MO-1040P 2D Test 1

MISSOURI DEPARTMENT OF REVENUE **2012 FORM MO-1040P**

MISSOURI INDIVIDUAL INCOME TAX RETURN AND PROPERTY TAX CREDIT CLAIM/ PENSION EXEMPTION—SHORT FORM

VENDOR CODE

SOCIAL SECURITY NUMBER: 325-32-3131

SPOUSE'S SOCIAL SECURITY NUMBER:

NAME (LAST): Petree (FIRST): MR M.I.: A JR, SR

☐ DECEASED IN 2012

SPOUSE'S (LAST) (FIRST) M.I. JR, SR

IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REP., ETC.): In Care of Name

PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE): 1040 EZ Way

APT. NUMBER

COUNTY OF RESIDENCE: COLE

CITY, TOWN, OR POST OFFICE: Jefferson City

STATE: MO

ZIP CODE: 65101

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2012.

AGE 62 THROUGH 64	AGE 65 OR OLDER	BLIND	100% DISABLED	NON-OBLIGATED SPOUSE
☐ YOURSELF ☐ SPOUSE	☐ YOURSELF ☐ SPOUSE	☐ YOURSELF ☐ SPOUSE	☑ YOURSELF ☐ SPOUSE	☐ YOURSELF ☐ SPOUSE

You may contribute to any one or all of the trust funds that are listed to the right. Place the total amount contributed on Line 24. See the instructions for a list of Trust Fund Codes.

Children's Trust Fund | Veterans Trust Fund | Elderly Home Delivered Meals Trust Fund | Missouri National Guard Trust Fund | Workers' Memorial Fund | Childhood Lead Testing Fund | Missouri Military Family Relief Fund | General Revenue Fund | After School Retreat Fund | Organ Donor Program Fund

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INCOME

		Yourself		Spouse	
1. **Federal Adjusted Gross Income** from your 2012 federal return (See worksheet on page 8.)	1y / 1s	2200 00			00
2. Any state income tax refund included in your 2012 federal adjusted gross income	2y / 2s	– 00		–	00
3. Subtract Line 2 from Line 1. This is your Missouri adjusted gross income	3y / 3s	= 2200 00		=	00
4. **TOTAL MISSOURI ADJUSTED GROSS INCOME** — Add both numbers on Line 3 and enter here	4	2200 00			
5. Income percentages — Divide Line 3 by Line 4 for both you and your spouse. (The total of the two must equal 100%. Round to the nearest whole number.)	5y / 5s	100%		%	

DEDUCTIONS AND TAXABLE INCOME

6. Mark your filing status box below and enter the appropriate exemption amount on Line 6.

- ☐ A. Single — $2,100 (See Box B before checking.)
- ☐ B. Claimed as a dependent on another person's federal tax return — $0.00
- ☐ C. Married filing joint federal & combined Missouri — $4,200
- ☑ D. Married filing separate — $2,100
- ☐ E. Married filing separate (spouse **NOT** filing) — $4,200
- ☐ F. Head of household — $3,500
- ☐ G. Qualifying widow(er) with dependent child — $3,500

6 — 2100 00

7. Tax from federal return (Do not enter amount from your Forms W-2 — **NOT** federal tax withheld.) 0 00 → Single—maximum of $5,000; Married filing combined—maximum of $10,000 — 7 + 0 00

CAUTION! See Page 6, Line 7.

8. Missouri Standard or Itemized Deduction

Taxpayers Under Age 65		Taxpayers Age 65 or Older	
Single	$5,950	Single	$7,400
Married Filing Combined	$11,900	Married Filing Combined and **YOU** are Age 65 or Older	$3,050
Married Filing Separate	$5,950	Married Filing Combined and You and Your Spouse are **BOTH** Age 65 or Older	$14,200
Head of Household	$8,700	Married Filing Separate	$7,100
Qualifying Widow(er)	$11,900	Head of Household	$10,150
		Qualifying Widow(er)	$13,050

If blind or claimed as a dependent, see your federal return or page 6 and 7 of the instructions. If itemizing, see page 18 or 22 of the Form MO-1040P — 8 + 5950 00

If 65 or older or blind the appropriate boxes must be checked above.

9. Number of dependents from Federal Form 1040 or 1040A, Line 6c (**DO NOT INCLUDE YOURSELF OR SPOUSE.**) ☐ x $1,200 — 9 + 00

Do not include yourself or your spouse.

