**DO NOT** file this claim if you are going to file a Missouri income tax return! See the instructions.

	2011 FORM MO-P		ED CLAIM								
	MISSOURI DEPARTMENT PROPERTY TAX		VENDOR CODE 0(	00							
SOC	SIAL SECURITY NO.	SPOUSE'S SOCIAL SECURITY NO.									
LAS	T NAME	FIRST NAME	INITIAL JR,	, SR							
BIRT	THDATE MM DD YY	TELEPHONE NUMBER									
SPO	DUSE'S LAST NAME	FIRST NAME	INITIAL JR,	, SR							
BIRT	BIRTHDATE MM DD YY DECEASED IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONA							PRESENTATIVE, ETC.)			
PRE	SENT HOME ADDRESS		APT. NUM	011 IBER	CITY, TOWN, OR POST OFFICE	STAT	E ZIP C	ODE			
(0)											
NO NO				only c	one. Required copies of letters, forms, etc., mu						
CAT		<ul> <li>         ☐ A. 65 years of age or older (Attach a copy of Form SSA-1099.)     </li> <li>         ☐ B. 100% Disabled Veteran as a result of military service (Attach a copy of Administration or Form SSA-1099.)     </li> </ul>									
QUALIFICATIONS	the letter from Department of	viving spouse benefits (Attach a copy									
_	LING STATUS Single	Married — Filing Combin	ned 🗌 Ma	arrie	d — Living Separate for Entire Year	If ma	arried filingust report	g combined, both incomes.			
	Failure to provide the attachme	ents listed below (rent rece	eipt(s), tax r	ecei	pt(s), Forms 1099, W-2, etc.) will result in d	enial or	enial or delay of your claim.				
					children before any deductions and the ms SSA-1099 and RRB-1099	1		00			
	2. Enter the total amount of wag	ome, rental income, or other income.	2		00						
	Enter the amount of railroad r     Attach Form RRB-1099-R (Ti	3		00							
ME		4		00							
S	5. Enter the total amount received Assistance payments (TA and										
OLD	and Social Services that includes  6. TOTAL household income —	5		00							
HOUSEHOLD INCOME	7. Mark the box that applies and □ a. Enter \$0 if filing										
HOU	If married and filing combined  □ b. Enter \$2,000 if										
	☐ c. Enter \$4,000 if	you owned and occupied you	7	-	00						
	☐ a. If you rented or	<ol> <li>Net household income — Subtract Line 7 from Line 6 and enter the amount; mark the box that applies.</li> <li>□ a. If you rented or did not own and occupy your home for the entire year, Line 8 cannot exceed \$27,500.</li> <li>If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim.</li> </ol>									
	☐ b. If you owned a			00							
/x					d. Do not file this claim  home less special assessments. Attach a copy	8		00			
REAL ESTATE TAX/	of PAID real estate tax receip 948, Assessor's Certification.	9		OC							
ESTA	10. If you rented, enter amount from NOTE: If you rent from a facil		10		00						
EAL	11. Add Lines 9 and 10. If you rer	11		00							
								00			
CREDITS	Apply amounts from Lines 8 a Note: Renters - maximum allo	Apply amounts from Lines 8 and 11 to chart on pages 13-15 to figure your Property Tax Credit.  Note: Renters - maximum allowed is \$750. Owners - maximum amount allowed is \$1,100									
DIRECT	If you would like your refund depos		•	ccou	nt, complete boxes a, b, and c below.			. 🗆 🙃 :			
ä	a. Routing Number b. Account Number b. Account Number c Checking Saving Saving Saving Saving Saving b. Account Number b. Account Number b. Account Number Saving										
A	preparer (other than taxpayer) is based on all information of which he/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 lalso 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 deleg with the preparer or any member of the prepa										
	SIGNATURE DATE PREPARER'S SIGNATURE							FEIN, SSN, OR PTIN			
	SPOUSE'S SIGNATURE			DATE							
Ц	Mail claim and attachm	nents to Missouri Dep	partment o	of R	evenue, P.O. Box 3385, Jefferson C	ity, M	O 65105-	-3385.			



2011 FORM MO-CRP FAILURE TO PROVIDE LANDLORD
INFORMATION WILL RESULT IN
DENIAL OR DELAY OF YOUR CLAIM

PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED)  APT. NUMBER  LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE	☐ YES ☐ NO
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED)  APT. NUMBER  LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE	COMPLETED)
CITY, STATE, AND ZIP CODE 4. LANDLORD'S PHONE NUM.  ()	BE COMPLETED) APT. NUMBER
	JMBER (MUST BE COMPLETED)
5. RENTAL PERIOD DURING YEAR — DAY YEAR TO: MONTH DAY — 2011 — DAY	— YEAR <b>2011</b>
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	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%)	%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.	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	00
For Privacy Notice, see instructions.	MO 860-1089 (11-2011)

	MISSOURI DEPARTMENT OF REVENUE  CERTIFICATION OF RENT PAID FOR 2011						FORM INFORMATI			O PROVIDE LANDLORD ION WILL RESULT IN R DELAY OF YOUR CLAIM.			
						LATED TO YOUR LAN							
	1 1 1 1	OCIAL SECURITY NUMBER SPOUSE 5 SOCIAL SECURITY			I I	IF YES, EXPLAIN.			NDLORD? YES NO				
2. NAME 3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (M								NUST	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									APT. NUMBER				
CITY, STATE, AND ZIP CODE  4. LANDL  (								4. LANDLORD'S PH	IONE I	NUMBER (MUST BE	COMPLETED)		
5.	RENTAL PERIOD	FROM:	MONTH		DAY	YE			TO: MOI	NTH	[	DAY	YEAR
	DURING YEAR			_	_	- 20	11			_			2011
6.	Enter your gross rent or copies of cancelled <b>NOTE: If you rent fr</b>	checks	(front and back)	). Íf you recei	ved housing assi	stance, ent	er the a	amou	nt of rent YOU	J paid.	6		00
7.	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 — Mul	tiply Line	e 6 by the perce	entage on Li	ne 7						8		00
9.	Multiply Line 8 by 20	)%. Ente	r amount here	and on Line	10 of Form MO-	PTC or Lir	ne 12 o	of For	m MO-PTS		9		00