fill-in forms. **ALL** 2-D barcode returns should be mailed to: **Department of Revenue, P.O. Box 3385, Jefferson City, MO 65105-3385.**



## Assistance with Preparing Your Tax Return

There are a large number of volunteer groups around Missouri providing tax assistance to elderly or lower income taxpayers. To locate a volunteer group near you that offers return preparation assistance:

- Call 800-906-9887 or 888-227-7669,
- or visit: <http://www.irs.gov/Individuals/Free-Tax-Return-Preparation-for-You-by-Volunteers>.

You will find a larger volume of volunteer centers open during the filing season, which is typically January through April.

## What's Inside?

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## DO I HAVE THE CORRECT TAX BOOK?

You **MAY USE** this tax book to file your 2014 Form MO-PTC, Property Tax Credit Claim if you meet the eligibility requirements on page 2 and are not required to file an individual income tax return.

You **cannot use this book** if you were required to file a federal return and you were a:

- Resident of Missouri and you had Missouri adjusted gross income of \$1,200 or more;
- Nonresident of Missouri and had income of \$600 or more from Missouri sources; or
- Resident or nonresident with Missouri withholding and you want to file an individual income tax return to claim a refund of your withholding.

If you have any negative income, you can not use this form.

If you meet any of the above qualifications, you **cannot** file the Form MO-PTC. You must file a Missouri income tax return and attach Form MO-PTS if you qualify for a property tax credit. See information in the next column to obtain the correct form (Form MO-1040 or Form MO-1040P) to file and claim your Property Tax Credit.

**Exception:** You are not required to file a Missouri income tax return if your standard deduction plus your personal exemption meet or exceed your Missouri adjusted gross income.

If you are a nonresident alien, go to our website at <http://dor.mo.gov/personal/individual/> for information.

### Helpful Hint

If you anticipate receiving any 1099 or W-2 income, please wait to file this claim until all statements are received. Filing too early may result in a balance due.

## TO OBTAIN FORMS

Visit <http://dor.mo.gov/personal/individual/>.

## \*\*IMPORTANT FILING INFORMATION\*\*

**This information is for guidance only and does not state the complete law.**

## WHEN TO FILE CLAIM

The 2014 Form MO-PTC is due April 15, 2015, but you may file up to three years from the due date and still receive your credit.

## WHERE TO MAIL CLAIM

Mail your completed Form MO-PTC and all attachments to: Department of Revenue  
P.O. Box 2800  
Jefferson City, MO 65105-2800

## FILING FOR DECEASED INDIVIDUALS

If an individual passed away in 2014, a claim may be filed by the surviving spouse if the filing status is "married filing combined" and all other qualifications are met. If there is no surviving spouse, the estate may file the claim.

A copy of the death certificate must be attached and if the check is to be issued in another name, a Federal Form 1310 must also accompany the claim. To obtain Federal Form 1310, go to [www.irs.gov/formspubs](http://www.irs.gov/formspubs).

Any existing POA pending with the Department of Revenue is terminated when the death of the taxpayer is made known to the Department. A new POA (Form 2827) is required after death of the taxpayer before any party may discuss the taxpayer's debt with the Department staff.

## DOLLARS AND CENTS

Rounding is required on your Form MO-PTC. Zeros have been placed in the cents column on your return. For 1 cent through 49 cents, round down to the previous whole dollar amount. For 50 cents through 99 cents, round up to the next whole dollar amount.

*Example: Round \$32.49 down to \$32.00  
Round \$32.50 up to \$33.00*

## FILL-IN FORMS THAT CALCULATE

Go to our website at <http://dor.mo.gov/personal/ptc> to enter your tax information, and let us do the math for you. No calculation errors means faster processing. Just print, sign, and mail the claim with required supporting documents.

## ADDRESS CHANGE

If you move after filing your return, notify both the post office serving your old address and the **Department of Revenue** of your address change. Address change requests should be mailed to: **Department of Revenue, P.O. Box 2200, Jefferson City, MO 65105-2200**. This will help forward any refund check or correspondence to your new address.

## MISSOURI RETURN INQUIRY

To check the status of your current year return 24 hours a day, please visit the Department's website: <http://dor.mo.gov/personal/individual/> or call our automated individual income tax inquiry line at (573) 526-8299. To obtain the status of your return, you must know the following information: 1) the first social security number on the return; 2) the filing status shown on your return; and 3) the exact amount of the refund or balance due in whole dollars.

## TAXPAYER BILL OF RIGHTS

To obtain a copy of the Taxpayer Bill of Rights, you can go to the Department's website at <http://dor.mo.gov/personal/individual/>.

## FORM MO-PTC

### INFORMATION TO COMPLETE FORM MO-PTC

#### NAME, ADDRESS, ETC.

Print or type your name(s), address, social security number(s), birthdate(s), and telephone number in the spaces provided. If you or your spouse do not have a social security number, enter "none" in the appropriate space(s). If married, enter both birthdates, even if your spouse died during the calendar year. Only check the deceased box if death occurred in 2014.

Check the amended claim box if you are filing an amended claim. Complete the entire claim using the corrected figures.

### Helpful Hints

- Please use the social security number of the person filing the claim.
- Do not use Form MO-PTC if you need to file an individual income tax return (Form MO-1040 or Form MO-1040P). See page 3.

## QUALIFICATIONS

Check the applicable box to indicate under which qualification you are filing the Form MO-PTC. See the "Am I Eligible" chart on page 2. You must check a qualification box to be eligible for the credit. Check **only one box**. **Attach the appropriate documentation to verify your qualification.** (The required documentation is listed behind each qualification on Form MO-PTC.)

## FILING STATUS

Check your filing status. You can check "married — living separate for entire year" **only if you and your spouse did not at any time during the year live in the same residence**.

**Note: If you lived at different addresses for the entire year, you may file a separate claim.** Do not include spouse's name or social security number if you marked married filing separate. You cannot take the \$2,000 or \$4,000 deduction on line 7 if you checked "married—living separate for entire year," as your filing status, and you are filing a separate claim. (Example: One spouse lives in a nursing or residential care facility while the other spouse remains in the home the entire year.)

### Helpful Hint

If you are married and lived together for any part of the year, you must file married filing combined and include all household income.

## HOUSEHOLD INCOME

Household income is **all income** received by a claimant, spouse, and minor children (**taxable** or **nontaxable**) and includes all income from sources listed on Lines 1 through 5 of Form MO-PTC.

## LINE 1 — SOCIAL SECURITY BENEFITS

Enter the amount of social security benefits received by you, your spouse, and your **minor children** before any deductions and the amount of social security equivalent railroad retirement benefits. **Attach a copy of Forms SSA-1099, RRB-1099, or SSI Statement.**

Lump sum distributions from Social Security Administration or other agencies must be claimed in the year in which they are received.

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

|                                                                                                                                                                                                                |                                               |                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------|
| <b>2014</b>                                                                                                                                                                                                    |                                               |                                                                                      |
| • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.<br>• SEE THE REVERSE SIDE FOR MORE INFORMATION.                                                                                  |                                               |                                                                                      |
| Box 1. Name<br>BETTY TAXPAYER                                                                                                                                                                                  |                                               | Box 2. Beneficiary's Social Security Number<br>000-00-0000                           |
| Box 3. Benefits Paid in 2014<br>*\$8,400.00                                                                                                                                                                    | Box 4. Benefits Repaid to SSA in 2014<br>NONE | Box 5. Net Benefits for 2014 (Box 3 minus box 4)<br>\$8,400.00                       |
| <b>DESCRIPTION OF AMOUNT IN BOX 3</b><br><br>Paid by check or direct deposit \$7,800.00<br>Medicare premiums deducted from your benefit \$600.00<br>Total Additions \$8,400.00<br>Benefits for 2014 \$8,400.00 |                                               | <b>DESCRIPTION OF AMOUNT IN BOX 4</b><br><br>NONE                                    |
|                                                                                                                                                                                                                |                                               | Box 6. Voluntary Federal Income Tax Withheld<br><br>NONE                             |
|                                                                                                                                                                                                                |                                               | Box 7. Address<br><br>BETTY TAXPAYER<br>5500 TAXES LANE<br>TAXTOWN, MO 55555-5555    |
|                                                                                                                                                                                                                |                                               | Box 8. Claim Number (Use this number if you need to contact SSA.)<br><br>000-00-0000 |
| *Includes: \$12.00 Paid in 2014 for 2013                                                                                                                                                                       |                                               |                                                                                      |

Form SSA-1099-SM (12-2014)

DO NOT RETURN THIS FORM TO SSA OR IRS

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### Helpful Hints

- Wait to file your claim until you get your Forms SSA-1099. This is not the statement indicating what your benefits will be, but it is the actual Form SSA-1099, received in January, 2015, that states what your benefits were for the entire 2014 year. See the sample Form SSA-1099 above.
- If you are receiving railroad retirement benefits, you should receive two Forms RRB-1099. One Form RRB-1099-R shows annuities and pensions and the other is your social security equivalent railroad retirement benefits. Include the amount from Form RRB-1099 that states social security equivalent (usually Tier I benefits) on Line 1.

