DRAFT

MO-PTC Test 3

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

2009 FORM MO-PTC

MISSOURI DEPARTMENT OF REVENUE

PROPERTY TAX CREDIT CLAIM

AMENDED CLAIM ☐

VENDOR CODE 000

SOCIAL SECURITY NO. 335-33-5555	SPOUSE'S SOCIAL SECURITY NO.		
LAST NAME Terwilliger	FIRST NAME Tammy	INITIAL A	JR, SR
BIRTHDATE MM DD YY 06/14/32	TELEPHONE NUMBER	DECEASED 2009 ☐	
SPOUSE'S LAST NAME	FIRST NAME	INITIAL	JR, SR
BIRTHDATE MM DD YY		DECEASED 2009 ☐	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)
PRESENT HOME ADDRESS 215 Bitterroot Rd	APT. NUMBER	CITY, TOWN, OR POST OFFICE Osage Beach	STATE MO / ZIP CODE 65065

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

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 Form SSA-1099 and/or RRB-1099.**	1	7,835	00
2. Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, or other income. **Attach Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC, etc.**	2	2,800	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		00
4. Enter the amount of veteran's payments or benefits before any deductions. **Attach letter from Veterans Affairs.**	4		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 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.**	5	3,600	00
6. **TOTAL** household income — Add Lines 1 through 5.	6	14,235	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	- 0	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	14,235	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	681	00
10. If you rented, enter amount from Form MO-CRP(s), Line 9. **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.**	10		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	681	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	681	00

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
SPOUSE'S SIGNATURE	DAYTIME TELEPHONE	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 the instructions.

DRAFT

MO-PTC Test 3

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: 335-33-5555
SPOUSE'S SOCIAL SECURITY NUMBER:
ARE YOU RELATED TO YOUR LANDLORD? ☐ YES ☐ NO
IF YES, EXPLAIN.

2. NAME: Terwilliger Tammy A

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 2009
TO: MONTH — DAY — YEAR 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 ____ 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

MO 860-1089 (09-2009)

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MISSOURI DEPARTMENT OF REVENUE

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2009 FORM MO-CRP

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

2. NAME: Terwilliger Tammy A

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)
(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

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FROM: MONTH — DAY — YEAR 2009
TO: MONTH — DAY — YEAR 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 ____ 00

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- ☐ B. MOBILE HOME LOT — 100%
- ☐ C. BOARDING HOME / RESIDENTIAL CARE — 50%
- ☐ D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%
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