DO NOT file this claim if you are going to file a Missouri income tax return! See the instructions. 2013 FORM MO-PTC AMENDED CLAIM MISSOURI DEPARTMENT OF REVENUE VENDOR PROPERTY TAX CREDIT CLAIM **CODE 006** SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO. LAST NAME FIRST NAME INITIAL JR, SR

BIR	THDATE (MMDDYY)	TELEPHONE NUMBER	DE	CEASED 2013									
	//	()	<u> </u>	2013									
SPO	DUSE'S LAST NAME	FIRST NAME	INITIAL	JR, SR									
L													
BIR	BIRTHDATE (MMDDYY) DECEASED IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)												
PRI	ESENT HOME ADDRESS	STATE	ZIP CODE										
QUALIFICATIONS	You must check a qualification to	be eligible for a credit. Ch	eck only	one. REC	QUIRED COPIES OF LETTERS, FORMS, ETC., MUS	T BE IN	CLUDED WITH CLAIM.						
ĬĔ	A. 65 years of age or older (Attach a copy of Form SSA-1099.)												
[윤	B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans D. 60 years of age or older and received surviving spouse benefits (Attach a copy of												
l≰	Affairs.)	r from Department of Vete	rans	□ D.	60 years of age or older and received surviving spous Form SSA-1099.)	se beneti	is (Attach a copy of						
P					<u>, </u>	marria	d filing combined						
FI	FILING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year vou must report both incomes.												
F	AILURE TO PROVIDE THE ATTACHMEN	NTS LISTED BELOW (RENT R	ECEIPT(S), TAX REC	CEIPT(S), FORMS 1099, W-2, ETC.) WILL RESULT IN DEI	VIAL OR I	PELAY OF YOUR CLAIM!						
					our minor children before any deductions and the								
L					s SSA-1099, RRB-1099, or SSI Statement	1	00						
l					ome, rental income, or other income.	. 2	00						
l		ATTACH Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc											
l					ATTACH letter from Veterans Affairs		00						
╽╚	5. Enter the total amount received												
ן ק	Assistance payments (TA and												
Ιž	Services that includes the total				Security 1099, if applicable	5	00						
HOLISEHOLD INCOME	6. IOTAL nousehold income —	•				. 0	00						
5	a. Enter \$0 if filing status	7. MARK THE BOX THAT APPLIES and enter the appropriate amount. □ a. Enter \$0 if filing status is SINGLE or MARRIED LIVING SEPARATE;											
<u>u</u>	IF MARRIED and FILING CO												
₫	b. Enter \$2,000 if you ren	_											
†	☐ c. Enter \$4,000 if you own 8. Net household income — Sub	. 7	00										
L	a. If you rented or did no												
L	If the total is greater that												
L	□ b. If you owned and occ						00						
Ļ					not file this claim	. 8	00						
L ESTATE TAX /	9. If you owned your home, ente												
	whichever is less. ATTACH a	whichever is less. ATTACH a copy of paid real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, ATTACH Form 948, Assessor's Certification.											
lĕ¦	10. If you rented, enter the total ar				whichever is less. ATTACH rent receipts or a signed	. 9	00						
S	statement from your landlord.				ot pay property tax, you are not eligible for a								
⋠'	Troporty run oround					. 10	00						
REA						. 11	00						
CREDITS	12. You must use the chart on p												
	Apply amounts from Lines 8 a Check the box if you want you					12	00						
						12	1 00						
DIRECT	If you would like your refund depo		-		int, complete boxes a, b, and c below.		o						
崮	a. Routing Number	D. Acc	ount Nur	nber		c. 🗀	Checking Savings						
П					and statements, and to the best of my knowledge and belief it is to vided in Chapter 143, RSMo, a penalty of up to \$500 shall be impo								
ш					der federal law and that I am not eligible for any tax exemption, credi								
[5]	I authorize the Director of Revenue or deleg	· _ · _	chments	E-MAIL ADD	PREPARER'S	PHONE							
Į≨I	with the preparer or any member of the prepared SIGNATURE		WIDDAAAA		PREPARER'S SIGNATURE)	- FEIN, SSN, OR PTIN						
SIGNATURE	OIGNATURE	DATE (F	MMDDYYYY)		FREFAREN S SIGNATURE		LIIN, SSIN, ON FILIN						
"			//_	<u> </u>									
	SPOUSE'S SIGNATURE (If filing combined, BOTH	must sign) DAYTIM	E TELEPHO	NE	PREPARER'S ADDRESS AND ZIP CODE		DATE (MMDDYYYY)						
		(_)				//						
۲	Mail claim and attachn	nents to Missouri De	partme	ent of R	Revenue, P.O. Box 3385, Jefferson City	, MO 6	5105-3385.						
_					, see instructions.		O-PTC 2-D (Revised 12-2013)						
		F			. DOC MANAGUARIA.	1410	(I IO VIO OU I L-LU I U)						



