**DO NOT** file this claim if you are going to file a Missouri income tax return! See the instructions. AMENDED CLAIM 2015 FORM MO-PTC MISSOURI DEPARTMENT OF REVENUE **VENDOR** PROPERTY TAX CREDIT CLAIM **CODE 006** SOCIAL SECURITY NO SPOUSE'S SOCIAL SECURITY NO LAST NAME INITIAL JR, SR FIRST NAME BIRTHDATE (MMDDYY) TELEPHONE NUMBER DECEASED 2015 SPOUSE'S LAST NAME JR SR INITIAI BIRTHDATE (MMDDYY) IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) **DECEASED** 2015 PRESENT HOME ADDRESS APT. NUMBER CITY TOWN OR POST OFFICE STATE ZIP CODE 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 C. 100% Disabled (Attach a copy of the letter from Social (Attach a copy of Form SSA-1099. You must be a full year resident.) Security Administration or Form SSA-1099.) D. 60 years of age or older and received surviving spouse benefits ☐ B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) (Attach a copy of Form SSA-1099.) If married filing combined, FILING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year 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 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...... 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..... 00 3 3. Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions. ATTACH Form RRB-1099-R (Tier II). . 00 4. Enter the amount of veteran's payments or benefits before any deductions. ATTACH letter from Veterans Affairs..... 4 00 HOUSEHOLD INCOME 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 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. If 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. 00 8 9. If you owned your home, enter the total amount of property tax paid for your home, less special assessments, or \$1,100, L ESTATE TAX, RENT PAID 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 REAL Property Tax Credit. 10 00 11. Enter the total of Lines 9 and 10, or \$1,100, whichever is less. 11 00 12. You must use the chart on pages 13-15 to see how much refund you are allowed. 00 If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below. 뿚 c. Checking Savings a. Routing Number b. Account Number 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 | E-MAIL ADDRESS PREPARER'S PHONE with the preparer or any member of the preparer's firm. YES NO SIGNA SIGNATURE DATE (MMDDYYYY) PREPARER'S SIGNATURE FEIN, SSN, OR PTIN

DAYTIME TELEPHONE

SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)

PREPARER'S ADDRESS AND ZIP CODE

DATE (MMDDYYYYY)



Failure to provide landlord information will result in denial or delay of your claim.

1. Social Security Number Spouse's Social Security Number If yes,	
Are you related to your landlord? Yes No explain	ᆜ
2. Taxpayer Name	
Physical Address of Rental Unit (P.O. Box Not Allowed) Apartment Number	
City State ZIP Code	
3. Landlord's Name  Landlord's last 4 Digits of Social Security Number  Landlord's Federal Employee or Identification Number (FEIN)	
Landlord's Street Address Apartment	
(Must be completed) Number	_
City State ZIP Code	
4. Landlord's Phone Number (Must be completed)	
From:  5. Rental Period During Year (MM/DD/YY)  To: (MM/DD/YY)	
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 canceled 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. Select 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 or 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), select the appropriate box based on the additional persons sharing rent:	
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.

Form MO-CRP (Revised 12-2015





Failure to provide landlord information will result in denial or delay of your claim.

1. Social Security Number Spouse's Social Security Number If yes,	
Are you related to your landlord? Yes No explain	ᆜ
2. Taxpayer Name	
Physical Address of Rental Unit (P.O. Box Not Allowed) Apartment Number	
City State ZIP Code	
3. Landlord's Name  Landlord's last 4 Digits of Social Security Number  Landlord's Federal Employee or Identification Number (FEIN)	
Landlord's Street Address Apartment	
(Must be completed) Number	_
City State ZIP Code	
4. Landlord's Phone Number (Must be completed)	
From:  5. Rental Period During Year (MM/DD/YY)  To: (MM/DD/YY)	
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 canceled 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. Select 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 or 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), select the appropriate box based on the additional persons sharing rent:	
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.

Form MO-CRP (Revised 12-2015