## LINE 2 — WAGES, PENSIONS, ANNUITIES, DIVIDENDS, INTEREST, RENTAL INCOME, OR OTHER INCOME

Include the amount of **all** wages, pensions, annuities, dividends, interest income, rental income, or other income. Do not include excludable costs of pensions or annuities. (These are usually the employee's contribution to a retirement program listed separately on Form 1099-R.) **Attach Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc.** If grants or long-term care benefits are made payable to the nursing facility, do not include as income or rent. **If you have any negative income, you cannot use this form.**

## LINE 3 — RAILROAD RETIREMENT BENEFITS

Enter the gross distribution amount of railroad retirement benefits (not included in Line 1) before any deductions. This is the amount of annuities and pensions received, **not** your social security equivalent benefits. **Attach Form RRB-1099-R (Tier II).**

## LINE 4 — VETERAN BENEFITS

Include your veteran payments and benefits. Veteran payments and benefits include education or training allowances, disability compensation, grants, and insurance proceeds.

**Exceptions: If you are 100 percent disabled as a result of military service,** you are not required to include your veteran payments and benefits. **You must attach a letter from the Veterans Administration that states you are 100 percent disabled as a result of military service.** To request a copy of the letter, call the Veterans Administration at (800) 827-1000.

If you are a surviving spouse and your spouse was 100 percent disabled as a result of military service, all the veteran payments and benefits must be included.

## LINE 5 — PUBLIC ASSISTANCE

Include the amount of public assistance, supplemental security income (SSI), child support, unemployment compensation, and Temporary Assistance payments received by you, your spouse, and your **minor children**. Temporary Assistance payments include Temporary Assistance for Needy Families (TANF) payments. In Missouri, the program is referred to as Temporary Assistance (TA). This includes any payments received from the government. Do not include the value of commodity foods, food stamps, or heating and cooling assistance.

**Attach a copy of Forms SSA-1099, a letter from the Social Security Administration, a letter from Social Services that includes the total amount of assistance received, and Employment Security 1099, if applicable.**

### Helpful Hints

- Supplemental Security Income (SSI) is paid by the Social Security Administration. You have to request an SSI form indicating total benefits received either through a my Social Security account at [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount), by calling 1-800-772-1213, or contacting your local Social Security office. **If you have minor children who receive SSI benefits, the children do not qualify for a credit.** However, if you qualify for a credit you **must** include the children's SSI benefits on Line 5.
- If you receive temporary assistance from the Children's Division (CD) or the Family Support Division (FSD), you must include **all** cash benefits received for your **entire** household. The Department of Revenue verifies this information and failure to include total benefits may delay your refund.



## LINE 7 — FILING DEDUCTION

If you are **Single or Married Living Separate**, enter \$0 on Line 7.

If you are **Married and Filing Combined**, see below to determine the amount to enter on Line 7.

- If you **OWNED** and **OCCUPIED** your home for the **ENTIRE YEAR**, enter \$4,000 on Line 7.
- If you **RENTED** or **did not** own your home for the **ENTIRE YEAR**, enter \$2,000 on Line 7.

## LINE 8 — NET HOUSEHOLD INCOME

Subtract Line 7 from Line 6 and enter amount on Line 8. See below to make sure you are eligible for the credit.

- If you **OWNED AND OCCUPIED** your home for the **ENTIRE YEAR**, the amount you enter on Line 8 cannot exceed \$30,000. If the amount of your net household income on Line 8 is above \$30,000, you are not eligible for the credit.
- If you **RENTED** or did not own and occupy your home for the **ENTIRE YEAR**, the amount you enter on Line 8 cannot exceed \$27,500. If the amount of your net household income on Line 8 is above \$27,500, you are not eligible for the credit.

## LINE 9 — OWN YOUR HOME

If you owned and occupied your home, include the amount of tax you paid on your 2014 real estate tax receipt(s) only, or \$1,100, whichever is less. **Do not include special assessments (sewer lateral), penalties, service charges, and interest listed on your tax receipt.** You can only claim the taxes on your primary residence that you occupy. Secondary homes are not eligible for the credit.

**Attach a copy of paid real estate tax receipt(s) from the county and city collectors office. Mortgage and financial institution statements are not acceptable.**

If you submit more than one receipt from a city or county for your residence, please submit a letter of explanation.

Your home or dwelling is the place in which you reside in Missouri, whether owned or rented, and the surrounding land, not to exceed five acres, as is reasonably necessary for use of the dwelling as a home. A home may be part of a larger unit such as a farm or building partly rented or used for business. If you share a home, report only the portion of real estate tax that was actually paid by you. If you sold or purchased your home during the year, attach a copy of the seller's/buyer's agreement to your claim.

### Helpful Hint

Real estate tax paid for a prior year cannot be claimed on this form. To claim real estate taxes for a prior year, you must file a claim for that year.

If your home or farm has more than five acres or you own a mobile home and it is classified as personal property, a Form 948 Assessors Certification must be attached with a copy of your paid personal or real property tax receipt. If you own a mobile home and it is classified as real property, a Form 948 isn't needed. In such cases, you can claim property tax for the mobile home and rent if applicable, for the lot. A credit **will not** be allowed for vehicles listed on the personal property tax receipt.

If you use your home for business purposes, the percentage of your home that is used for business purposes, must be subtracted from your real estate taxes paid. If you need to use a Form 948 to calculate the amount of real estate tax, you must subtract the percentage of your home that is used for business purposes from the allowable real estate taxes paid calculated on the Form 948.

Example: Ruth has 10 acres surrounding her house. She needs to use a Form 948, because she is only entitled to receive credit for 5 acres. By her calculations, she enters \$500 on Form 948, Line 6. Ruth also uses 15 percent of her house for her business. She will multiply \$500 by 85 percent and put this figure (\$425) on Form MO-PTC, Line 9.

### Helpful Hint

If you own your home and other adults (other than your spouse) live there and pay rent, the rent **must** be claimed as income.

## LINE 10 — RENT YOUR HOME

Complete one Form MO-CRP, Certification of Rent Paid, for **each** rented home (including mobile home or lot) you occupied during 2014. The Form MO-CRP is on the back of the Form MO-PTC and instructions are on page 8.

**Add the totals from Line 9 on all Forms MO-CRP completed and enter the amount on Line 10, or \$750, whichever is less. Attach rent receipt(s) or a signed statement from your landlord for any rent you are claiming along with Form MO-CRP. Copies of cancelled checks (front and back) will be accepted if your landlord will not provide rent receipts or a statement.**

You cannot claim returned check fees, late fees, security and cleaning deposits, or any other deposit.

If you have the same address as your landlord, please verify the number of occupants and living units.

### Helpful Hints

- If you receive low income housing assistance the rent you claim may not exceed 40 percent of your income. Please claim only the amount of rent you pay or your refund will be delayed or denied.
- If your gross rent paid exceeds your household income, you must attach a detailed statement explaining how the additional rent was paid or the claim will be denied.
- Utilities (air conditioning, gas, electric, late fees, deposits, etc.) are not included.
- Nursing Homes — You must deduct personal allowances (clothing, hair stylists, etc.) prior to calculating your rent.

## LINE 11 — TOTAL REAL ESTATE TAX / RENT PAID

Add amounts from Form MO-PTC, Lines 9 and 10 and enter amount on Line 11, or \$1,100, whichever is less.

Example: Ester owns her home for three months and pays \$100 in property taxes. For nine months she rents an apartment and pays \$4,000 in rent. The amount on Line 9 of the MO-CRP is \$800 (\$4,000 x 20%). Form MO-PTC, Line 9 is \$100, Line 10 is \$750, and Line 11 is \$850. The \$800 for rent is limited to \$750 on Line 10.

## CREDITS

### LINE 12 — PROPERTY TAX CREDIT

Apply amounts from Form MO-PTC, Lines 8 and 11 to the Property Tax Credit Chart on pages 13 through 15 to determine the amount of your property tax credit. See the following Helpful Hint. If you have another income tax or property tax credit liability, this property tax credit may be applied to that liability in accordance with Section 143.782, RSMo. You will be notified if your credit is offset against any debts.

### Helpful Hint

Your property tax credit is figured by comparing your total income received to 20 percent of your net rent paid or real estate tax paid. To make the comparison and determine your credit, use the 2014 Property Tax Credit Chart on pages 13 through 15. Lines are provided on the chart to help you figure this amount.

Example: Ruth paid \$1,200 in real estate tax and her total household income was \$15,000. Ruth will apply her tax paid and her total household income to the chart to figure out her credit amount. Even though Ruth paid \$1,200 in real estate tax, she is only allowed to take a credit of \$1,100. Ruth will use \$1,100 as tax paid and her total household income of \$15,000 to make the comparison. When using the chart, Ruth finds where \$15,000 and \$1,100 “meet” to figure her credit. The two numbers “meet” on the chart where the credit amount is \$1,059. Ruth will get a \$1,059 credit for the real estate tax she paid.

