



MISSOURI DEPARTMENT OF
REVENUE
Homestead Disaster Tax Credit Affidavit

Claimant Information

Name (Primary)	Social Security Number
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name (Spouse)	Social Security Number
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Address of the homestead that suffered damage

Street Address (Include Apartment Number or Rural Route)	County	
<input type="text"/>	<input type="text"/>	
City, Town, or Post Office	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is this your primary residence? Yes No

Have you been living there for more than 6 months? Yes No

Is this address used for tax and legal purposes? Yes No

Was the deductible incurred during the 2025 tax year? Yes No

Date of Disaster (MM/DD/YYYY)

Insurance Information

Insurance Company (Company issuing the policy/paying the claim.)

NAIC Cocode (Company Code)	NAIC Group Code
<input type="text"/>	<input type="text"/>
Policy Number	Amount of Deductible (Incurred by Policy Holder)
<input type="text"/>	<input type="text"/>

Signature(s)

Under penalty of perjury, I affirm that I meet the definition of an Individual Taxpayer as defined in [Section 135.445, RSMo](#), as imposed under Chapter 143. I declare that I have examined this return 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 135.445, RSMo.

Primary's Signature	Printed Name	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature	Printed Name	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mail To: Taxation Division
P.O. Box 27
Jefferson City, MO 65105-0027

Phone: (573) 751-3220
Fax: (573) 522-8619
E-mail: taxcredit@dor.mo.gov

Visit dor.mo.gov/tax-credits/
for additional information.

Form 5926 (Revised 03-2026)



Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Homestead Disaster Tax Credit (2025)

The Homestead Disaster Tax Credit provides financial relief to Missouri residents who incurred an insurance deductible on their primary residence due to a qualifying disaster in 2025.

You may be eligible if:

- In 2025, you incurred an insurance deductible for damage to your primary residence (homestead).
- The damage was caused by a disaster for which the Governor of Missouri requested a presidential disaster declaration in 2025.
- The residence was your legal and tax address, and you lived there for at least six months prior to the disaster.
- Your insurance company is licensed in the state of Missouri.

Tax credit information:

- The credit equals the amount of your insurance deductible incurred during the 2025 tax year, up to \$5,000.
- The credit is non-refundable and it cannot exceed your tax liability.
- Any unused portion may be carried forward for up to 29 years or until fully used.
- The credit can be sold, transferred, or assigned.
- No new credits will be authorized after October 15, 2026.

Affidavit Filing Instructions

To claim the credit, you must submit Form MO-TC, a letter from the insurance company, and the signed affidavit Form 5926 with your individual income tax return. The affidavit must include the following:

Claimant Information:

- Address of the damaged homestead, including county.
- Must be your primary residence at the time of the disaster.
- You must have lived there for more than six months.
- The address must be used for legal and tax purposes.
- The insurance deductible must be incurred in the 2025 tax year.
- Date of the disaster

Insurance Information:

- Name of the insurance company that paid the claim.
- The insurance company's National Association of Insurance Commissioners (NAIC) Cocode (Company Code).
- If applicable the insurance company's NAIC Group Code.
- Policy number
- Amount of the deductible you incurred. Attach insurance company documentation.

Signature Section:

- Include your printed name, signature, and date
- If filing jointly, both primary taxpayer and spouse must sign.
- Signing affirms that you have read and understood [Section 135.445, RSMo](#) under Chapter 143.