

Empty grid for Department Use Only

Print in BLACK ink only and DO NOT STAPLE. For Privacy Notice, see Instructions.

Select Here for Amended Claim

Department of Social Services Application of Eligibility form attached

Vendor Code

Department Use Only

0 0 6

Name

Name fields: Social Security Number, Birthdate, First Name, M.I., Last Name, Spouse's Social Security Number, Spouse's Birthdate, Spouse's First Name, M.I., Spouse's Last Name, Spouse's Suffix, In Care Of Name

Address

Address fields: Present Address, 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... B. 100% Disabled Veteran... C. 100% Disabled... D. 60 years of age or older...

Filing Status

- 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 may result in denial or delay of your claim:  
Verification of Rent Paid ([Form 5674](#)), Form(s) 1099, W-2, etc.

Household Income

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) . . . . .  .
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. . . . .  .
3. Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions. **Attach** Form RRB-1099-R (TIER II) . . . . .  .
4. Enter the amount of veterans payments or benefits before any deductions. **Attach** letter from Veterans Affairs (see instructions on page 5) . . . . .  .
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 . . . . .  .
6. Total household income - Add Lines 1 through 5 and enter the total here . . . . .  .
7. Enter the appropriate amount from the options below . . . . .  . 
  - **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
  - Married and Filing Combined - **owned** and **occupied** your home for the entire year - Enter \$4,000
8. Net household income - Subtract Line 7 from Line 6 and enter the amount here . . . . .  . 
  - If you rented or did not own and occupy your home for the entire year and Line 8 is greater than \$27,200, you are **not eligible** to file this claim.
  - If you owned and occupied your home for the entire year and Line 8 is greater than \$30,000, you are **not eligible** to file this claim.

Real Estate Tax and Rent Paid

9. If you owned your home, enter the total amount of property tax paid for your home, minus special assessments, or \$1,100, whichever is less. **Attach** a copy of your 2024 **paid** real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, **attach** the Assessor's Certification ([Form 948](#)) . . . . .  .
10. If you rented, enter the total amount from Certification of Rent Paid ([Form MO-CRP](#)) Line 9 or \$750, whichever is less. **Attach** a completed Verification of Rent Paid ([Form 5674](#)). **NOTE:** If you rent from a facility that does not pay property tax, you are **not eligible** for a Property Tax Credit . . . . .  .
11. Enter the total of Lines 9 and 10, or \$1,100, whichever is less . . . . .  .



12. Apply amounts from Lines 8 and 11 to chart on pages 14-16 to figure your Property Tax Credit. You **must** use the chart on pages 14-16 to see how much refund you are allowed. . . . .

a. Routing Number  c.  Checking  Savings  
 b. Account

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

Signature	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text"/>			Daytime Telephone	<input type="text"/>		
Preparer's Signature	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preparer's FEIN, SSN, or PTIN	<input type="text"/>			Preparer's Telephone	<input type="text"/>		
Preparer's Address	<input type="text"/>			State	<input type="text"/>	ZIP Code	<input type="text"/>

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 . . . . .  Yes  No

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. . . .  Yes  No



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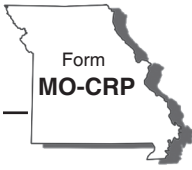
Form MO-PTC (Revised 12-2024)

**Mail to:** Taxation Division  
 P.O. Box 2800  
 Jefferson City, MO 65105-2800

**E-mail:** [Incometaxprocessing@dor.mo.gov](mailto:Incometaxprocessing@dor.mo.gov) (Submit Property Tax Claim)  
**E-mail:** [PropertyTaxCredit@dor.mo.gov](mailto:PropertyTaxCredit@dor.mo.gov) (Inquiry and correspondence)

**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/](http://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](http://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/](http://veteranbenefits.mo.gov/state-benefits/).



