

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



**2009 FORM MO-PTC**

AMENDED CLAIM

MISSOURI DEPARTMENT OF REVENUE

VENDOR CODE **000**

**PROPERTY TAX CREDIT CLAIM**

**MO-PTC Test 1**

SOCIAL SECURITY NO. <b>333-44-9999</b>		SPOUSE'S SOCIAL SECURITY NO. <b>888-22-6666</b>	
LAST NAME <b>Tetley</b>		FIRST NAME <b>Terry</b>	INITIAL JR, SR <b>J</b>
BIRTHDATE MM DD YY <b>12/18/39</b>		TELEPHONE NUMBER	DECEASED 2009 <input type="checkbox"/>
SPOUSE'S LAST NAME <b>Tetley</b>		FIRST NAME <b>Tara</b>	INITIAL JR, SR <b>S</b>
BIRTHDATE MM DD YY <b>04/15/34</b>		DECEASED 2009 <input type="checkbox"/>	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)
PRESENT HOME ADDRESS <b>243 Livingston Ln</b>		APT. NUMBER	CITY, TOWN, OR POST OFFICE <b>Ludlow</b>
		STATE <b>MO</b>	ZIP CODE <b>64656</b>

**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), 1099(s), W-2(s), etc.) will result in denial or delay of your claim!

HOUSEHOLD INCOME	REAL ESTATE TAX / RENT PAID	CREDITS
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. <b>Attach Form SSA-1099 and/or RRB-1099.</b> . . . . .	9. If you owned your home, enter the total amount of property tax paid for your home less special assessments. <b>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.</b> . . . . .	12. You <b>must use the chart on pages 13-15</b> 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. . . . .
2. Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, or other income. <b>Attach Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC, etc.</b> . . . . .	10. If you rented, enter amount from Form MO-CRP(s), Line 9. <b>Attach rent receipt(s) for the whole year or each month or a statement from your landlord, along with Form MO-CRP. Copies of cancelled checks (front and back) will be accepted if your landlord will not provide rent receipts or statement.</b> . . . . .	
3. Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions. <b>Attach Form RRB/1099-R (Tier II).</b> . . . . .	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.. . . .	
4. Enter the amount of veteran's payments or benefits before any deductions. <b>Attach letter from Veterans Affairs.</b> . . . . .		
5. Enter the total amount received by you and/or your <b>minor children</b> from: public assistance, SSI, child support, Temporary Assistance payments (TA and/or TANF). <b>Attach a copy of Form SSA-1099(s), 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.</b> . . . . .		
6. <b>TOTAL</b> household income — Add Lines 1 through 5. . . . .		
7. Mark the box that applies and enter the appropriate amount. <input type="checkbox"/> a. Enter \$0 if filing status is Single or Married Living Separate; <b>If married and filing combined;</b> <input checked="" type="checkbox"/> b. Enter \$2,000 if you rented or did not own your home for the entire year; <input type="checkbox"/> c. Enter \$4,000 if you owned and occupied your home for the entire year; . . . . .		
8. Net household income — Subtract Line 7 from Line 6 and enter the amount; mark the box that applies. <input checked="" type="checkbox"/> a. <b>If you rented or did not own and occupy your home for the entire year</b> , Line 8 cannot exceed \$27,500. If the total is greater than \$27,500, <b>STOP - no credit is allowed. Do not file this claim.</b> <input type="checkbox"/> b. <b>If you owned and occupied your home for the entire year</b> , Line 8 cannot exceed \$30,000. If the total is greater than \$30,000, <b>STOP - no credit is allowed. Do not file this claim.</b> . . . . .		

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

SPOUSE'S SIGNATURE DAYTIME TELEPHONE PREPARER'S ADDRESS AND ZIP CODE DATE

(616) 344-1111 362221111

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



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 2009**

**2009**  
 FORM  
**MO-CRP**

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

1. SOCIAL SECURITY NUMBER 333-44-9999		SPOUSE'S SOCIAL SECURITY NUMBER 888-22-6666		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.		
2. NAME 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	DAY	YEAR	TO: MONTH	DAY	YEAR
	01	01	2009	12	31	2009
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving housing assistance, enter the amount of rent YOU paid. . .					6	4,800 00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input checked="" type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> 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: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 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 (09-2009)

For Privacy Notice, see the instructions.



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CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) (____) _____ - _____		
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			2009			2009
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