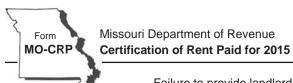


MISSOURI DEPARTMENT OF REVENUE PROPERTY TAX CREDIT CLAIM MO-PTC

2015

SS	LAST NA	AME FIRST NAME	INITIAL	BIRTHDATE (MMDDYYYY)	DECEASED SC 2015	CIAL SECURITY	NO. 	SOFTWARE VENDOR CODE	
ADDRESS	SPOUSE	E'S LAST NAME FIRST NAME	INITIAL	BIRTHDATE (MMDDYYYY) / /	DECEASED SP	OUSE'S SOCIAL	SECURITY	NO. (Assigned by DOR)	
∽ Ι	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) TELEPHONE NUMBER () —						AMENDED		
NAME	PRESEN	IT HOME ADDRESS	APT. NUMBER	CITY, TOWN, OR POST OFFI	CE, STATE, AND Z	IP CODE	_	CLAIM	
SN	You n	nust check a qualification to be eligible for a cred	dit. Check only one. RE	QUIRED COPIES OF LET	TERS, FORMS,	ETC., MUST B	E INCLUE	DED WITH CLAIM.	
CATIC	A. 65 years of age or older (You must be a full year resident. Attach a copy of Form SSA-1099.) C. 100% Disabled (Attach a copy of the letter from SSA-1099.) Security Administration or Form SSA-1099.								
QUALIFICATIONS									
FIL	ING S	TATUS Single Married — Filing	Combined 🗆 Marr	ied — Living Separat e	e for Entire Y	ear If ma	rried fili st repo	ng combined, rt both incomes.	
FAI	_	O PROVIDE THE ATTACHMENTS LISTED BELOW (R					L OR DEL	AY OF YOUR CLAIM!	
HOUSEHOLD INCOME	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 Forms SSA-1099, RRB-1099, or SSI Statement.							00	
	2. Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, or other income. ATTACH Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc							00	
	3.	Enter the amount of railroad retirement benefits ATTACH Form RRB-1099-R (TIER II)		3	00				
		Enter the amount of veteran's payments or benefit	-	4	00				
	5. Enter the total amount received by you, your spouse, and your minor children from: public assistance, SSI, child support, Temporary Assistance payments (TA and TANF). ATTACH copy of Forms SSA-1099, a letter from the Social Security Administration and Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable.						5	00	
	6. TOTAL household income — Add Lines 1 through 5. Enter total here							00	
	7. MARK THE BOX THAT APPLIES and enter the appropriate amount. □ a. Enter \$0 if 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;								
		<u>.</u>	7 -	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.								
_	1						8	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, or \$1,100, whichever is less. 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.							00	
	10. If you rented, enter the total amount from Form(s) MO-CRP, Line 9, or \$750, whichever is less. ATTACH rent receipts or a signed statement from your landlord. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.							00	
	11.	Enter the total of Lines 9 and 10, or \$1,100, wh	nichever is less				11	00	
CREDITS	12.	You must use the chart on pages 13-15 to see Apply amounts from Lines 8 and 11 to chart on					12	00	
ATURE	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 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 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							complete. Declaration of dual who files a frivolous	
	I authoriz	PREPARER'S PHC							
	with the preparer or any member of the preparer's firm. YES NO SIGNATURE DATE (MMDDYYYY) PREPARER'S SIGNATURE								
``L	CDOLICE:	C CICNATURE /// filing combined POTU anist size)	//	PREPARER'S ADDRESS AND Z	IB CODE			DATE (MMDDVAAA)	
	arouse'	S SIGNATURE (If filing combined, BOTH must sign)	() -	PREPAREN S AUDRESS AND 2	IF CODE			DATE (MMDDYYYY)	
	N	Mail claim and attachments to Missou	ıri Department of F	- I Revenue, P.O. Box 2	2800, Jeffers	son Citv. M	O 6510	<u> </u>	



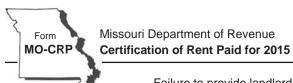
Failure to provide landlord information will result in denial or delay of your claim.

1. Social Security Number Spouse's Social Security Number If yes,									
Are you related to your landlord? Yes No explain									
2. Taxpayer Name Physical Address of Rental Apartment Apartment									
Unit (P.O. Box Not Allowed) City State ZIP Code	Number L								
3. Landlord's Name Landlord's Last 4 Digits of Landlord's Federal Employee									
Social Security Number									
Landlord's Street Address (Must be completed)	Apartment Number								
City State ZIP Code									
4. Landlord's Phone Number (Must be completed) From: To: (MM/DD/YY) To: (MM/DD/YY)									
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of canceled checks (front and back). 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									
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, 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 or friends (other than your spouse or children under 18), select the appropriate box based on the additional persons sharing rent:									
1 (50%) 2 (33%) 3 (25%)									
8. Net rent paid - Multiply Line 6 by the percentage on Line 7.	. 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	. 00								

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2015)





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Are you related to your landlord? Yes No explain									
2. Taxpayer Name Physical Address of Rental Apartment Apartment									
Unit (P.O. Box Not Allowed) City State ZIP Code	Number L								
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Social Security Number									
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