## SIGN CLAIM

You **must sign** your Form MO-PTC. Both spouses must sign a combined claim. If you use a paid preparer, the preparer must also sign the claim. If you wish to authorize the Director of Revenue, or delegate, to discuss your tax information with your preparer or any member of your preparer’s firm, indicate by checking the “yes” box above the signature line.

**Important:** If the Form MO-PTC is being filed on behalf of a claimant by a nursing home or residential care facility, a statement to that effect from the claimant’s legal guardian or power of attorney must be attached to the Form MO-PTC.

## MAIL CLAIM

Send your claim and all attachments to: **Department of Revenue, P.O. Box 2800, Jefferson City, MO 65105-2800.**

## FAILURE TO INCLUDE REQUIRED DOCUMENTATION OR INFORMATION MAY REDUCE OR DELAY YOUR REFUND.

### INFORMATION TO COMPLETE FORM MO-CRP

**If you rent from a facility that does not pay property taxes, you are not eligible for a Property Tax Credit.**

#### STEP 1

Enter all information requested on Lines 1–5. If rent is paid to a relative, the relationship to the landlord must be indicated on Line 1. **Your claim may be delayed if you fail to enter all required information.**

#### STEP 2

Enter on Line 6 the gross rent paid. Exclude rent paid for any portion of your home used in the production of income, and the rent paid for surrounding land with attachments not necessary nor maintained for homestead purposes. **Also, exclude any rent paid to your landlord on your behalf by any organization or agency.**

#### STEP 3

If you were a resident of a nursing home or boarding home during 2014, use the applicable percentage on Line 7. If you live in a hotel and meals are included in your rent payment, enter 50 percent; otherwise enter 100 percent. If two or more unmarried individuals over 18 years of age share a residence and each pay part of the rent, enter the total rent

on Form MO-CRP, Line 6 and mark the appropriate percentage on box G of Line 7. If the rent receipt is for the total rent amount, then the percentage on box G of the Form MO-CRP must be used to determine your credit. If none of the reductions apply to you, enter 100 percent on Line 7.

#### STEP 4

Multiply Line 6 by the percentage on Line 7. Enter this amount on Form MO-CRP, Line 8.

#### STEP 5

Multiply Line 8 by 20 percent and enter the result on Line 9. Add the totals from Line 9 on **all** completed Forms MO-CRP and enter the amount on Line 10 of MO-PTC.

#### Helpful Hints

- An apartment is a room or suite of rooms with separate facilities for cooking and other normal household functions.
- A boarding home is a house that provides meals, lodging, and the residents share common facilities.

***If you need to file an income tax return, Form MO-1040 or Form MO-1040P, you must use Form MO-PTS to claim a property tax credit and attach it to the Form MO-1040 or Form MO-1040P.  
Do not use Form MO-PTC if you need to file an income tax return.***





MISSOURI DEPARTMENT OF REVENUE  
**PROPERTY TAX CREDIT CLAIM**

**2014**  
FORM  
**MO-PTC**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |            |             |         |                                                 |                  |                                 |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|-------------|---------|-------------------------------------------------|------------------|---------------------------------|--------------------------------------------------------------------------------------------|
| <b>NAME / ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | FIRST NAME |             | INITIAL | BIRTHDATE (MMDDYYYY)                            | DECEASED<br>2014 | SOCIAL SECURITY NO.             | SOFTWARE<br>VENDOR CODE<br>(Assigned by DOR)<br><br><b>000</b><br><br><b>AMENDED CLAIM</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SPOUSE'S LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | FIRST NAME |             | INITIAL | BIRTHDATE (MMDDYYYY)                            | DECEASED<br>2014 | SPOUSE'S SOCIAL SECURITY NO.    |                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |            |             |         |                                                 | TELEPHONE NUMBER |                                 |                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PRESENT HOME ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |            | APT. NUMBER |         | CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE |                  |                                 |                                                                                            |
| <p><b>QUALIFICATIONS</b></p> <p>You must check a qualification to be eligible for a credit. Check only one. REQUIRED COPIES OF LETTERS, FORMS, ETC., MUST BE INCLUDED WITH CLAIM.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> A. 65 years of age or older <b>(ATTACH A COPY OF FORM SSA-1099.)</b></p> <p><input type="checkbox"/> B. 100% Disabled Veteran as a result of military service <b>(ATTACH A COPY OF THE LETTER FROM DEPARTMENT OF VETERANS AFFAIRS.)</b></p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> C. 100% Disabled <b>(ATTACH A COPY OF THE LETTER FROM SOCIAL SECURITY ADMINISTRATION OR FORM SSA-1099.)</b></p> <p><input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits <b>(ATTACH A COPY OF FORM SSA-1099.)</b></p> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |            |             |         |                                                 |                  |                                 |                                                                                            |
| <p><b>FILING STATUS</b>    <input type="checkbox"/> Single    <input type="checkbox"/> Married — Filing Combined    <input type="checkbox"/> Married — Living Separate for Entire Year    <b>If married filing combined, you must report both incomes.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |            |             |         |                                                 |                  |                                 |                                                                                            |
| 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!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |            |             |         |                                                 |                  |                                 |                                                                                            |
| <b>HOUSEHOLD INCOME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1. Enter the amount of social security benefits received by you, your spouse, and your <b>minor children</b> before any deductions and the amount of social security equivalent railroad retirement benefits. <b>ATTACH</b> Forms SSA-1099, RRB-1099, or SSI Statement.                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |             |         |                                                 |                  | 1                               | 00                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2. Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, or other income. <b>ATTACH</b> Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |            |             |         |                                                 |                  | 2                               | 00                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3. Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions. <b>ATTACH</b> Form RRB-1099-R (TIER II).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |            |             |         |                                                 |                  | 3                               | 00                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4. Enter the amount of veteran's payments or benefits before any deductions. <b>ATTACH</b> letter from Veterans Affairs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |            |             |         |                                                 |                  | 4                               | 00                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5. Enter the total amount received by you, your spouse, and your <b>minor children</b> from: public assistance, SSI, child support, Temporary Assistance payments (TA and TANF). <b>ATTACH</b> copy of Forms SSA-1099, a letter from the Social Security Administration and Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable.                                                                                                                                                                                                                                                                                  |  |            |             |         |                                                 |                  | 5                               | 00                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6. <b>TOTAL</b> household income — Add Lines 1 through 5. Enter total here.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |            |             |         |                                                 |                  | 6                               | 00                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7. <b>MARK THE BOX THAT APPLIES</b> and enter the appropriate amount.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |            |             |         |                                                 |                  |                                 |                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> a. Enter \$0 if <b>Single or Married Living Separate</b>;<br/> <b>If Married and Filing Combined;</b><br/> <input type="checkbox"/> b. Enter \$2,000 if you rented or did not own your home for the entire year;<br/> <input type="checkbox"/> c. Enter \$4,000 if you owned and occupied your home for the entire year; </div> <div style="flex: 1; text-align: right;">7    -    00</div> </div>                                                                                                                                                                                                 |  |            |             |         |                                                 |                  |                                 |                                                                                            |
| <b>REAL ESTATE TAX / RENT PAID</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8. Net household income — Subtract Line 7 from Line 6 and enter the amount; <b>MARK THE BOX THAT APPLIES.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |            |             |         |                                                 |                  | 8                               | 00                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> a. <b>If you rented or did not own and occupy your home for the entire year</b> , Line 8 cannot exceed \$27,500. If the total is greater than \$27,500, <b>STOP - no credit is allowed. Do not file this claim.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |            |             |         |                                                 |                  |                                 |                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> b. <b>If you owned and occupied your home for the entire year</b> , Line 8 cannot exceed \$30,000. If the total is greater than \$30,000, <b>STOP - no credit is allowed. Do not file this claim.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |            |             |         |                                                 |                  |                                 |                                                                                            |
| <b>REAL ESTATE TAX / RENT PAID</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9. If you owned your home, enter the total amount of property tax paid for your home, less special assessments, or \$1,100, whichever is less. <b>ATTACH</b> a copy of paid real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, <b>ATTACH</b> Form 948, Assessor's Certification.                                                                                                                                                                                                                                                                                                                                                     |  |            |             |         |                                                 |                  | 9                               | 00                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10. If you rented, enter the total amount from Form(s) MO-CRP, Line 9, or \$750, whichever is less. <b>ATTACH</b> rent receipts or a signed statement from your landlord. <b>NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.</b>                                                                                                                                                                                                                                                                                                                                                                              |  |            |             |         |                                                 |                  | 10                              | 00                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 11. Enter the total of Lines 9 and 10, or \$1,100, whichever is less.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |            |             |         |                                                 |                  | 11                              | 00                                                                                         |
| <b>CREDITS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12. You must use the chart on pages 13-15 to see how much refund you are allowed. Apply amounts from Lines 8 and 11 to chart on pages 13-15 to figure your Property Tax Credit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |            |             |         |                                                 |                  | 12                              | 00                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>Under penalties of perjury, 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. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.</p> |  |            |             |         |                                                 |                  |                                 |                                                                                            |
| <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I authorize the Director of Revenue or delegate to discuss my claim and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |            |             |         | E-MAIL ADDRESS                                  |                  | PREPARER'S PHONE                |                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |            |             |         | DATE (MMDDYYYY)                                 |                  | PREPARER'S SIGNATURE            |                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |             |         | DAYTIME TELEPHONE                               |                  | PREPARER'S ADDRESS AND ZIP CODE |                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |            |             |         |                                                 |                  | DATE (MMDDYYYY)                 |                                                                                            |

**Mail claim and attachments to Missouri Department of Revenue, P.O. Box 2800, Jefferson City, MO 65105-2800.**

For Privacy Notice, see instructions.