2013 FORM MO-CRP FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

1. 000IA	L SECONIT NOW	DEN	SPOUSE S SOCIAL SECURITY	NOMBER	IF YES, EXPLA	AIN.	YES L	□ NO		
2. NAME				3 LANDLORD'S NAME	LAST 4 DIGITS O	F SSN OR FEIN (MU	ST BE COMPLETED)			
				3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)						
PHYSICA	L ADDRESS OF RE	NTAL UNIT (P.O. BOX NOT A	ALLOWED) APT. NUMBER	LANDLORD'S ADDRE	SS, CITY, STATE	, AND ZIP CODE (MU	JST BE COMPLETED)	APT. NUMBER		
CITY, STA	ATE, AND ZIP COD	E				4. LANDLORD'S PH	HONE NUMBER (MUST I	BE COMPLETED)		
5 RFN	ITAL PERIOD	FROM: MONTH	DAY	YEAR	TO: MON	// _ ITH	DAY	YEAR		
	RING YEAR			- 2013			_	2013		
or co	opies of cancelle	d checks (front and back).	(s) for each rent payment for t If you received housing assi not pay property tax, you ar	stance, enter the amo	unt of rent YOL	J paid.	6	00		
	A. APARTMEN B. MOBILE HC C. BOARDING D. SKILLED O E. HOTEL If m F. LOW INCOI G. SHARED R	NT, HOUSE, MOBILE HO DME LOT — 100% INTERMEDIATE CAR HEALT SEARCH SEARCH HEALT SEAR	responding percentage on In DME, OR DUPLEX — 100% CARE — 50% E NURSING HOME — 45% — 50%; Otherwise, enter — (RENT CANNOT EXCEED and your rent with relatives the appropriate box and en	5 - 100% 40% OF TOTAL HO or friends (OTHER 1						
	<u>Additiona</u>	persons sharing rent/	percentage to be entered:	☐ 1 (50%)	2 (33%)	3 (25%)	7	%		
8. Net	rent paid — Mu	Itiply Line 6 by the perce	ntage on Line 7				8	00		
9. Mult	tiply Line 8 by 2	0%. Enter amount here a	and on Line 10 of Form MO-	PTC or Line 12 of Fo	orm MO-PTS		9	00		
1. SOCIA	*		REVENUE NT PAID FOR 201 SPOUSE'S SOCIAL SECURITY	100		INFORMATION DENIAL OR	O PROVIDE LAN ON WILL RESU DELAY OF YO	LT IN UR CLAIM.		
1					IF YES, EXPLA	AIN.	LI YES L	_ NO		
2. NAME				3. LANDLORD'S NAME,	LAST 4 DIGITS O	F SSN, OR FEIN (MU	ST BE COMPLETED)			
PHYSICA	L ADDRESS OF RE	NTAL UNIT (P.O. BOX NOT A	ALLOWED) APT. NUMBER	LANDLORD'S ADDRE	SS, CITY, STATE	, AND ZIP CODE (ML	JST BE COMPLETED)	APT. NUMBER		
CITY, STA	ATE, AND ZIP COD	Е				4. LANDLORD'S PH	HONE NUMBER (MUST I	BE COMPLETED)		
	ITAL PERIOD RING YEAR	FROM: MONTH	DAY	YEAR - 2013	TO: MON	ітн <u>—</u>	DAY —	YEAR 2013		
or cc NO1 7. Che	opies of cancelle FE: If you rent f the the appropria A. APARTMEN B. MOBILE HO C. BOARDING D. SKILLED O	d checks (front and back). rom a facility that does reate box and enter the core NT, HOUSE, MOBILE HO DME LOT — 100% I HOME / RESIDENTIAL R INTERMEDIATE CAR	(s) for each rent payment for to lif you received housing assinot pay property tax, you are responding percentage on LOME, OR DUPLEX — 100%. CARE — 50%. E NURSING HOME — 45%. — 50%; Otherwise, enter —	stance, enter the amo e not eligible for a P Line 7.	unt of rent YOL	J paid.	6	00		
	F. LOW INCOI G. SHARED R OR CHILD	ME HOUSING — 100% (RESIDENCE — If you sha REN UNDER 18), check	(RENT CANNOT EXCEED ared your rent with relatives the appropriate box and en percentage to be entered:	40% OF TOTAL HO or friends (OTHER 1 ter percentage.		•	7	%		