10. Pension exemption (Complete worksheet on page 17 or 21 of Form MO-1040P.) Attach worksheet on page 17 or 21, a copy of federal return, Forms W-2P, and 1099-R — 10 + 00

11. Long-term care insurance deduction — 11 + 00

12. **TOTAL DEDUCTIONS** — Add Lines 6 through 11 — 12 = 8050 00

13. Missouri Taxable Income — Subtract Line 12 (Total Deductions) from Line 4 (Total Missouri Income) and enter here — 13 0 00

FORM MO-1040P

DRAFT

TAXES

14. Total Missouri taxable income amount from Line 13. . . . . 14 — 0 00

		Yourself		Spouse	
15. Multiply Line 14 by the percentages you determined on Line 5. Do this for you and your spouse.	15y / 15s	0 00		0 00	
16. Use the tax table on page 18 or 22 of Form MO-1040P to figure the tax on amounts from Line 15 for you and your spouse.	16y / 16s	0 00		0 00	

17. **TOTAL TAXES** — Add your tax and your spouse's tax from Line 16. . . . . 17 — 0 00

PAYMENTS/CREDITS

18. Missouri withholding for you and your spouse from your Forms W-2 and 1099. **Attach copies of Forms W-2 and 1099**. . . . . 18 — 23 00

19. Any Missouri estimated tax payments for 2012 (Be sure to include any amount of your 2011 overpayment credited to your 2012 Missouri tax return.) . . . . . 19 — 00

CAUTION! Attach Form MO-PTS.

20. **PROPERTY TAX CREDIT** — Enter amount from Form MO-PTS, Line 14. **Attach Form MO-PTS**. . . . . 20 — 353 00

21. **TOTAL PAYMENTS AND CREDITS** Add Lines 18, 19, and 20 and enter amount here. . . . . 21 — 376 00

REFUND

22. If amount of **TOTAL PAYMENTS AND CREDITS** (Line 21) is larger than amount of **TOTAL TAXES** (Line 17), enter the difference here. You have **overpaid**. If not, enter the amount on Line 26. . . . . 22 — 376 00

23. Enter the amount from Line 22 you want applied to **your 2013 estimated tax**. . . . . 23 — 00

24. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes.

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief	General Revenue Fund	After School Retreat Fund	Organ Donor Program Fund	Additional Fund Code (See Instr.)	Additional Fund Code (See Instr.)
24. 00	00	00	00	00	00	00	00	00	00	00	00

25. **REFUND** - Subtract Lines 23 and 24 from Line 22 and enter here. This is your refund. **Sign below and mail to: Department of Revenue, P.O. Box 2800, Jefferson City, MO 65105-2800**. Check the box if you want the convenience of a debit card. See instructions for Line 25. . . . . ☐ **Debit Card** 25 — 376 00

AMOUNT DUE

26. **AMOUNT DUE** - If Line 21 is less than Line 17, enter the difference here. You have an amount due. **Sign below and mail to: Department of Revenue, P.O. Box 3395, Jefferson City, MO 65105-3395**. See instructions for Line 26. . . . . 26 — 0 00

If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.

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 return and attachments with the preparer or any member of the preparer's firm. ☐ YES ☐ NO

E-MAIL ADDRESS

PREPARER'S PHONE NUMBER ( )

SIGNATURE	DATE (MMDDYYYY)	PREPARER'S SIGNATURE	FEIN, SSN, OR PTIN
X	__/__/__		431234567
SPOUSE'S SIGNATURE (if filing combined **BOTH** must sign)	DAYTIME TELEPHONE	PREPARER'S ADDRESS AND ZIP CODE	DATE (MMDDYYYY)
	( )		__/__/__

PUBLIC PENSION CALCULATION — Pensions received from any federal, state, or local government.

