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	t in BLACK ink only and DO NOT STAPLE. Privacy Notice, see Instructions.						
	Select Here for Amended Claim						
	Department of Social Services Application of Eligibility orm attached Vendor Code Department Use On 0 0 1						
Name	Social Security Number in 2023 Spouse's Social Security Number Birthdate (MM/DD/YYYY) Spouse's Birthdate (MM/DD/YYYY) First Name M.I. Last Name Spouse's First Name M.I. Spouse's Last Name In Care Of Name (Attorney, Executor, Personal Representative, etc.)	Deceased in 2023 Suffix Suffix					
Address	Present Address (Include Apartment Number or Rural Route) City, Town, or Post Office State ZIP Code County of Residence						
Qualifications	Select only one qualification. Copies of letters, forms, etc., must be included with claim. A. 65 years of age or older - You must be a full year resident. (Attach Form SSA-1099.) B. 100% Disabled Veteran as a result of military service (Attach letter from Department of Veterans Affairs - see ins C. 100% Disabled (Attach letter from Social Security Administration or Form SSA-1099.) D. 60 years of age or older and received surviving spouse benefits (Attach Form SSA-1099.)	tructions.)					
Filing	Select only one filing status. If married filing combined, you must report both incomes. Single Married - Filing Combined Married - Living Separate for Entire Year						

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Failure to provide the following attachments will result in denial or delay of your claim: Verification of Rent Paid (Form 5674), Form(s) 1099, W-2, etc.

	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 Form(s) SSA-1099 or RRB-1099 (TIER I)	1 .00									
	2.	Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, unemployment compensation, or other income. Attach Form(s) W-2, 1099, 1099-G, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc.	2 .00									
ncome	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 (see instructions on page 5)	4									
	5.	Enter the total amount received by you, your spouse, and your minor children from: public assistance, Supplemental Security Income (SSI), child support, or Temporary Assistance payments (TA and TANF). Attach a letter from the Social Security Administration that includes the amount of assistance received if applicable										
Household Income	6.	Total household income - Add Lines 1 through 5 and enter the total here	6 . 00									
Hon	7.	Enter the appropriate amount from the options below	7 .00									
		Single or Married Living Separate - Enter \$0										
	Married and Filing Combined - rented or did not own your home for the entire year - Enter \$2,000											
		manned and riming combined in the company of the common year.	2,000									
		Married and Filing Combined - owned and occupied your home for the entire year - Enter \$4										
	8.											
	8.	Married and Filing Combined - owned and occupied your home for the entire year - Enter \$4	4,000									
	8.	 Married and Filing Combined - owned and occupied your home for the entire year - Enter \$4 Net household income - Subtract Line 7 from Line 6 and enter the amount here	4,000									
and Rent Paid		 Married and Filing Combined - owned and occupied your home for the entire year - Enter \$4. Net household income - Subtract Line 7 from Line 6 and enter the amount here	4,000	1								
Real Estate Tax and Rent Paid		 Married and Filing Combined - owned and occupied your home for the entire year - Enter \$4. Net household income - Subtract Line 7 from Line 6 and enter the amount here	4,000									

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Reserved

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. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under Section 143.561, RSMo. 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 further affirm that I am aware of the reporting requirements of Section 135.805 and penalty provisions of **Section 135.810**. Signature Date (MM/DD/YY) Spouse's Signature (If filing combined, BOTH must sign) Date (MM/DD/YY) E-mail Address Daytime Telephone Signature Date (MM/DD/YY) Preparer's Signature Preparer's FEIN, SSN, or PTIN Preparer's Telephone Preparer's Address State ZIP Code I authorize the Director of Revenue or delegate to discuss my claim and attachments with the preparer or any member of his or her firm, or if internally prepared, any member of the internal staff............ Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. **Department Use Only** Form MO-PTC (Revised 12-2023) E-mail: Incometaxprocessing@dor.mo.gov (Submit Property Tax Claim) Mail to: **Taxation Division** P.O. Box 2800 E-mail: PropertyTaxCredit@dor.mo.gov (Inquiry and correspondence) Jefferson City, MO 65105-2800

Phone: (573) 751-3505 **Fax:** (573) 522-1762 **TTY:** (800) 735-2966 Ever served on active duty in the United States Armed Forces? If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible

military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

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