8. Net rent paid — Multiply Line 6 by the percentage on Line 7.

9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.....

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2013 FORM MO-CRP FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

1. 000IA	L SECONIT NOW	DEN	SPOUSE S SOCIAL SECURITY	NOMBER	IF YES, EXPLA	AIN.	YES L	□ NO		
2. NAME				3 LANDLORD'S NAME	LAST 4 DIGITS O	F SSN OR FEIN (MU	ST BE COMPLETED)			
				3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)						
PHYSICA	L ADDRESS OF RE	NTAL UNIT (P.O. BOX NOT A	ALLOWED) APT. NUMBER	LANDLORD'S ADDRE	SS, CITY, STATE	, AND ZIP CODE (MU	JST BE COMPLETED)	APT. NUMBER		
CITY, STA	ATE, AND ZIP COD	E				4. LANDLORD'S PH	HONE NUMBER (MUST I	BE COMPLETED)		
5 RFN	ITAL PERIOD	FROM: MONTH	DAY	YEAR	TO: MON	// _ ITH	DAY	YEAR		
	RING YEAR			- 2013			_	2013		
or co	opies of cancelle	d checks (front and back).	(s) for each rent payment for t If you received housing assi not pay property tax, you ar	stance, enter the amo	unt of rent YOL	J paid.	6	00		
	A. APARTMEN B. MOBILE HC C. BOARDING D. SKILLED O E. HOTEL If m F. LOW INCOI G. SHARED R	NT, HOUSE, MOBILE HO DME LOT — 100% INTERMEDIATE CAR HEALT SEARCH SEARCH HEALT SEAR	responding percentage on In DME, OR DUPLEX — 100% CARE — 50% E NURSING HOME — 45% — 50%; Otherwise, enter — (RENT CANNOT EXCEED and your rent with relatives the appropriate box and en	5 - 100% 40% OF TOTAL HO or friends (OTHER 1						
	<u>Additiona</u>	persons sharing rent/	percentage to be entered:	☐ 1 (50%)	2 (33%)	3 (25%)	7	%		
8. Net	rent paid — Mu	Itiply Line 6 by the perce	ntage on Line 7				8	00		
9. Mult	tiply Line 8 by 2	0%. Enter amount here a	and on Line 10 of Form MO-	PTC or Line 12 of Fo	orm MO-PTS		9	00		
1. SOCIA	*		REVENUE NT PAID FOR 201 SPOUSE'S SOCIAL SECURITY	100		INFORMATION DENIAL OR	O PROVIDE LAN ON WILL RESU DELAY OF YO	LT IN UR CLAIM.		
1					IF YES, EXPLA	AIN.	LI YES L	_ NO		
2. NAME				3. LANDLORD'S NAME,	LAST 4 DIGITS O	F SSN, OR FEIN (MU	ST BE COMPLETED)			
PHYSICA	L ADDRESS OF RE	NTAL UNIT (P.O. BOX NOT A	ALLOWED) APT. NUMBER	LANDLORD'S ADDRE	SS, CITY, STATE	, AND ZIP CODE (ML	JST BE COMPLETED)	APT. NUMBER		
CITY, STA	ATE, AND ZIP COD	Е				4. LANDLORD'S PH	HONE NUMBER (MUST I	BE COMPLETED)		
	ITAL PERIOD RING YEAR	FROM: MONTH	DAY	YEAR - 2013	TO: MON	ітн <u>—</u>	DAY —	YEAR 2013		
or cc NO1 7. Che	opies of cancelle FE: If you rent f the the appropria A. APARTMEN B. MOBILE HO C. BOARDING D. SKILLED O	d checks (front and back). rom a facility that does reate box and enter the core NT, HOUSE, MOBILE HO DME LOT — 100% I HOME / RESIDENTIAL R INTERMEDIATE CAR	(s) for each rent payment for to lif you received housing assinot pay property tax, you are responding percentage on LOME, OR DUPLEX — 100%. CARE — 50%. E NURSING HOME — 45%. — 50%; Otherwise, enter —	stance, enter the amo e not eligible for a P Line 7.	unt of rent YOL	J paid.	6	00		
	F. LOW INCOI G. SHARED R OR CHILD	ME HOUSING — 100% (ESIDENCE — If you sha REN UNDER 18), check	(RENT CANNOT EXCEED ared your rent with relatives the appropriate box and en percentage to be entered:	40% OF TOTAL HO or friends (OTHER 1 ter percentage.		•	7	%		