SECTION A

1. Missouri adjusted gross income from Form MO-1040P, Line 4	1						00
2. **Taxable** social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	2						00
3. Subtract Line 2 from Line 1	3						00
4. Select the appropriate filing status and enter amount on Line 4. Married filing combined - $100,000; Single, Head of Household, Married Filing Separate, and Qualifying Widow - $85,000	4						00
5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter $0	5						00
		Y - YOURSELF			S - SPOUSE		
6. **Taxable** pension for each spouse from public sources from federal Form 1040A, Line 12b or 1040, Line 16b	6Y		00	6S			00
7. Multiply Line 6 by 100%	7Y		00	7S			00
8. Amount from Line 7 or $35,234 (maximum social security benefit), whichever is less.	8Y		00	8S			00
9. Amount from Line 6 or $6,000, whichever is less	9Y		00	9S			00
10. Amount from Line 8 or Line 9, whichever is greater	10Y		00	10S			00
11. If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than $0.	11Y		00	11S			00
12. Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter $0	12Y		00	12S			00
13. Add amounts on Lines 12Y and 12S	13						00
14. **Total public pension**, subtract Line 5, from Line 13. If Line 5 is greater than Line 13, enter $0	14						00

PRIVATE PENSION CALCULATION — Annuities, pensions, IRA'S, and 401(k) plans funded by a private source.

SECTION B

1. Missouri adjusted gross income from Form MO-1040P, Line 4	1						00
2. Taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	2						00
3. Subtract Line 2 from Line 1	3						00
4. Select the appropriate filing status and enter the amount on Line 4: Married filing combined: $32,000; Single, Head of Household and Qualifying Widower: $25,000; Married Filing Separate: $16,000	4						00
5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter $0	5						00
		Y - YOURSELF			S - SPOUSE		
6. Taxable pension for each spouse from private sources from federal Form 1040A, Lines 11b and 12b, or federal Form 1040, Lines 15b and 16b.	6Y		00	6S			00
7. Amounts from Line 6Y and 6S or $6,000, whichever is less	7Y		00	7S			00
8. Add Lines 7Y and 7S	8						00
9. Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter $0	9						00

SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social security deduction you must be 62 years of age by December 31 and have marked the 62 and older box on page 1 of Form MO-1040P. Age limit does not apply to social security disability deduction.

SECTION C

1. Missouri adjusted gross income from Form MO-1040P, Line 4	1						00
2. Select the appropriate filing status and enter the amount on Line 2. Married filing combined - $100,000 Single, Head of Household, Married Filing Separate, and Qualifying Widower - $85,000	2						00
3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter $0	3						00
		Y - YOURSELF			S - SPOUSE		
4. **Taxable** social security benefits for each spouse from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	4Y		00	4S			00
5. **Taxable** social security disability benefits for each spouse from federal Form 1040A, Line 14b or 1040, Line 20b.	5Y		00	5S			00
6. Multiply Line 4 or Line 5 by 100%.	6Y		00	6S			00
7. Add Lines 6Y and 6S	7						00
8. **Total social security/social security disability**, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter $0.	8						00

MILITARY PENSION CALCULATION

SECTION D

1. Military retirement benefits included on federal Form 1040A, Line 12b or federal Form 1040, Line 16b	1		00
2. **Taxable** public pension from federal Form 1040A, Line 12b or federal Form 1040, Line 16b.	2		00
3. Divide Line 1 by Line 2 (Round to whole number)	3		%
4. Multiply Line 3 by Line 14 of Section A. If you are not claiming a public pension exemption, enter $0	4		00
5. Subtract Line 4 from Line 1	5		00
6. **Total military pension**, multiply Line 5 by 45%.	6		00

TOTAL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION

SECTION E

Add Line 14 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D). **Enter total amount here and on Form MO-1040P, Line 10.**	**TOTAL EXEMPTION**		00

MISSOURI ITEMIZED DEDUCTIONS

- **Complete this section only if you itemized deductions on your federal return. (See the information on pages 6 and 7.)**
- **Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.**

1. Total federal itemized deductions from Federal Form 1040, Line 40		1	00
2. 2012 (FICA) — Yourself — Social security $ _____ + Medicare $ _____		2	00
3. 2012 (FICA) — Spouse — Social security $ _____ + Medicare $ _____		3	00
4. 2012 Railroad retirement tax — Yourself — (Tier I and Tier II) $ _____ + Medicare $ _____		4	00
5. 2012 Railroad retirement tax — Spouse — (Tier I and Tier II) $ _____ + Medicare $ _____		5	00
6. 2012 Self-employment tax — See instructions on page 11.		6	00
7. TOTAL — Add Lines 1 through 6.		7	00
8. State and local income taxes — See instructions.	8		00
9. Earnings taxes included in Line 8 — See instructions.	9		00
10. Net state income taxes — Subtract Line 9 from Line 8.		10	00
11. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 from Line 7. Enter here and on Form MO-1040P, Line 8.		11	00

NOTE: IF LINE 11 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INFORMATION ON PAGES 6 & 7.

