

2012 FORM

Attachment Sequence No. 1040-07 and 104	40P-0
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William Control	Inner or 1/880UNI	<b>PROPERT</b>	Y TAX C	REDIT		MO-F	<u> T</u>	S			
		THIS FOR	RM MUST	BE ATTACH	ED TO F	ORM M	0-	1040 <u>OR</u> FORI	и мс	)-1040P.	
щ	LAST NAME			FIRST NAME		INIT	IAL	, , ,		CIAL SECURITY NO.	
A P								//			
	SPOUSE'S L	AST NAME		FIRST NAME		INIT	IAL	, ` , ′	SPO	OUSE'S SOCIAL SEC	CURITY NO.
	V				0	•		//	_   _		
မ္တ		•			Check only			of letters, forms, etc.,			
TION		65 years of age or	older (Attach	a copy of Form				sabled (Attach a copy			ocial
일	_	SSA-1099.)		la af !!!a		_	•	Administration or Fo of age or older and red		•	
AL		(Attach a copy of		It of military service  Department of				enefits (Attach a cop			.)
ಠ	,	Veterans Affairs.)				'		` '	•		,
FIL	ING STA	TUS Single	Married –	- Filing Combined	Marrie	d — Livina	Ser	parate for Entire Year	If m	arried filing co	mbined,
	_	Cg.c		Failure to provid					you iii	ust report boti	i incomes.
		(rent receip						in denial or delay o	f your	claim.	
1.	Enter th	ne amount of income	e from Form MO	-1040, Line 6, or For	m MO-1040F	P, Line 4			1		00
2.				urity benefits received							
				ocial security equiva					2		00
3.								ot included in Line 1.			
	Include	tax exempt interest	from Form MO-	A, Part 1, Line 7 (if fi	ling Form MC	D-1040).					
4			•	•	•				3		00
4.				efits (not included in Form MO-1040, ref				18. 1 <b>e 9</b>	4		00
5.	Enter the	e amount of veteran	s payments or be	enefits before any dec	ductions. Atta	ch letter fro	m \	eterans Affairs	5		00
6.								tance, SSI, child support	.,		
				i TANF). Attach a c ices that includes th				letter from the Social ce received and			
	Employ	ment Security 109	9, if applicable.						6		00
7.			` ,	You must include no		,			7		00
8		•								+	00
		e box that applies a		•	111010						00
		a. Enter \$0 if filing s	tatus is Single o	r Married Living Sepa	arate;						
		ied and filing comb b. Enter \$2,000 if vo		not own your home fo	or the entire ve	ear:					
									9	-	00
10.				rom Line 8 and enter							
				), STOP - no credit i				cannot exceed \$27,500. laim.			
				r home for the entir					10		00
11	If you o			ount of property tax				laim.	10		00
11.								me is on more than			
		-	,	•							00
12.								. Attach rent receipts or property tax, you are	r		
									12		00
											00
14.				structions for MO-10 e chart to see how r				P, pages 29-31 to figur	е		
									14		00
							_	0 OR FORM MO-1	_		•



2012 FORM MO-CRP FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

1. 3	SOCIAL SECURITY NUMB	BER	SPOUSE'S SO	CIAL SECURITY	NUMBER		LATED TO YOUR LAN	NDLORD? YES	] NO
						IF YES, EXPL			
2.	2. NAME  3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)								
PH	YSICAL ADDRESS OF REN	NTAL UNIT (P.O. BOX NO	T ALLOWED)	APT. NUMBER	LANDLORD'S ADDI	RESS, CITY, STATE	E, AND ZIP CODE (MU	JST BE COMPLETED)	APT. NUMBER
		,	,				•	ŕ	
CIT	TY, STATE, AND ZIP CODE	Ē					4. LANDLORD'S PH	HONE NUMBER (MUST B	E COMPLETED)
		I					()_		
5.	RENTAL PERIOD DURING YEAR	FROM: MONTH		)AY 	YEAR - <b>2012</b>	TO: MON	NTH	DAY	YEAR <b>2012</b>
6		noid Attack year year	int(a) for each rem	t no mont for t		and statement fu			2012
0.		d checks (front and bactor of a facility that doe	k). If you receive	d housing assi	stance, enter the an	nount of rent YOL	J paid.	6	00
7.	B. MOBILE HO C. BOARDING D. SKILLED OF E. HOTEL If me F. LOW INCOM G. SHARED RE	te box and enter the of the local transfer o	HOME, OR DUF AL CARE — 50% ARE NURSING I er — 50%; Othe % (RENT CANN shared your rent	PLEX — 100%  HOME — 45%  erwise, enter –  OT EXCEED with relatives	5 - 100% 40% OF TOTAL H or friends (OTHER		•		
		persons sharing re				2 (33%)	<b>3 (25%)</b>	7	%
0	Net rent paid — Mult		-			, ,	, ,		:
	•		•					8	00
9.	Multiply Line 8 by 20	%. Enter amount her			PTC or Line 12 of I Notice, see instru			9	MO-CRP (12-2012)
		DEPARTMENT (			2	2012 FORM <b>MO-CRP</b>	INFORMATI	O PROVIDE LAN ON WILL RESUI DELAY OF YOU	LT IN
1. 3	SOCIAL SECURITY NUMB	BER	SPOUSE'S SO	CIAL SECURITY	NUMBER		LATED TO YOUR LAN	NDLORD? YES	NO
						IF YES, EXPL			
2.	NAME				3. LANDLORD'S NAM	E, LAST 4 DIGITS C	OF SSN, OR FEIN <b>(MU</b>	ST BE COMPLETED)	
PH	YSICAL ADDRESS OF REN	NTAL UNIT (P.O. BOX NO	T ALLOWED)	APT. NUMBER	LANDLORD'S ADDI	RESS, CITY, STATE	E, AND ZIP CODE <b>(M</b> L	JST BE COMPLETED)	APT. NUMBER
CIT	TY, STATE, AND ZIP CODE						4. LANDLORD'S PH	HONE NUMBER (MUST B	E COMPLETED)
5.	RENTAL PERIOD DURING YEAR	FROM: MONTH		AY —	- <b>2012</b>	TO: MON	NTH	DAY	YEAR <b>2012</b>
	NOTE: If you rent from Check the appropriated A. APARTMEN B. MOBILE HOCOMBO D. SKILLED OF	checks (front and bac com a facility that doe	k). If you receive s not pay prope corresponding post HOME, OR DUF AL CARE — 50% ARE NURSING I	Id housing assi Inty tax, you are PLEX — 100% HOME — 45%	stance, enter the an e not eligible for a line 7.	nount of rent YOL	J paid.	6	00
	G. SHARED RE	ME HOUSING — 100° ESIDENCE — If you s REN UNDER 18), che persons sharing ren	shared your rent ck the appropria	with relatives te box and en	or friends (OTHER ter percentage.		•	7	%
8.	Net rent paid — Mult	tiply Line 6 by the per	centage 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.....

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