8. Net rent paid — Multiply Line 6 by the percentage on Line 7.

9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.....

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MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2013

2013 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							SOCIAL	SECURITY	NUMBER	JMBER ARE YOU RELATED TO YOUR LANDLORD? YES NO IF YES, EXPLAIN.				
2. NAME 3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST									ST BE	COMPLETED)					
PH	YSICAL ADDI	RESS OF RE	NTAL UNI	T (P.0	D. BOX	NOT A	LLOWED)	APT	T. NUMBER	LANDLORD'S ADDRE	SS, CITY, STAT	ΓΕ, AND ZIP CODE (Μ Ι	JST BE	E COMPLETED)	APT. NUMBER
CIT	TY, STATE, A	ND ZIP COD	≣									4. LANDLORD'S PH	AONE I	NUMBER (MUST BE	COMPLETED)
5.	RENTAL DURING		FROM:	М	ONTH		_	DAY		YEAR - 2013	TO: MO	HTMC		DAY	YEAR 2013
6.	or copies	of cancelled	d checks	(fron	t and b	ack).	If you rece	ved ho	using assi	he entire year, a signe stance, enter the amo e not eligible for a P	unt of rent YC	DU paid.	6		00
7.	□ B. M □ C. B □ D. S □ E. H □ F. L0 □ G. S	PARTMEN OBILE HO OARDING KILLED O OTEL If m DW INCOM HARED R OR CHILDI	IT, HOUDME LOTHOME R INTEREALS ARE ME HOUESIDEN REN UN	ISE, I T — T PRES RMEI INCLUSING ICE - IDER	MOBIL 100% SIDEN DIATE Ided, 6 G — 10 — If yo	E HC TIAL CAR enter - 00% (ou sha heck	CARE — SE NURSIN — 50%; ORENT CAI	OPLEX OP	AE — 45% e, enter – EXCEED or relatives ox and en	- 100% 40% OF TOTAL HO or friends (OTHER 1 ter percentage.		•	7		%
8.	Net rent p	aid — Mul	tiply Lin	e 6 b	y the p	erce	ntage on Li	ne 7					8		00
9.	Multiply L	ine 8 by 20)%. Ente	er am	ount h	ere a	and on Line	10 of F	orm MO-	PTC or Line 12 of Fo	orm MO-PTS		9		00