

2010

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Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), Forms 1999, W-2, etc.) will result in denial or delay of your claim. 1. Enter the amount of income from Form MO-1040, Line 6, OR Form MO-1040P, Line 4. 1 0 00 2. Enter the amount of nontaxable social security benefits received by you and/or your minor children before any deductions and/or the amount of social security equivalent railroad retirement benefits. Attach a copy of Form SSA-1099 and/or RB-1099. 2 0 00 3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 7 (if filing Form MO-1040). Attach Forms W-2, 1099, 1099-R, 1099-INT, 1099-INT, 1099-INTS,	П	THIS FORM MUST BE ATTACHED TO FORM MO-1040 <u>OR</u> FORM MO-1040P.									
You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, stc., 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.) B 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) FILING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year If Married Hilling combined, you must report both incomes Filing Status Single Married — Filing Combined Married — Living Separate for Entire Year If Married Hilling combined, you must report both incomes Filing Status Single Married — Filing Combined Married — Living Separate for Entire Year If Married Hilling combined, you must report both incomes Filing Status Single Married — Filing Combined Married — Living Separate for Entire Year If Married Hilling combined, you must report both incomes (rent receipt(5), tax receipt(5), Forms 1099, W2-cte., will result in denial or delay of your claim. Enter the amount of income from Form MO-1040, Line 6, OR Form MO-1040P, Line 4. 1	AME	LAST NAME	INITIAL	BIRTHDATE	./	SOCI	AL SECURITY NO.				
A. 65 years of age or older (Attach a copy of Form SSA-1099.) SSA-1099.) 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 Married Married Single Married Single Married Single Married Married Married Married Single Married Single Married Single Married Single Married Married Single Single Married Single Single Married Single Si	1	SPOUSE'S LAST NAME	JSE'S LAST NAME FIRST NAME INITIAL BIRTHDATE / /								
SSA-1099.) SSA-1099.	0	You must check a qualification	to be eligible for a credit. Check o	only one. Copies	of letters, fo	rms, etc., r	nust b	e included with c	laim.		
(Attach a copy of the letter from Department of Veterans Affairs.) Single Married Filing Combined Married — Living Separate for Entire Year Veterans Affairs. If married filing combined, with the 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. Enter the amount of income from Form MO-1040, Line 6, OR Form MO-1040P, Line 4.	CALION										
Sample Marined — Inting Committed Note Separate for Tunit Year You must report both incomes	QUALIFI	(Attach a copy of the letter from Department of spouse benefits (Attach a copy of Form SSA-1099.)									
1. Enter the amount of income from MO-1040, Line 6, OR Form MO-1040P, Line 4. 1 0.00 2. Enter the amount of income from Form MO-1040P, Line 6, OR Form MO-1040P, Line 4. 1 0.00 2. Enter the amount of nonbasable social security penefits received by you and/or your minor children before any deductions and/or the amount of social security equivalent railroad retirement benefits. Attach a copy of Form SSA-1099 and/or RRB-1099. 0.00 3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 7 (if filing Form MO-1040). Attach Form SW-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-INISC, etc. 3 0.00 4. Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. Attach Form RRB/1099-R (Tier II). If filing Form MO-1040, refer to Form MO-A, Part 1, Line 9. 4 0.00 5. Enter the amount of veterans payments or benefits before any deductions. Attach letter from Veterans Affairs. 5 0.00 6. Enter the total amount received by you and/or your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and/or TANF). Attach a copy of Forms SSA-1099, a letter from the Social Security Administration and/or Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable. 6 0.00 7. Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.) 7 0.00 8. TOTAL household income — Add Lines 1 through 7. Enter total here. 8 0.00 9. Mark the box that applies and enter the appropriate amount. 9 c. Enter \$4,000 if you owned and occupied your home for the entire year, 10 c. Enter \$4,000 if you owned and occupied your home for the entire year, 10 c. Enter \$4,000 if you owned and occupied your home for the entire year, Line 10 cannot exceed \$30,000. 11 if the total is greater tha	FIL	LING STATUS Single M	arried — Filing Combined 🔲 Mar	ried — Living Sep	arate for En	tire Year	If ma	rried filing combir	ned, omes.		
2. Enter the amount of nontaxable social security benefits received by you and/or your minor children before any deductions and/or the amount of social security equivalent railroad retirement benefits. Attach a copy of Form SSA-1099 and/or RRB-1099. 3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 7 (if filing Form MO-1040). Attach Forms W-2, 1099, 1099-R, 1099-ND,		(rent receipt(s), t				delay of	your c	claim.			
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3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 7 (if filing Form MO-1040). Attach Form WV-2, 1099, 1099-R, 1099-NIV, 1099-NITS, etc. 4. Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. Attach Form RRB/1099-R (Tier II). If filing Form MO-1040, refer to Form MO-A, Part 1, Line 9. 5. Enter the amount of veteran's payments or benefits before any deductions. Attach letter from Veterans Affairs. 6. Enter the total amount received by you and/or your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and/or TANF). Attach a copy of Forms SSA-1099, a letter from the Social Security Administration and/or Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable. 6. Content the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.) 7. Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.) 7. Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.) 7. Enter the amount of proper form More for Single or Married Living Separate; If married and filing combined; 1. Enter \$0 if If ling status is Single or Married Living Separate; If married and filing combined; 1. Enter \$0 if If ling status is Single or Married Living Separate; If married and filing combined; 1. Enter \$0 if If ling status is Single or Married Living Separate; If married and filing combined; 1. If you rented or did not own and occupy our home for the entire year, Line 10 cannot exceed \$27,500. If	2.	before any deductions and/or the	amount of social security equivalent ra	ilroad retirement bei	nefits.		. 2		00		
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(as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.)							. 6		00		
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NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit	11.	Attach a copy of PAID real esta	te tax receipt(s). If your home is on r	nore than five acre	s or you ow	n a	. 11		00		
enter the total or \$1,100, whichever is less	12.						. 12		00		
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	14.	your Property Tax Credit. You mu Note: Renters - maximum allowed	st use the chart to see how much cre l is \$750. Owners - maximum allowed i	dit you are allowed. s \$1,100.							
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2010 FORM MO-CRP FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