MISSOURI DEPARTMENT OF  
**REVENUE**  
2024 Certification of Rent Paid

One Form MO-CRP must be provided for each rental location in which you resided.  
**Failure to provide landlord information may result in denial or delay of your claim.**

1. Social Security Number Spouse's Social Security Number

-  -   -  -

Select this box if related to your landlord. If so, explain.

2. Name (First, Last)

Physical Address of Rental Unit (P.O. Box Not Allowed) Apartment Number

City State ZIP Code

3. Landlord's Name (First, Last)

Landlord's Street Address (Must be completed) Apartment Number

City State ZIP Code

4. Landlord's Phone Number (Must be completed)

5. Rental Period During Year (MM/DD/YY) To: (MM/DD/YY)

From:

6. Enter your gross rent paid. Attach a completed Verification of Rent Paid (Form 5674). 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  .

7. Select the appropriate box below and enter the corresponding percentage on Line 7 . . . . .

7  %

- |  |   |
|--|---|
| <input type="checkbox"/> A. Apartment, House, Mobile Home, or Duplex - 100%<br><input type="checkbox"/> B. Mobile Home Lot - 100%<br><input type="checkbox"/> C. Boarding Home or Residential Care - 50%<br><input type="checkbox"/> D. Skilled or Intermediate Care Nursing Home - 45%<br><input type="checkbox"/> E. Hotel - 100%; if meals are included - 50% | <input type="checkbox"/> F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)<br><input type="checkbox"/> G. Shared Residence – If you shared your rent with relatives or friends (other than your spouse or children under 18), select the appropriate box based on the additional person(s) sharing rent:<br><input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) |
|--|---|

8. Net rent paid - Multiply Line 6 by the percentage on Line 7. . . . .

8  .

9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS. . . . .

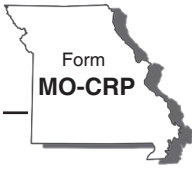
9  .



For Privacy Notice, see instructions. Form MO-CRP (Revised 12-2024)

Taxation Division  
Attach to Form MO-PTC or MO-PTS and  
mail to the Missouri Department of Revenue.

**Ever served on active duty in the United States Armed Forces?**  
If yes, visit [dor.mo.gov/military/](http://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/](http://veteranbenefits.mo.gov/state-benefits/).



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2024 Certification of Rent Paid

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1. Social Security Number

-  -

Spouse's Social Security Number

-  -

Select this box if related to your landlord. If so, explain.

2. Name (First, Last)

Physical Address of Rental Unit (P.O. Box Not Allowed)

Apartment Number

City

State

ZIP Code

3. Landlord's Name (First, Last)

Landlord's Street Address (Must be completed)

Apartment Number

City

State

ZIP Code

4. Landlord's Phone Number (Must be completed)

5. Rental Period During Year (MM/DD/YY)

From:

To: (MM/DD/YY)

6. Enter your gross rent paid. Attach a completed Verification of Rent Paid (Form 5674). 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   .

7. Select the appropriate box below and enter the corresponding percentage on Line 7

7   %

A. Apartment, House, Mobile Home, or Duplex - 100%

F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)

B. Mobile Home Lot - 100%

G. Shared Residence - If you shared your rent with relatives or friends (other than your spouse or children under 18), select the appropriate box based on the additional person(s) sharing rent:

C. Boarding Home or Residential Care - 50%

D. Skilled or Intermediate Care Nursing Home - 45%

1 (50%)  2 (33%)  3 (25%)

E. Hotel - 100%; if meals are included - 50%

8. Net rent paid - Multiply Line 6 by the percentage on Line 7

8   .

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   .



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For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2024)

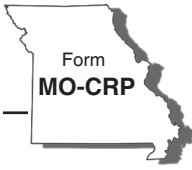
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MISSOURI DEPARTMENT OF REVENUE 2024 Certification of Rent Paid

One Form MO-CRP must be provided for each rental location in which you resided. Failure to provide landlord information may result in denial or delay of your claim.