2012 TAX TABLE

If Missouri taxable income from Form MO-1040P, Line 15, is less than $9,000, use the table to figure tax; if more than $9,000, use worksheet below or use the online tax calculator at http://dor.mo.gov/personal/individual/.

If Line 15 is At least	But less than	Your tax is	If Line 15 is At least	But less than	Your tax is	If Line 15 is At least	But less than	Your tax is	If Line 15 is At least	But less than	Your tax is	If Line 15 is At least	But less than	Your tax is	If Line 15 is At least	But less than	Your tax is
0	100	$ 0	1,500	1,600	$ 26	3,000	3,100	$ 62	4,500	4,600	$109	6,000	6,100	$167	7,500	7,600	$238
100	200	2	1,600	1,700	28	3,100	3,200	65	4,600	4,700	113	6,100	6,200	172	7,600	7,700	243
200	300	4	1,700	1,800	30	3,200	3,300	68	4,700	4,800	116	6,200	6,300	176	7,700	7,800	248
300	400	5	1,800	1,900	32	3,300	3,400	71	4,800	4,900	120	6,300	6,400	181	7,800	7,900	253
400	500	7	1,900	2,000	34	3,400	3,500	74	4,900	5,000	123	6,400	6,500	185	7,900	8,000	258
500	600	8	2,000	2,100	36	3,500	3,600	77	5,000	5,100	127	6,500	6,600	190	8,000	8,100	263
600	700	10	2,100	2,200	39	3,600	3,700	80	5,100	5,200	131	6,600	6,700	194	8,100	8,200	268
700	800	11	2,200	2,300	41	3,700	3,800	83	5,200	5,300	135	6,700	6,800	199	8,200	8,300	274
800	900	13	2,300	2,400	44	3,800	3,900	86	5,300	5,400	139	6,800	6,900	203	8,300	8,400	279
900	1,000	14	2,400	2,500	46	3,900	4,000	89	5,400	5,500	143	6,900	7,000	208	8,400	8,500	285
1,000	1,100	16	2,500	2,600	49	4,000	4,100	92	5,500	5,600	147	7,000	7,100	213	8,500	8,600	290
1,100	1,200	18	2,600	2,700	51	4,100	4,200	95	5,600	5,700	151	7,100	7,200	218	8,600	8,700	296
1,200	1,300	20	2,700	2,800	54	4,200	4,300	99	5,700	5,800	155	7,200	7,300	223	8,700	8,800	301
1,300	1,400	22	2,800	2,900	56	4,300	4,400	102	5,800	5,900	159	7,300	7,400	228	8,800	8,900	307
1,400	1,500	24	2,900	3,000	59	4,400	4,500	106	5,900	6,000	163	7,400	7,500	233	8,900	9,000	312
															9,000		315

FIGURING TAX OVER $9,000

	Yourself/Spouse	Example
Missouri taxable income (Line 15)	$ _____	$ 12,000
Subtract $9,000	– $ 9,000	– $ 9,000
Difference	= $ _____	= $ 3,000
Multiply by 6%	x 6%	x 6%
Tax on income over $9,000	= $ _____	= $ 180
Add $315 (tax on first $9,000)	+ $ 315	+ $ 315
TOTAL MISSOURI TAX	= $ _____	= $ 495

If more than $9,000, tax is $315 PLUS 6 percent of excess over $9,000.

Round to nearest whole dollar and enter on front of form, Line 16.

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MISSOURI DEPARTMENT OF REVENUE

PROPERTY TAX CREDIT

2012 FORM **MO-PTS**

Attachment Sequence No. 1040-07 and 1040P-01

MO-1040P 2D Test 1

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.

NAME

LAST NAME	FIRST NAME	INITIAL	BIRTHDATE (MM/DD/YYYY)	SOCIAL SECURITY NO.
Petree	MR	A	08/16/1924	325-32-3131
SPOUSE'S LAST NAME	FIRST NAME	INITIAL	BIRTHDATE (MM/DD/YYYY)	SPOUSE'S SOCIAL SECURITY NO.
			__/__/____	___-__-____

QUALIFICATIONS

You must check a qualification to be eligible for a credit. Check only one. 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.