Form MO-PTC (Revised 12-2014)

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?<br>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)<br>( ) - - |             |
| 5. RENTAL PERIOD DURING YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | FROM: MONTH — DAY — YEAR 2014   |             | TO: MONTH — DAY — YEAR 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.<br><b>NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                 |             |                                                                       |  | 6                                                         |             |
| 7. Check the appropriate box and enter the corresponding percentage on Line 7.<br><input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%<br><input type="checkbox"/> B. MOBILE HOME LOT — 100%<br><input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50%<br><input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%<br><input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100%<br><input type="checkbox"/> F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.)<br><input type="checkbox"/> G. <b>SHARED RESIDENCE</b> — If you shared your rent with relatives or friends (OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18), check the appropriate box and enter percentage.<br><b>Additional persons sharing rent/percentage to be entered:</b> <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                                                         |             |
| 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                                                         |             |

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2014)

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?<br>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)<br>( ) - - - - |             |
| 5. RENTAL PERIOD DURING YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | FROM: MONTH — DAY — YEAR 2014   |             | TO: MONTH — DAY — YEAR 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.<br><b>NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                 |             |                                                                       |  | 6                                                             |             |
| 7. Check the appropriate box and enter the corresponding percentage on Line 7.<br><input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%<br><input type="checkbox"/> B. MOBILE HOME LOT — 100%<br><input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50%<br><input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%<br><input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100%<br><input type="checkbox"/> F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.)<br><input type="checkbox"/> G. <b>SHARED RESIDENCE</b> — If you shared your rent with relatives or friends (OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18), check the appropriate box and enter percentage.<br><u>Additional</u> 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                                                             |             |
| 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                                                             |             |

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2014)



MISSOURI DEPARTMENT OF REVENUE  
**PROPERTY TAX CREDIT CLAIM**

**2014**  
FORM  
**MO-PTC**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |            |                   |         |                                                 |                  |                              |                                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|-------------------|---------|-------------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NAME / ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | FIRST NAME |                   | INITIAL | BIRTHDATE (MMDDYYYY)                            | DECEASED<br>2014 | SOCIAL SECURITY NO.          | <b>SOFTWARE<br/>VENDOR CODE<br/>(Assigned by DOR)</b><br><br><b>000</b><br><br><b>AMENDED<br/>CLAIM</b> |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SPOUSE'S LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | FIRST NAME |                   | INITIAL | BIRTHDATE (MMDDYYYY)                            | DECEASED<br>2014 | SPOUSE'S SOCIAL SECURITY NO. |                                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |            |                   |         |                                                 | TELEPHONE NUMBER |                              |                                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PRESENT HOME ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |            | APT. NUMBER       |         | CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE |                  |                              |                                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
| <b>You must check a qualification to be eligible for a credit. Check only one. REQUIRED COPIES OF LETTERS, FORMS, ETC., MUST BE INCLUDED WITH CLAIM.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |            |                   |         |                                                 |                  |                              |                                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
| <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> A. 65 years of age or older <b>(ATTACH A COPY OF FORM SSA-1099.)</b><br/> <input type="checkbox"/> B. 100% Disabled Veteran as a result of military service <b>(ATTACH A COPY OF THE LETTER FROM DEPARTMENT OF VETERANS AFFAIRS.)</b> </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> C. 100% Disabled <b>(ATTACH A COPY OF THE LETTER FROM SOCIAL SECURITY ADMINISTRATION OR FORM SSA-1099.)</b><br/> <input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits <b>(ATTACH A COPY OF FORM SSA-1099.)</b> </td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |            |                   |         |                                                 |                  |                              |                                                                                                         | <input type="checkbox"/> A. 65 years of age or older <b>(ATTACH A COPY OF FORM SSA-1099.)</b><br><input type="checkbox"/> B. 100% Disabled Veteran as a result of military service <b>(ATTACH A COPY OF THE LETTER FROM DEPARTMENT OF VETERANS AFFAIRS.)</b> | <input type="checkbox"/> C. 100% Disabled <b>(ATTACH A COPY OF THE LETTER FROM SOCIAL SECURITY ADMINISTRATION OR FORM SSA-1099.)</b><br><input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits <b>(ATTACH A COPY OF FORM SSA-1099.)</b> |
| <input type="checkbox"/> A. 65 years of age or older <b>(ATTACH A COPY OF FORM SSA-1099.)</b><br><input type="checkbox"/> B. 100% Disabled Veteran as a result of military service <b>(ATTACH A COPY OF THE LETTER FROM DEPARTMENT OF VETERANS AFFAIRS.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> C. 100% Disabled <b>(ATTACH A COPY OF THE LETTER FROM SOCIAL SECURITY ADMINISTRATION OR FORM SSA-1099.)</b><br><input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits <b>(ATTACH A COPY OF FORM SSA-1099.)</b>                                                                                                                                                                                                                                                                                                                                                                                             |  |            |                   |         |                                                 |                  |                              |                                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
| <b>FILING STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Married — Filing Combined <input type="checkbox"/> Married — Living Separate for Entire Year <b>If married filing combined, you must report both incomes.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |            |                   |         |                                                 |                  |                              |                                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
| 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!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |            |                   |         |                                                 |                  |                              |                                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
| <b>HOUSEHOLD INCOME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1. Enter the amount of social security benefits received by you, your spouse, and your <b>minor children</b> before any deductions and the amount of social security equivalent railroad retirement benefits. <b>ATTACH</b> Forms SSA-1099, RRB-1099, or SSI Statement. ....                                                                                                                                                                                                                                                                                                                                                                                             |  |            |                   |         |                                                 |                  | 1                            | 00                                                                                                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2. Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, or other income. <b>ATTACH</b> Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |            |                   |         |                                                 |                  | 2                            | 00                                                                                                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3. Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions. <b>ATTACH</b> Form RRB-1099-R (TIER II). ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |            |                   |         |                                                 |                  | 3                            | 00                                                                                                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4. Enter the amount of veteran's payments or benefits before any deductions. <b>ATTACH</b> letter from Veterans Affairs. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |            |                   |         |                                                 |                  | 4                            | 00                                                                                                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5. Enter the total amount received by you, your spouse, and your <b>minor children</b> from: public assistance, SSI, child support, Temporary Assistance payments (TA and TANF). <b>ATTACH</b> copy of Forms SSA-1099, a letter from the Social Security Administration and Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable. ....                                                                                                                                                                                                                                                                      |  |            |                   |         |                                                 |                  | 5                            | 00                                                                                                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6. <b>TOTAL</b> household income — Add Lines 1 through 5. Enter total here. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |                   |         |                                                 |                  | 6                            | 00                                                                                                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7. <b>MARK THE BOX THAT APPLIES</b> and enter the appropriate amount.<br><input type="checkbox"/> a. Enter \$0 if <b>Single or Married Living Separate</b> ;<br><b>If Married and Filing Combined;</b><br><input type="checkbox"/> b. Enter \$2,000 if you rented or did not own your home for the entire year;<br><input type="checkbox"/> c. Enter \$4,000 if you owned and occupied your home for the entire year; ....                                                                                                                                                                                                                                               |  |            |                   |         |                                                 |                  | 7                            | 00                                                                                                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8. Net household income — Subtract Line 7 from Line 6 and enter the amount; <b>MARK THE BOX THAT APPLIES.</b><br><input type="checkbox"/> a. <b>If you rented or did not own and occupy your home for the entire year</b> , Line 8 cannot exceed \$27,500. If the total is greater than \$27,500, <b>STOP - no credit is allowed. Do not file this claim.</b><br><input type="checkbox"/> b. <b>If you owned and occupied your home for the entire year</b> , Line 8 cannot exceed \$30,000. If the total is greater than \$30,000, <b>STOP - no credit is allowed. Do not file this claim.</b> ....                                                                     |  |            |                   |         |                                                 |                  | 8                            | 00                                                                                                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
| <b>REAL ESTATE TAX / RENT PAID</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9. If you owned your home, enter the total amount of property tax paid for your home, less special assessments, or \$1,100, whichever is less. <b>ATTACH</b> a copy of paid real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, <b>ATTACH</b> Form 948, Assessor's Certification. ....                                                                                                                                                                                                                                                                                                                                         |  |            |                   |         |                                                 |                  | 9                            | 00                                                                                                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10. If you rented, enter the total amount from Form(s) MO-CRP, Line 9, or \$750, whichever is less. <b>ATTACH</b> rent receipts or a signed statement from your landlord. <b>NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.</b> ....                                                                                                                                                                                                                                                                                                                                                                  |  |            |                   |         |                                                 |                  | 10                           | 00                                                                                                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11. Enter the total of Lines 9 and 10, or \$1,100, whichever is less. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |            |                   |         |                                                 |                  | 11                           | 00                                                                                                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
| <b>CREDITS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12. <b>You must use the chart on pages 13-15</b> to see how much refund you are allowed. Apply amounts from Lines 8 and 11 to chart on pages 13-15 to figure your Property Tax Credit. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |            |                   |         |                                                 |                  | 12                           | 00                                                                                                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Under penalties of perjury, 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. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. |  |            |                   |         |                                                 |                  |                              |                                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
| <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I authorize the Director of Revenue or delegate to discuss my claim and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |            |                   |         | E-MAIL ADDRESS                                  |                  | PREPARER'S PHONE             |                                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |            | DATE (MMDDYYYY)   |         | PREPARER'S SIGNATURE                            |                  | FEIN, SSN, OR PTIN           |                                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |            | DAYTIME TELEPHONE |         | PREPARER'S ADDRESS AND ZIP CODE                 |                  |                              | DATE (MMDDYYYY)                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |            |                   |         |                                                 |                  |                              |                                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |

**Mail claim and attachments to Missouri Department of Revenue, P.O. Box 2800, Jefferson City, MO 65105-2800.**

For Privacy Notice, see instructions.