CERTIFIC	ALION OF RE	NI PAID FOR 2010		U-CRP	DENIAL OR	DELAY	OF YOU	R CLAIM	
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER ARE YOU RELATED TO YOUR LANDLORD? YES NO						NO			
2. NAME			3. LANDLORD'S NAM	ME, LAST 4 DIGITS	S OF SSN, OR FEIN (I	MUST BE COI	MPLETED)		
PHYSICAL ADDRESS OF RENT	TAL UNIT (p.o. box not a	APT. NUMBER	LANDLORD'S ADD	DRESS, CITY, ST	ATE, AND ZIP CODE	(MUST BE CO	OMPLETED)	APT. NUMB	ER
CITY, STATE, AND ZIP CODE					4. LANDLORD'S PI	HONE NUMBE	ER (MUST BE	COMPLETE	D)
5. RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY	YEAR - 2010	TO: MON	NTH	DAY		YEAR 201 (
and/or copies of cancel	lled checks (front and ba	(s) for each rent payment for t ack). If you received housing not pay property tax, you are	assistance, enter the	amount of rent	YOU paid.	6		C	00
A. APARTMENT B. MOBILE HON C. BOARDING H D. SKILLED OR E. HOTEL If mea F. LOW INCOME G. SHARED RESOR CHILDRE	, HOUSE, MOBILE HOME LOT — 100% HOME / RESIDENTIAL INTERMEDIATE CAP als are included, enter E HOUSING — 100% SIDENCE — If you sh EN UNDER 18), check	responding percentage on L DME, OR DUPLEX — 100% CARE — 50% RE NURSING HOME — 45% — 50%; Otherwise, enter – (RENT CANNOT EXCEED ared your rent with relatives the appropriate box and entercentage to be entered:	- - 100% 40% OF TOTAL HO and/or friends (OTH ter percentage.	ER THAN YO	,	7			%
8. Net rent paid — Multip	oly Line 6 by the perce	ntage on Line 7				8		C	00
9. Multiply Line 8 by 20%	6. Enter amount here a	and on Line 10 of Form MO-I	PTC or Line 12 of Fo	orm MO-PTS.		9		C	00
MO 860-1089 (12-2010)		For Privacy N	lotice, see instruc	tions.		1			

	WARREST TO SEE	DEPARTMENT OF CATION OF RE			0	2010 FORM MO-CR	Р	INFORMATI	ON \	OVIDE LAND WILL RESUL ⁻ LAY OF YOU	ΓÍN
1.	SOCIAL SECURITY NUMB	BER	SPOUSE'S S	OCIAL SECURITY	NUMBER	ARE YOU		ATED TO YOUR LA NN.	NDLOF	RD? YES	NO
2.	NAME				3. LANDLORD	S NAME, LAST 4	DIGITS	OF SSN, OR FEIN (MUST	BE COMPLETED)	
PH	HYSICAL ADDRESS OF REN	NTAL UNIT (p.o. box not a	LLOWED)	APT. NUMBER	LANDLORD	S ADDRESS, CIT	Y, STA	TE, AND ZIP CODE	(MUST	FBE COMPLETED)	APT. NUMBER
CI	TY, STATE, AND ZIP CODE				-			4. LANDLORD'S P	HONE	NUMBER (MUST BE	COMPLETED)
5.	RENTAL PERIOD DURING YEAR	FROM: MONTH	_	DAY —	YEAR 2010	TO:	MON'	TH		DAY —	YEAR 2010
6.	6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a statement from your landlord, and/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.	A. APARTMEN B. MOBILE HO C. BOARDING D. SKILLED OF E. HOTEL If me F. LOW INCOM G. SHARED RI	te box and enter the cor IT, HOUSE, MOBILE HO IME LOT — 100% HOME / RESIDENTIAL R INTERMEDIATE CAR eals are included, enter IME HOUSING — 100% ESIDENCE — If you sha REN UNDER 18), check	OME, OR DU CARE — 50 RE NURSING — 50%; Oth (RENT CAN) ared your rer	JPLEX — 100% 3 HOME — 45% nerwise, enter – NOT EXCEED nt with relatives	6 100% 40% OF TOTA and/or friends			,			
		persons sharing rent/				2 (33%)		3 (25%)	7		%
8.	. Net rent paid — Mult	tiply Line 6 by the perce	ntage on Line	e 7					8		00
9.	. Multiply Line 8 by 20	%. Enter amount here a	and on Line 1	0 of Form MO-	PTC or Line 12	of Form MO-P	TS		9		00