1. Enter the amount of income from Form MO-1040, Line 6, or Form MO-1040P, Line 4.	1	2200	00
2. Enter the amount of nontaxable 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 Form SSA-1099 and RRB-1099.**	2	13620	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-DIV, 1099-INT, 1099-MISC, etc.**	3		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		00
5. Enter the amount of veterans payments or benefits before any deductions. **Attach letter from Veterans Affairs.**	5		00
6. Enter the total amount received by you, your spouse, and your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). **Attach a 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.**	6		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		00
8. **TOTAL** household income — Add Lines 1 through 7. Enter total here.	8	15820	00
9. Mark the box that applies and enter the appropriate amount. ☑ a. Enter $0 if filing status is 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;	9	- 0	00
10. Net household income — Subtract Line 9 from Line 8 and enter the amount; mark the box that applies. ☑ a. **If you rented or did not own and occupy your home for the entire year**, Line 10 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 10 cannot exceed $30,000. If the total is greater than $30,000, **STOP - no credit is allowed. Do not file this claim.**	10	15820	00
11. 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.**	11		00
12. 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.**	12	424	00
13. Enter the total of Lines 11 ad 12, or $1,100, whichever is less.	13	424	00
14. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 41-43 or MO-1040P, pages 29-31 to figure your Property Tax Credit. You **must use the chart** to see how much credit you are allowed. Note: Renters - maximum allowed is $750. Owners - maximum allowed is $1,100. Enter this amount on Form MO-1040, Line 38 OR Form MO-1040P, Line 20.	14	364	00

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.

For Privacy Notice, see instructions.

MO-1040P 2D Test 1

MISSOURI DEPARTMENT OF REVENUE

CERTIFICATION OF RENT PAID FOR 2012

2012 FORM **MO-CRP**

FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

1. SOCIAL SECURITY NUMBER: 3 2 5 3 2 3 1 3 1
SPOUSE'S SOCIAL SECURITY NUMBER:
ARE YOU RELATED TO YOUR LANDLORD? IF YES, EXPLAIN. ☐ YES ☐ NO

2. NAME: Petree MR

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

PHYSICAL ADDRESS OF RENTAL UNIT **(P.O. BOX NOT ALLOWED)**: 423 Main
APT. NUMBER:

LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE **(MUST BE COMPLETED)**: 423 Main jefferson city mo 65101
APT. NUMBER:

CITY, STATE, AND ZIP CODE: Jefferson City MO 65101

4. LANDLORD'S PHONE NUMBER **(MUST BE COMPLETED)**: (5 7 3) 6 3 5 - 1 2 3 4

5. **RENTAL PERIOD DURING YEAR** FROM: MONTH 01 — DAY 01 — YEAR **2012** TO: MONTH 06 — DAY 30 — YEAR **2012**

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	2200 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	50 %
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.	8	1100 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	220 00

For Privacy Notice, see instructions.

MO 860-1089 (12-2012)

MISSOURI DEPARTMENT OF REVENUE

CERTIFICATION OF RENT PAID FOR 2012

2012 FORM **MO-CRP**

FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

1. SOCIAL SECURITY NUMBER: 3 2 5 3 2 3 1 3 1
SPOUSE'S SOCIAL SECURITY NUMBER:
ARE YOU RELATED TO YOUR LANDLORD? IF YES, EXPLAIN. ☐ YES ☐ NO

2. NAME: Petree MR

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

PHYSICAL ADDRESS OF RENTAL UNIT **(P.O. BOX NOT ALLOWED)**: 326 High St Apt 2
APT. NUMBER:

LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE **(MUST BE COMPLETED)**: 601 Ash St Jefferson city mo 65101
APT. NUMBER:

CITY, STATE, AND ZIP CODE: Jefferson City MO 65105

4. LANDLORD'S PHONE NUMBER **(MUST BE COMPLETED)**: (5 7 3) 6 3 5 - 9 8 7 4

5. **RENTAL PERIOD DURING YEAR** FROM: MONTH 07 — DAY 01 — YEAR **2012** TO: MONTH 12 — DAY 31 — YEAR **2012**

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	1020 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	100 %
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.	8	1020 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	204 00

For Privacy Notice, see instructions.

MO 860-1089 (12-2012)