Form MO-PTC (Revised 12-2014)



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? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, EXPLAIN. |             |
| 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)<br>( ) - - - - -                                                |             |
| 5. RENTAL PERIOD DURING YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | FROM: MONTH — DAY — YEAR <b>2014</b>                                  | TO: MONTH — DAY — YEAR <b>2014</b>                                |                                                                                                                |             |
| 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.<br><b>NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                       |                                                                   |                                                                                                                | 6 00        |
| 7. Check the appropriate box and enter the corresponding percentage on Line 7.<br><input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%<br><input type="checkbox"/> B. MOBILE HOME LOT — 100%<br><input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50%<br><input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%<br><input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100%<br><input type="checkbox"/> F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.)<br><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.<br><b>Additional persons sharing rent/percentage to be entered:</b> <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)



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? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, EXPLAIN. |             |
| 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)<br>( ) - - - - -                                                |             |
| 5. RENTAL PERIOD DURING YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | FROM: MONTH — DAY — YEAR <b>2014</b>                                  | TO: MONTH — DAY — YEAR <b>2014</b>                                |                                                                                                                |             |
| 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.<br><b>NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                       |                                                                   |                                                                                                                | 6 00        |
| 7. Check the appropriate box and enter the corresponding percentage on Line 7.<br><input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%<br><input type="checkbox"/> B. MOBILE HOME LOT — 100%<br><input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50%<br><input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%<br><input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100%<br><input type="checkbox"/> F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.)<br><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.<br><b>Additional persons sharing rent/percentage to be entered:</b> <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)



A. Enter amount from Line 8 here \_\_\_\_\_ B. Enter amount from Line 11 here \_\_\_\_\_  
 C. Find where these two numbers “meet” below to figure your credit amount. Enter on Form MO-PTC, Line 12.

## 2014 PROPERTY TAX CREDIT CHART

AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTC, LINE 11 — TOTAL REAL ESTATE TAX PAID

