MISSOURI DEPARTMENT OF REVENUE

PROPERTY TAX CREDIT CLAIM

2013 FORM MO-PTC

NAME / ADDRESS

LAST NAME	FIRST NAME	INITIAL	BIRTHDATE (MMDDYYYY)	DECEASED 2013	SOCIAL SECURITY NO.
			_ _ / _ _ / _ _ _ _	☐	_ _ _ - _ _ - _ _ _ _
SPOUSE'S LAST NAME	FIRST NAME	INITIAL	BIRTHDATE (MMDDYYYY)	DECEASED 2013	SPOUSE'S SOCIAL SECURITY NO.
			_ _ / _ _ / _ _ _ _	☐	_ _ _ - _ _ - _ _ _ _

SOFTWARE VENDOR CODE (Assigned by DOR): **000**

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

AMENDED CLAIM ☐

QUALIFICATIONS

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.

☐ A. 65 years of age or older **(ATTACH A COPY OF FORM SSA-1099.)**

☐ B. 100% Disabled Veteran as a result of military service **(ATTACH A COPY OF THE LETTER FROM DEPARTMENT OF VETERANS AFFAIRS.)**

☐ C. 100% Disabled **(ATTACH A COPY OF THE LETTER FROM SOCIAL SECURITY ADMINISTRATION OR FORM SSA-1099.)**

☐ D. 60 years of age or older and received surviving spouse benefits **(ATTACH A COPY OF FORM SSA-1099.)**

FILING STATUS ☐ Single ☐ Married — Filing Combined ☐ Married — **Living Separate for Entire Year**

If married filing combined, you must report both incomes.

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!

HOUSEHOLD INCOME

1. 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** 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. **ATTACH** 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. **ATTACH** Form RRB-1099-R (TIER II).	3		00
4. Enter the amount of veteran's payments or benefits before any deductions. **ATTACH** letter from Veterans Affairs.	4		00
5. Enter the total amount received by you, your spouse, and your **minor children** from: public assistance, SSI, child support, Temporary Assistance payments (TA and TANF). **ATTACH** 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. **TOTAL** household income — Add Lines 1 through 5. Enter total here.	6		00
7. **MARK THE BOX THAT APPLIES** and enter the appropriate amount. ☐ a. Enter $0 if **Single or Married Living Separate**; **If Married and Filing Combined;** ☐ b. Enter $2,000 if you rented or did not own your home for the entire year; ☐ 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; **MARK THE BOX THAT APPLIES**. ☐ a. I**f you rented or did not own and occupy your home for the entire year**, Line 8 cannot exceed $27,500. If the total is greater than $27,500, **STOP - no credit is allowed. Do not file this claim**. ☐ b. **If you owned and occupied your home for the entire year**, Line 8 cannot exceed $30,000. If the total is greater than $30,000, **STOP - no credit is allowed. Do not file this claim**.	8		00

REAL ESTATE TAX / RENT PAID

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. **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.	9		00
10. If you rented, enter the total amount from Form(s) MO-CRP, Line 9, or $750, whichever is less. **ATTACH** rent receipts or a signed statement from your landlord. **NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit**.	10		00
11. Enter the total of Lines 9 and 10, or $1,100, whichever is less.	11		00

CREDITS

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. Check the box if you want your refund issued on a debit card. See instructions for Line 12. ☐ **Debit Card**	12		00

SIGNATURE

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.

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. ☐ YES ☐ 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.

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 NUMBER	ARE YOU RELATED TO YOUR LANDLORD? IF YES, EXPLAIN.
__ __ __ - __ __ - __ __ __ __	__ __ __ - __ __ - __ __ __ __	☐ YES ☐ NO

2. NAME	3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN **(MUST BE COMPLETED)**

PHYSICAL ADDRESS OF RENTAL UNIT **(P.O. BOX NOT ALLOWED)**	APT. NUMBER	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE **(MUST BE COMPLETED)**	APT. NUMBER

CITY, STATE, AND ZIP CODE	4. LANDLORD'S PHONE NUMBER **(MUST BE COMPLETED)**
	(__ __ __) __ __ __ - __ __ __ __

5. **RENTAL PERIOD DURING YEAR**	FROM: MONTH — DAY — YEAR **2013**	TO: MONTH — DAY — YEAR **2013**

6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid. **NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit**.....	6		00
7. Check the appropriate box and enter the corresponding percentage on Line 7. ☐ A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — **100%** ☐ B. MOBILE HOME LOT — **100%** ☐ C. BOARDING HOME / RESIDENTIAL CARE — **50%** ☐ D. SKILLED OR INTERMEDIATE CARE NURSING HOME — **45%** ☐ E. HOTEL If meals are included, enter — **50%**; Otherwise, enter — **100%** ☐ F. LOW INCOME HOUSING — **100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.)** ☐ G. **SHARED RESIDENCE** — If you shared your rent with relatives or friends **(OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18)**, check the appropriate box and enter percentage. ***Additional*** **persons sharing rent/percentage to be entered:** ☐ **1 (50%)** ☐ **2 (33%)** ☐ **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.

MO-CRP (12-2013)

MISSOURI DEPARTMENT OF REVENUE

CERTIFICATION OF RENT PAID FOR 2013

2013 FORM MO-CRP

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1. SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __

SPOUSE'S SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __

ARE YOU RELATED TO YOUR LANDLORD? IF YES, EXPLAIN. ☐ YES ☐ NO

2. NAME

3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN **(MUST BE COMPLETED)**

PHYSICAL ADDRESS OF RENTAL UNIT **(P.O. BOX NOT ALLOWED)**

APT. NUMBER

LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE **(MUST BE COMPLETED)**

APT. NUMBER

CITY, STATE, AND ZIP CODE

4. LANDLORD'S PHONE NUMBER **(MUST BE COMPLETED)** (__ __ __) __ __ __ - __ __ __ __

5. **RENTAL PERIOD DURING YEAR** FROM: MONTH — DAY — YEAR **2013** TO: MONTH — DAY — YEAR **2013**

6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid. **NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit**..... 6 00

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☐ B. MOBILE HOME LOT — **100%**
☐ C. BOARDING HOME / RESIDENTIAL CARE — **50%**
☐ D. SKILLED OR INTERMEDIATE CARE NURSING HOME — **45%**
☐ E. HOTEL If meals are included, enter — **50%**; Otherwise, enter — **100%**
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MO-CRP (12-2013)