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

2010 FORM MO-PTC

MISSOURI DEPARTMENT OF REVENUE

PROPERTY TAX CREDIT CLAIM

AMENDED CLAIM ☐

VENDOR CODE

2D MO-PTC Test 1

SOCIAL SECURITY NO.	SPOUSE'S SOCIAL SECURITY NO.		
333-44-9999	888-22-6666		
LAST NAME: Tetley	FIRST NAME: Terry	INITIAL: J	JR, SR
BIRTHDATE MM DD YY: 12 / 18 / 39	TELEPHONE NUMBER	DECEASED 2010 ☐	
SPOUSE'S LAST NAME: Tetley	FIRST NAME: Tara	INITIAL: S	JR, SR
BIRTHDATE MM DD YY: 04 / 15 / 34		DECEASED 2010 ☐	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)

PRESENT HOME ADDRESS	APT. NUMBER	CITY, TOWN, OR POST OFFICE	STATE	ZIP CODE
243 Livingston Ln		Ludlow	MO	64656

QUALIFICATIONS

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 **(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.

HOUSEHOLD INCOME

1. Enter the amount of 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 Forms SSA-1099 and/or RRB-1099.**	1	19,800	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.**	2	1,200	00
3. Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions. **Attach Form RRB/1099-R (Tier II).**	3	1,300	00
4. Enter the amount of veteran's payments or benefits before any deductions. **Attach letter from Veterans Affairs.**	4	2,100	00
5. Enter the total amount received by you and/or your **minor children** from: public assistance, SSI, child support, Temporary Assistance payments (TA and/or TANF). **Attach 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.**	5		00
6. **TOTAL** household income — Add Lines 1 through 5.	6	24,400	00
7. 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;	7	- 2,000	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. If the total is greater than $30,000, **STOP - no credit is allowed. Do not file this claim.**	8	22,400	00

REAL ESTATE TAX/ RENT PAID

9. If you owned your home, enter the total amount of property tax paid for your home less special assessments. **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 amount from Form MO-CRP, Line 9. Attach rent receipts and/or a 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.**	10	960	00
11. Add Lines 9 and 10. If you rented your home, enter the total or $750, whichever is less. If you owned your home, enter the total or $1,100, whichever is less.	11	750	00

CREDITS

12. You **must use the chart on pages 13-15** to see how much refund you are allowed. 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.	12	362	00

DIRECT DEPOSIT

If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below.

a. Routing Number ☐☐☐☐☐☐☐☐☐ b. Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ c. ☐ Checking ☐ Savings

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/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 with the preparer or any member of the preparer's firm. ☐ YES ☐ NO	E-MAIL ADDRESS	PREPARER'S PHONE	
SIGNATURE	DATE	PREPARER'S SIGNATURE	FEIN, SSN, OR PTIN: 36-2221111
SPOUSE'S SIGNATURE	DAYTIME TELEPHONE: (616) 344-1111	PREPARER'S ADDRESS AND ZIP CODE	DATE

Mail claim and attachments to Missouri Department of Revenue, P.O. Box 3385, Jefferson City, MO 65105-3385.

For Privacy Notice, see instructions.

2D MO-PTC Test 1

MISSOURI DEPARTMENT OF REVENUE

CERTIFICATION OF RENT PAID FOR 2010

2010 FORM MO-CRP

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

1. SOCIAL SECURITY NUMBER: 3 3 3 4 4 9 9 9 9	SPOUSE'S SOCIAL SECURITY NUMBER: 8 8 8 2 2 6 6 6 6	ARE YOU RELATED TO YOUR LANDLORD? ☐ YES ☐ NO IF YES, EXPLAIN.
2. NAME: Tetley Terry J	3. **LANDLORD'S** NAME, LAST 4 DIGITS OF SSN, OR FEIN **(MUST 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	
CITY, STATE, AND ZIP CODE	4. **LANDLORD'S** PHONE NUMBER **(MUST BE COMPLETED)** (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___	

5. **RENTAL PERIOD DURING YEAR** FROM: MONTH 01 — DAY 01 — YEAR 2010 TO: MONTH 12 — DAY 31 — YEAR 2010

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	4,800 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 and/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	4,800 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	960 00

MO 860-1089 (12-2010)

For Privacy Notice, see instructions.

MISSOURI DEPARTMENT OF REVENUE

CERTIFICATION OF RENT PAID FOR 2010

2010 FORM MO-CRP

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

1. SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER	ARE YOU RELATED TO YOUR LANDLORD? ☐ YES ☐ NO IF YES, EXPLAIN.
2. NAME	3. **LANDLORD'S** NAME, LAST 4 DIGITS OF SSN, OR FEIN **(MUST 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	
CITY, STATE, AND ZIP CODE	4. **LANDLORD'S** PHONE NUMBER **(MUST BE COMPLETED)** (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___	

5. **RENTAL PERIOD DURING YEAR** FROM: MONTH — DAY — YEAR 2010 TO: MONTH — DAY — YEAR 2010

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. 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 and/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 — Multiply Line 6 by the percentage 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.	9	00

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