|        |        | FROM                                                                                                                                                                                                                                      |      |      |      |      | FROM |     |     |     |     | FROM |     |     |     |  |
|--------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|------|------|-----|-----|-----|-----|------|-----|-----|-----|--|
|        |        | 1076                                                                                                                                                                                                                                      | 1051 | 1026 | 1001 | 976  | 951  | 926 | 901 | 876 | 851 | 826  | 801 | 776 | 751 |  |
|        |        | TO                                                                                                                                                                                                                                        |      |      |      |      | TO   |     |     |     |     | TO   |     |     |     |  |
|        |        | 1100                                                                                                                                                                                                                                      | 1075 | 1050 | 1025 | 1000 | 975  | 950 | 925 | 900 | 875 | 850  | 825 | 800 | 775 |  |
| FROM   | TO     | Refund is the actual total amount of allowable real estate tax paid, not to exceed \$1,100 (Form MO-PTC, Line 11).<br>NOTE: If you rent from a facility that does not pay property taxes, you are not eligible for a Property Tax Credit. |      |      |      |      |      |     |     |     |     |      |     |     |     |  |
| 1      | 14,300 |                                                                                                                                                                                                                                           |      |      |      |      |      |     |     |     |     |      |     |     |     |  |
| 14,301 | 14,600 | 1078                                                                                                                                                                                                                                      | 1053 | 1028 | 1003 | 978  | 953  | 928 | 903 | 878 | 853 | 828  | 803 | 778 | 753 |  |
| 14,601 | 14,900 | 1069                                                                                                                                                                                                                                      | 1044 | 1019 | 994  | 969  | 944  | 919 | 894 | 869 | 844 | 819  | 794 | 769 | 744 |  |
| 14,901 | 15,200 | 1059                                                                                                                                                                                                                                      | 1034 | 1009 | 984  | 959  | 934  | 909 | 884 | 859 | 834 | 809  | 784 | 759 | 734 |  |
| 15,201 | 15,500 | 1049                                                                                                                                                                                                                                      | 1024 | 999  | 974  | 949  | 924  | 899 | 874 | 849 | 824 | 799  | 774 | 749 | 724 |  |
| 15,501 | 15,800 | 1039                                                                                                                                                                                                                                      | 1014 | 989  | 964  | 939  | 914  | 889 | 864 | 839 | 814 | 789  | 764 | 739 | 714 |  |
| 15,801 | 16,100 | 1028                                                                                                                                                                                                                                      | 1003 | 978  | 953  | 928  | 903  | 878 | 853 | 828 | 803 | 778  | 753 | 728 | 703 |  |
| 16,101 | 16,400 | 1016                                                                                                                                                                                                                                      | 991  | 966  | 941  | 916  | 891  | 866 | 841 | 816 | 791 | 766  | 741 | 716 | 691 |  |
| 16,401 | 16,700 | 1005                                                                                                                                                                                                                                      | 980  | 955  | 930  | 905  | 880  | 855 | 830 | 805 | 780 | 755  | 730 | 705 | 680 |  |
| 16,701 | 17,000 | 993                                                                                                                                                                                                                                       | 968  | 943  | 918  | 893  | 868  | 843 | 818 | 793 | 768 | 743  | 718 | 693 | 668 |  |
| 17,001 | 17,300 | 980                                                                                                                                                                                                                                       | 955  | 930  | 905  | 880  | 855  | 830 | 805 | 780 | 755 | 730  | 705 | 680 | 655 |  |
| 17,301 | 17,600 | 968                                                                                                                                                                                                                                       | 943  | 918  | 893  | 868  | 843  | 818 | 793 | 768 | 743 | 718  | 693 | 668 | 643 |  |
| 17,601 | 17,900 | 954                                                                                                                                                                                                                                       | 929  | 904  | 879  | 854  | 829  | 804 | 779 | 754 | 729 | 704  | 679 | 654 | 629 |  |
| 17,901 | 18,200 | 941                                                                                                                                                                                                                                       | 916  | 891  | 866  | 841  | 816  | 791 | 766 | 741 | 716 | 691  | 666 | 641 | 616 |  |
| 18,201 | 18,500 | 927                                                                                                                                                                                                                                       | 902  | 877  | 852  | 827  | 802  | 777 | 752 | 727 | 702 | 677  | 652 | 627 | 602 |  |
| 18,501 | 18,800 | 913                                                                                                                                                                                                                                       | 888  | 863  | 838  | 813  | 788  | 763 | 738 | 713 | 688 | 663  | 638 | 613 | 588 |  |
| 18,801 | 19,100 | 898                                                                                                                                                                                                                                       | 873  | 848  | 823  | 798  | 773  | 748 | 723 | 698 | 673 | 648  | 623 | 598 | 573 |  |
| 19,101 | 19,400 | 883                                                                                                                                                                                                                                       | 858  | 833  | 808  | 783  | 758  | 733 | 708 | 683 | 658 | 633  | 608 | 583 | 558 |  |
| 19,401 | 19,700 | 868                                                                                                                                                                                                                                       | 843  | 818  | 793  | 768  | 743  | 718 | 693 | 668 | 643 | 618  | 593 | 568 | 543 |  |
| 19,701 | 20,000 | 852                                                                                                                                                                                                                                       | 827  | 802  | 777  | 752  | 727  | 702 | 677 | 652 | 627 | 602  | 577 | 552 | 527 |  |
| 20,001 | 20,300 | 836                                                                                                                                                                                                                                       | 811  | 786  | 761  | 736  | 711  | 686 | 661 | 636 | 611 | 586  | 561 | 536 | 511 |  |
| 20,301 | 20,600 | 819                                                                                                                                                                                                                                       | 794  | 769  | 744  | 719  | 694  | 669 | 644 | 619 | 594 | 569  | 544 | 519 | 494 |  |
| 20,601 | 20,900 | 802                                                                                                                                                                                                                                       | 777  | 752  | 727  | 702  | 677  | 652 | 627 | 602 | 577 | 552  | 527 | 502 | 477 |  |
| 20,901 | 21,200 | 785                                                                                                                                                                                                                                       | 760  | 735  | 710  | 685  | 660  | 635 | 610 | 585 | 560 | 535  | 510 | 485 | 460 |  |
| 21,201 | 21,500 | 767                                                                                                                                                                                                                                       | 742  | 717  | 692  | 667  | 642  | 617 | 592 | 567 | 542 | 517  | 492 | 467 | 442 |  |
| 21,501 | 21,800 | 749                                                                                                                                                                                                                                       | 724  | 699  | 674  | 649  | 624  | 599 | 574 | 549 | 524 | 499  | 474 | 449 | 424 |  |
| 21,801 | 22,100 | 731                                                                                                                                                                                                                                       | 706  | 681  | 656  | 631  | 606  | 581 | 556 | 531 | 506 | 481  | 456 | 431 | 406 |  |
| 22,101 | 22,400 | 712                                                                                                                                                                                                                                       | 687  | 662  | 637  | 612  | 587  | 562 | 537 | 512 | 487 | 462  | 437 | 412 | 387 |  |
| 22,401 | 22,700 | 693                                                                                                                                                                                                                                       | 668  | 643  | 618  | 593  | 568  | 543 | 518 | 493 | 468 | 443  | 418 | 393 | 368 |  |
| 22,701 | 23,000 | 673                                                                                                                                                                                                                                       | 648  | 623  | 598  | 573  | 548  | 523 | 498 | 473 | 448 | 423  | 398 | 373 | 348 |  |
| 23,001 | 23,300 | 653                                                                                                                                                                                                                                       | 628  | 603  | 578  | 553  | 528  | 503 | 478 | 453 | 428 | 403  | 378 | 353 | 328 |  |
| 23,301 | 23,600 | 633                                                                                                                                                                                                                                       | 608  | 583  | 558  | 533  | 508  | 483 | 458 | 433 | 408 | 383  | 358 | 333 | 308 |  |
| 23,601 | 23,900 | 613                                                                                                                                                                                                                                       | 588  | 563  | 538  | 513  | 488  | 463 | 438 | 413 | 388 | 363  | 338 | 313 | 288 |  |
| 23,901 | 24,200 | 591                                                                                                                                                                                                                                       | 566  | 541  | 516  | 491  | 466  | 441 | 416 | 391 | 366 | 341  | 316 | 291 | 266 |  |
| 24,201 | 24,500 | 570                                                                                                                                                                                                                                       | 545  | 520  | 495  | 470  | 445  | 420 | 395 | 370 | 345 | 320  | 295 | 270 | 245 |  |
| 24,501 | 24,800 | 548                                                                                                                                                                                                                                       | 523  | 498  | 473  | 448  | 423  | 398 | 373 | 348 | 323 | 298  | 273 | 248 | 223 |  |
| 24,801 | 25,100 | 526                                                                                                                                                                                                                                       | 501  | 476  | 451  | 426  | 401  | 376 | 351 | 326 | 301 | 276  | 251 | 226 | 201 |  |
| 25,101 | 25,400 | 504                                                                                                                                                                                                                                       | 479  | 454  | 429  | 404  | 379  | 354 | 329 | 304 | 279 | 254  | 229 | 204 | 179 |  |
| 25,401 | 25,700 | 481                                                                                                                                                                                                                                       | 456  | 431  | 406  | 381  | 356  | 331 | 306 | 281 | 256 | 231  | 206 | 181 | 156 |  |
| 25,701 | 26,000 | 457                                                                                                                                                                                                                                       | 432  | 407  | 382  | 357  | 332  | 307 | 282 | 257 | 232 | 207  | 182 | 157 | 132 |  |
| 26,001 | 26,300 | 434                                                                                                                                                                                                                                       | 409  | 384  | 359  | 334  | 309  | 284 | 259 | 234 | 209 | 184  | 159 | 134 | 109 |  |
| 26,301 | 26,600 | 410                                                                                                                                                                                                                                       | 385  | 360  | 335  | 310  | 285  | 260 | 235 | 210 | 185 | 160  | 135 | 110 | 85  |  |
| 26,601 | 26,900 | 385                                                                                                                                                                                                                                       | 360  | 335  | 310  | 285  | 260  | 235 | 210 | 185 | 160 | 135  | 110 | 85  | 60  |  |
| 26,901 | 27,200 | 361                                                                                                                                                                                                                                       | 336  | 311  | 286  | 261  | 236  | 211 | 186 | 161 | 136 | 111  | 86  | 61  | 36  |  |
| 27,201 | 27,500 | 335                                                                                                                                                                                                                                       | 310  | 285  | 260  | 235  | 210  | 185 | 160 | 135 | 110 | 85   | 60  | 35  | 10  |  |
| 27,501 | 27,800 | 310                                                                                                                                                                                                                                       | 285  | 260  | 235  | 210  | 185  | 160 | 135 | 110 | 85  | 60   | 35  | 10  |     |  |
| 27,801 | 28,100 | 284                                                                                                                                                                                                                                       | 259  | 234  | 209  | 184  | 159  | 134 | 109 | 84  | 59  | 34   | 9   |     |     |  |
| 28,101 | 28,400 | 258                                                                                                                                                                                                                                       | 233  | 208  | 183  | 158  | 133  | 108 | 83  | 58  | 33  | 8    |     |     |     |  |
| 28,401 | 28,700 | 231                                                                                                                                                                                                                                       | 206  | 181  | 156  | 131  | 106  | 81  | 56  | 31  | 6   |      |     |     |     |  |
| 28,701 | 29,000 | 204                                                                                                                                                                                                                                       | 179  | 154  | 129  | 104  | 79   | 54  | 29  | 4   |     |      |     |     |     |  |
| 29,001 | 29,300 | 177                                                                                                                                                                                                                                       | 152  | 127  | 102  | 77   | 52   | 27  | 2   |     |     |      |     |     |     |  |
| 29,301 | 29,600 | 149                                                                                                                                                                                                                                       | 124  | 99   | 74   | 49   | 24   |     |     |     |     |      |     |     |     |  |
| 29,601 | 29,900 | 121                                                                                                                                                                                                                                       | 96   | 71   | 46   | 21   |      |     |     |     |     |      |     |     |     |  |
| 29,901 | 30,000 | 95                                                                                                                                                                                                                                        | 70   | 45   | 20   |      |      |     |     |     |     |      |     |     |     |  |



- A. Enter amount from Line 8 here \_\_\_\_\_ B. Enter amount from Line 11 here \_\_\_\_\_  
 C. Find where these two numbers “meet” below to figure your credit amount. Enter on Form MO-PTC, Line 12.

**AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTC, LINE 11 —  
 TOTAL REAL ESTATE TAX OR 20% OF RENT PAID**

|        |        | FROM                                                                                                                                                                                                                                                                                 |     |     |     |     | FROM |     |     |     |     | FROM |     |     |     |  |
|--------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|------|-----|-----|-----|-----|------|-----|-----|-----|--|
|        |        | 726                                                                                                                                                                                                                                                                                  | 701 | 676 | 651 | 626 | 601  | 576 | 551 | 526 | 501 | 476  | 451 | 426 | 401 |  |
|        |        | TO                                                                                                                                                                                                                                                                                   |     |     |     |     | TO   |     |     |     |     | TO   |     |     |     |  |
|        |        | 750                                                                                                                                                                                                                                                                                  | 725 | 700 | 675 | 650 | 625  | 600 | 575 | 550 | 525 | 500  | 475 | 450 | 425 |  |
| FROM   | TO     | Refund is the actual total amount of allowable real estate tax paid, not to exceed \$1,100 or rent credit equivalent not to exceed \$750 (Form MO-PTC, Line 11). NOTE: If you rent from a facility that does not pay property taxes, you are not eligible for a Property Tax Credit. |     |     |     |     |      |     |     |     |     |      |     |     |     |  |
| 1      | 14,300 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |     |  |
| 14,301 | 14,600 | 728                                                                                                                                                                                                                                                                                  | 703 | 678 | 653 | 628 | 603  | 578 | 553 | 528 | 503 | 478  | 453 | 428 | 403 |  |
| 14,601 | 14,900 | 719                                                                                                                                                                                                                                                                                  | 694 | 669 | 644 | 619 | 594  | 569 | 544 | 519 | 494 | 469  | 444 | 419 | 394 |  |
| 14,901 | 15,200 | 709                                                                                                                                                                                                                                                                                  | 684 | 659 | 634 | 609 | 584  | 559 | 534 | 509 | 484 | 459  | 434 | 409 | 384 |  |
| 15,201 | 15,500 | 699                                                                                                                                                                                                                                                                                  | 674 | 649 | 624 | 599 | 574  | 549 | 524 | 499 | 474 | 449  | 424 | 399 | 374 |  |
| 15,501 | 15,800 | 689                                                                                                                                                                                                                                                                                  | 664 | 639 | 614 | 589 | 564  | 539 | 514 | 489 | 464 | 439  | 414 | 389 | 364 |  |
| 15,801 | 16,100 | 678                                                                                                                                                                                                                                                                                  | 653 | 628 | 603 | 578 | 553  | 528 | 503 | 478 | 453 | 428  | 403 | 378 | 353 |  |
| 16,101 | 16,400 | 666                                                                                                                                                                                                                                                                                  | 641 | 616 | 591 | 566 | 541  | 516 | 491 | 466 | 441 | 416  | 391 | 366 | 341 |  |
| 16,401 | 16,700 | 655                                                                                                                                                                                                                                                                                  | 630 | 605 | 580 | 555 | 530  | 505 | 480 | 455 | 430 | 405  | 380 | 355 | 330 |  |
| 16,701 | 17,000 | 643                                                                                                                                                                                                                                                                                  | 618 | 593 | 568 | 543 | 518  | 493 | 468 | 443 | 418 | 393  | 368 | 343 | 318 |  |
| 17,001 | 17,300 | 630                                                                                                                                                                                                                                                                                  | 605 | 580 | 555 | 530 | 505  | 480 | 455 | 430 | 405 | 380  | 355 | 330 | 305 |  |
| 17,301 | 17,600 | 618                                                                                                                                                                                                                                                                                  | 593 | 568 | 543 | 518 | 493  | 468 | 443 | 418 | 393 | 368  | 343 | 318 | 293 |  |
| 17,601 | 17,900 | 604                                                                                                                                                                                                                                                                                  | 579 | 554 | 529 | 504 | 479  | 454 | 429 | 404 | 379 | 354  | 329 | 304 | 279 |  |
| 17,901 | 18,200 | 591                                                                                                                                                                                                                                                                                  | 566 | 541 | 516 | 491 | 466  | 441 | 416 | 391 | 366 | 341  | 316 | 291 | 266 |  |
| 18,201 | 18,500 | 577                                                                                                                                                                                                                                                                                  | 552 | 527 | 502 | 477 | 452  | 427 | 402 | 377 | 352 | 327  | 302 | 277 | 252 |  |
| 18,501 | 18,800 | 563                                                                                                                                                                                                                                                                                  | 538 | 513 | 488 | 463 | 438  | 413 | 388 | 363 | 338 | 313  | 288 | 263 | 238 |  |
| 18,801 | 19,100 | 548                                                                                                                                                                                                                                                                                  | 523 | 498 | 473 | 448 | 423  | 398 | 373 | 348 | 323 | 298  | 273 | 248 | 223 |  |
| 19,101 | 19,400 | 533                                                                                                                                                                                                                                                                                  | 508 | 483 | 458 | 433 | 408  | 383 | 358 | 333 | 308 | 283  | 258 | 233 | 208 |  |
| 19,401 | 19,700 | 518                                                                                                                                                                                                                                                                                  | 493 | 468 | 443 | 418 | 393  | 368 | 343 | 318 | 293 | 268  | 243 | 218 | 193 |  |
| 19,701 | 20,000 | 502                                                                                                                                                                                                                                                                                  | 477 | 452 | 427 | 402 | 377  | 352 | 327 | 302 | 277 | 252  | 227 | 202 | 177 |  |
| 20,001 | 20,300 | 486                                                                                                                                                                                                                                                                                  | 461 | 436 | 411 | 386 | 361  | 336 | 311 | 286 | 261 | 236  | 211 | 186 | 161 |  |
| 20,301 | 20,600 | 469                                                                                                                                                                                                                                                                                  | 444 | 419 | 394 | 369 | 344  | 319 | 294 | 269 | 244 | 219  | 194 | 169 | 144 |  |
| 20,601 | 20,900 | 452                                                                                                                                                                                                                                                                                  | 427 | 402 | 377 | 352 | 327  | 302 | 277 | 252 | 227 | 202  | 177 | 152 | 127 |  |
| 20,901 | 21,200 | 435                                                                                                                                                                                                                                                                                  | 410 | 385 | 360 | 335 | 310  | 285 | 260 | 235 | 210 | 185  | 160 | 135 | 110 |  |
| 21,201 | 21,500 | 417                                                                                                                                                                                                                                                                                  | 392 | 367 | 342 | 317 | 292  | 267 | 242 | 217 | 192 | 167  | 142 | 117 | 92  |  |
| 21,501 | 21,800 | 399                                                                                                                                                                                                                                                                                  | 374 | 349 | 324 | 299 | 274  | 249 | 224 | 199 | 174 | 149  | 124 | 99  | 74  |  |
| 21,801 | 22,100 | 381                                                                                                                                                                                                                                                                                  | 356 | 331 | 306 | 281 | 256  | 231 | 206 | 181 | 156 | 131  | 106 | 81  | 56  |  |
| 22,101 | 22,400 | 362                                                                                                                                                                                                                                                                                  | 337 | 312 | 287 | 262 | 237  | 212 | 187 | 162 | 137 | 112  | 87  | 62  | 37  |  |
| 22,401 | 22,700 | 343                                                                                                                                                                                                                                                                                  | 318 | 293 | 268 | 243 | 218  | 193 | 168 | 143 | 118 | 93   | 68  | 43  | 18  |  |
| 22,701 | 23,000 | 323                                                                                                                                                                                                                                                                                  | 298 | 273 | 248 | 223 | 198  | 173 | 148 | 123 | 98  | 73   | 48  | 23  |     |  |
| 23,001 | 23,300 | 303                                                                                                                                                                                                                                                                                  | 278 | 253 | 228 | 203 | 178  | 153 | 128 | 103 | 78  | 53   | 28  | 3   |     |  |
| 23,301 | 23,600 | 283                                                                                                                                                                                                                                                                                  | 258 | 233 | 208 | 183 | 158  | 133 | 108 | 83  | 58  | 33   | 8   |     |     |  |
| 23,601 | 23,900 | 263                                                                                                                                                                                                                                                                                  | 238 | 213 | 188 | 163 | 138  | 113 | 88  | 63  | 38  | 13   |     |     |     |  |
| 23,901 | 24,200 | 241                                                                                                                                                                                                                                                                                  | 216 | 191 | 166 | 141 | 116  | 91  | 66  | 41  | 16  |      |     |     |     |  |
| 24,201 | 24,500 | 220                                                                                                                                                                                                                                                                                  | 195 | 170 | 145 | 120 | 95   | 70  | 45  | 20  |     |      |     |     |     |  |
| 24,501 | 24,800 | 198                                                                                                                                                                                                                                                                                  | 173 | 148 | 123 | 98  | 73   | 48  | 23  |     |     |      |     |     |     |  |
| 24,801 | 25,100 | 176                                                                                                                                                                                                                                                                                  | 151 | 126 | 101 | 76  | 51   | 26  | 1   |     |     |      |     |     |     |  |
| 25,101 | 25,400 | 154                                                                                                                                                                                                                                                                                  | 129 | 104 | 79  | 54  | 29   | 4   |     |     |     |      |     |     |     |  |
| 25,401 | 25,700 | 131                                                                                                                                                                                                                                                                                  | 106 | 81  | 56  | 31  | 6    |     |     |     |     |      |     |     |     |  |
| 25,701 | 26,000 | 107                                                                                                                                                                                                                                                                                  | 82  | 57  | 32  | 7   |      |     |     |     |     |      |     |     |     |  |
| 26,001 | 26,300 | 84                                                                                                                                                                                                                                                                                   | 59  | 34  | 9   |     |      |     |     |     |     |      |     |     |     |  |
| 26,301 | 26,600 | 60                                                                                                                                                                                                                                                                                   | 35  | 10  |     |     |      |     |     |     |     |      |     |     |     |  |
| 26,601 | 26,900 | 35                                                                                                                                                                                                                                                                                   | 10  |     |     |     |      |     |     |     |     |      |     |     |     |  |
| 26,901 | 27,200 | 11                                                                                                                                                                                                                                                                                   |     |     |     |     |      |     |     |     |     |      |     |     |     |  |
| 27,201 | 27,500 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |     |  |
| 27,501 | 27,800 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |     |  |
| 27,801 | 28,100 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |     |  |
| 28,101 | 28,400 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |     |  |
| 28,401 | 28,700 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |     |  |
| 28,701 | 29,000 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |     |  |
| 29,001 | 29,300 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |     |  |
| 29,301 | 29,600 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |     |  |
| 29,601 | 29,900 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |     |  |
| 29,901 | 30,000 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |     |  |

This area indicates no  
credit is allowable.

**EXAMPLE:**

If Line 8 is \$23,980 and Line 11 of Form MO-PTC is \$525, then the tax credit would be \$16.

A. Enter amount from Line 8 here \_\_\_\_\_ B. Enter amount from Line 11 here \_\_\_\_\_  
 C. Find where these two numbers “meet” below to figure your credit amount. Enter on Form MO-PTC, Line 12.

**AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTC, LINE 11 —  
 TOTAL REAL ESTATE TAX OR 20% OF RENT PAID**

|        |        | FROM                                                                                                                                                                                                                                                                                 |     |     |     |     | FROM |     |     |     |     | FROM |     |     |    |    |    |
|--------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|------|-----|-----|-----|-----|------|-----|-----|----|----|----|
|        |        | 376                                                                                                                                                                                                                                                                                  | 351 | 326 | 301 | 276 | 251  | 226 | 201 | 176 | 151 | 126  | 101 | 76  | 51 | 26 | 1  |
|        |        | TO                                                                                                                                                                                                                                                                                   |     |     |     |     | TO   |     |     |     |     | TO   |     |     |    |    |    |
|        |        | 400                                                                                                                                                                                                                                                                                  | 375 | 350 | 325 | 300 | 275  | 250 | 225 | 200 | 175 | 150  | 125 | 100 | 75 | 50 | 25 |
| FROM   | TO     | Refund is the actual total amount of allowable real estate tax paid, not to exceed \$1,100 or rent credit equivalent not to exceed \$750 (Form MO-PTC, Line 11). NOTE: If you rent from a facility that does not pay property taxes, you are not eligible for a Property Tax Credit. |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 1      | 14,300 | 378                                                                                                                                                                                                                                                                                  | 353 | 328 | 303 | 278 | 253  | 228 | 203 | 178 | 153 | 128  | 103 | 78  | 53 | 28 | 3  |
| 14,301 | 14,600 | 369                                                                                                                                                                                                                                                                                  | 344 | 319 | 294 | 269 | 244  | 219 | 194 | 169 | 144 | 119  | 94  | 69  | 44 | 19 |    |
| 14,601 | 14,900 | 359                                                                                                                                                                                                                                                                                  | 334 | 309 | 284 | 259 | 234  | 209 | 184 | 159 | 134 | 109  | 84  | 59  | 34 | 9  |    |
| 14,901 | 15,200 | 349                                                                                                                                                                                                                                                                                  | 324 | 299 | 274 | 249 | 224  | 199 | 174 | 149 | 124 | 99   | 74  | 49  | 24 |    |    |
| 15,201 | 15,500 | 339                                                                                                                                                                                                                                                                                  | 314 | 289 | 264 | 239 | 214  | 189 | 164 | 139 | 114 | 89   | 64  | 39  | 14 |    |    |
| 15,501 | 15,800 | 328                                                                                                                                                                                                                                                                                  | 303 | 278 | 253 | 228 | 203  | 178 | 153 | 128 | 103 | 78   | 53  | 28  | 3  |    |    |
| 15,801 | 16,100 | 316                                                                                                                                                                                                                                                                                  | 291 | 266 | 241 | 216 | 191  | 166 | 141 | 116 | 91  | 66   | 41  | 16  |    |    |    |
| 16,101 | 16,400 | 305                                                                                                                                                                                                                                                                                  | 280 | 255 | 230 | 205 | 180  | 155 | 130 | 105 | 80  | 55   | 30  | 5   |    |    |    |
| 16,401 | 16,700 | 293                                                                                                                                                                                                                                                                                  | 268 | 243 | 218 | 193 | 168  | 143 | 118 | 93  | 68  | 43   | 18  |     |    |    |    |
| 16,701 | 17,000 | 280                                                                                                                                                                                                                                                                                  | 255 | 230 | 205 | 180 | 155  | 130 | 105 | 80  | 55  | 30   | 5   |     |    |    |    |
| 17,001 | 17,300 | 268                                                                                                                                                                                                                                                                                  | 243 | 218 | 193 | 168 | 143  | 118 | 93  | 68  | 43  | 18   |     |     |    |    |    |
| 17,301 | 17,600 | 254                                                                                                                                                                                                                                                                                  | 229 | 204 | 179 | 154 | 129  | 104 | 79  | 54  | 29  | 4    |     |     |    |    |    |
| 17,601 | 17,900 | 241                                                                                                                                                                                                                                                                                  | 216 | 191 | 166 | 141 | 116  | 91  | 66  | 41  | 16  |      |     |     |    |    |    |
| 17,901 | 18,200 | 227                                                                                                                                                                                                                                                                                  | 202 | 177 | 152 | 127 | 102  | 77  | 52  | 27  | 2   |      |     |     |    |    |    |
| 18,201 | 18,500 | 213                                                                                                                                                                                                                                                                                  | 188 | 163 | 138 | 113 | 88   | 63  | 38  | 13  |     |      |     |     |    |    |    |
| 18,501 | 18,800 | 198                                                                                                                                                                                                                                                                                  | 173 | 148 | 123 | 98  | 73   | 48  | 23  |     |     |      |     |     |    |    |    |
| 18,801 | 19,100 | 183                                                                                                                                                                                                                                                                                  | 158 | 133 | 108 | 83  | 58   | 33  | 8   |     |     |      |     |     |    |    |    |
| 19,101 | 19,400 | 168                                                                                                                                                                                                                                                                                  | 143 | 118 | 93  | 68  | 43   | 18  |     |     |     |      |     |     |    |    |    |
| 19,401 | 19,700 | 152                                                                                                                                                                                                                                                                                  | 127 | 102 | 77  | 52  | 27   | 2   |     |     |     |      |     |     |    |    |    |
| 19,701 | 20,000 | 136                                                                                                                                                                                                                                                                                  | 111 | 86  | 61  | 36  | 11   |     |     |     |     |      |     |     |    |    |    |
| 20,001 | 20,300 | 119                                                                                                                                                                                                                                                                                  | 94  | 69  | 44  | 19  |      |     |     |     |     |      |     |     |    |    |    |
| 20,301 | 20,600 | 102                                                                                                                                                                                                                                                                                  | 77  | 52  | 27  | 2   |      |     |     |     |     |      |     |     |    |    |    |
| 20,601 | 20,900 | 85                                                                                                                                                                                                                                                                                   | 60  | 35  | 10  |     |      |     |     |     |     |      |     |     |    |    |    |
| 20,901 | 21,200 | 67                                                                                                                                                                                                                                                                                   | 42  | 17  |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 21,201 | 21,500 | 49                                                                                                                                                                                                                                                                                   | 24  |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 21,501 | 21,800 | 31                                                                                                                                                                                                                                                                                   | 6   |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 21,801 | 22,100 | 12                                                                                                                                                                                                                                                                                   |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 22,101 | 22,400 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 22,401 | 22,700 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 22,701 | 23,000 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 23,001 | 23,300 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 23,301 | 23,600 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 23,601 | 23,900 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 23,901 | 24,200 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 24,201 | 24,500 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 24,501 | 24,800 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 24,801 | 25,100 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 25,101 | 25,400 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 25,401 | 25,700 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 25,701 | 26,000 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 26,001 | 26,300 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 26,301 | 26,600 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 26,601 | 26,900 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 26,901 | 27,200 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 27,201 | 27,500 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 27,501 | 27,800 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 27,801 | 28,100 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 28,101 | 28,400 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 28,401 | 28,700 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 28,701 | 29,000 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 29,001 | 29,300 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 29,301 | 29,600 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 29,601 | 29,900 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |
| 29,901 | 30,000 |                                                                                                                                                                                                                                                                                      |     |     |     |     |      |     |     |     |     |      |     |     |    |    |    |

**EXAMPLE:**  
 If Line 8 is \$19,360 and Line 11 of Form MO-PTC is \$225, then the tax credit would be \$8.

## IMPORTANT PHONE NUMBERS

**General Inquiry Line** .....(573) 751-3505

**Automated Refund/Balance Due/1099G Inquiry** .....(573) 526-8299

**Electronic Filing Information** .....(573) 751-3930

Individuals with speech or hearing impairments may use TDD (800) 735-2966  
or fax (573) 526-1881.

Download forms or check the status of your return on our website

**<http://dor.mo.gov/personal/ptc/>**

Property Tax Credit e-mail: **[propertytaxcredit@dor.mo.gov](mailto:propertytaxcredit@dor.mo.gov)**

## Federal Privacy Notice

The Federal Privacy Act requires the Missouri Department of Revenue (Department) to inform taxpayers of the Department's legal authority for requesting identifying information, including social security numbers, and to explain why the information is needed and how the information will be used.

Chapter 143 of the Missouri Revised Statutes authorizes the Department to request information necessary to carry out the tax laws of the state of Missouri. Federal law 42 U.S.C. Section 405 (c)(2)(C) authorizes the states to require taxpayers to provide social security numbers.

The Department uses your social security number to identify you and process your tax returns and other documents, to determine and collect the correct amount of tax, to ensure you are complying with the tax laws, and to exchange tax information with the Internal Revenue Service, other states, and the Multistate Tax Commission (Chapters 32 and 143, RSMo). In addition, statutorily provided non-tax uses are: (1) to provide information to the Department of Higher Education with respect to applicants for financial assistance under Chapter 173, RSMo and (2) to offset refunds against amounts due to a state agency by a person or entity (Chapter 143, RSMo). Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having the statutory right to obtain it [as indicated above]. In addition, information may be disclosed to the public regarding the name of a tax credit recipient and the amount issued to such recipient (Chapter 135, RSMo). (For the Department's authority to prescribe forms and to require furnishing of social security numbers, see Chapters 135, 143, and 144, RSMo.)

You are required to provide your social security number on your tax return. Failure to provide your social security number or providing a false social security number may result in criminal action against you.