1. Social Security Number [ ] - [ ] - [ ]

Spouse's Social Security Number [ ] - [ ] - [ ]

Select this box if related to your landlord. If so, explain.

[ ]

2. Name (First, Last) [ ]

Physical Address of Rental Unit (P.O. Box Not Allowed) [ ] Apartment Number [ ]

City [ ] State [ ] ZIP Code [ ]

3. Landlord's Name (First, Last) [ ]

Landlord's Street Address (Must be completed) [ ] Apartment Number [ ]

City [ ] State [ ] ZIP Code [ ]

4. Landlord's Phone Number (Must be completed) [ ]

5. Rental Period During Year (MM/DD/YY) From: [ ] [ ] [ ] To: [ ] [ ] [ ] (MM/DD/YY)

6. Enter your gross rent paid. Attach a completed Verification of Rent Paid (Form 5674). 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. Select the appropriate box below and enter the corresponding percentage on Line 7 [7] [ ] %

- A. Apartment, House, Mobile Home, or Duplex - 100%
 B. Mobile Home Lot - 100%
 C. Boarding Home or Residential Care - 50%
 D. Skilled or Intermediate Care Nursing Home - 45%
 E. Hotel - 100%; if meals are included - 50%
 F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)
 G. Shared Residence - If you shared your rent with relatives or friends (other than your spouse or children under 18), select the appropriate box based on the additional person(s) sharing rent:
 1 (50%)  2 (33%)  3 (25%)

8. Net rent paid - Multiply Line 6 by the percentage on Line 7. [8] [ ] [ ] .00

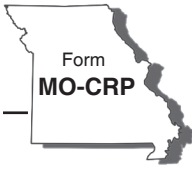
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS. [9] [ ] [ ] .00



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Taxation Division Attach to Form MO-PTC or MO-PTS and mail to the Missouri Department of Revenue.

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1. Social Security Number

Three boxes for Social Security Number with dashes between them.

Spouse's Social Security Number

Three boxes for Spouse's Social Security Number with dashes between them.

Select this box if related to your landlord. If so, explain.

Large empty box for explanation.

2. Name (First, Last)

Large empty box for Name (First, Last).

Physical Address of Rental Unit (P.O. Box Not Allowed)

Large empty box for Physical Address of Rental Unit.

Apartment Number

Small empty box for Apartment Number.

City

Large empty box for City.

State

Small empty box for State.

ZIP Code

Large empty box for ZIP Code.

3. Landlord's Name (First, Last)

Large empty box for Landlord's Name (First, Last).

Landlord's Street Address (Must be completed)

Large empty box for Landlord's Street Address.

Apartment Number

Small empty box for Apartment Number.

City

Large empty box for City.

State

Small empty box for State.

ZIP Code

Large empty box for ZIP Code.

4. Landlord's Phone Number (Must be completed)

Large empty box for Landlord's Phone Number.

From:

Three boxes for From: MM/DD/YY.

To:

Three boxes for To: MM/DD/YY.

5. Rental Period During Year (MM/DD/YY)

6. Enter your gross rent paid. Attach a completed Verification of Rent Paid (Form 5674). 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.

Box 6: Amount of rent paid. Includes a box for cents (00).

7. Select the appropriate box below and enter the corresponding percentage on Line 7

Box 7: Percentage entered. Includes a % sign.

A. Apartment, House, Mobile Home, or Duplex - 100%

F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)

B. Mobile Home Lot - 100%

G. Shared Residence - If you shared your rent with relatives or friends (other than your spouse or children under 18), select the appropriate box based on the additional person(s) sharing rent:

C. Boarding Home or Residential Care - 50%

1 (50%) 2 (33%) 3 (25%)

D. Skilled or Intermediate Care Nursing Home - 45%

E. Hotel - 100%; if meals are included - 50%

8. Net rent paid - Multiply Line 6 by the percentage on Line 7.

Box 8: Net rent paid. Includes a box for cents (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.

Box 9: Amount after 20% multiplier. Includes a box for cents (00).



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