

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

| | Select Here for Amended Claim | | Vend | or Code | Department Use | Only |
|-----------|--|---------|-------------------------------|----------------|----------------|----------|
| | | | 0 | 0 0 | | |
| | | | Deceased | | | Deceased |
| | Social Security Number | | in 2017 Spouse's Social | Security Num | ber | in 2017 |
| | | | | - | _ | |
| | Birthdate (MM/DD/YYYY) | | Spouse's Birthda | ate (MM/DD/Y | YYY) | |
| | | | | | , | |
| e | | | | | | |
| Name | First Name | M.I. | Last Name | | | Suffix |
| | | | | | | |
| | Spouse's First Name | M.I. | Spouse's Last Name | | | Suffix |
| | | | | | | |
| | In Care Of Name (Attorney, Executor, Personal Repr | esenta | ative, etc.) | | | |
| | | | . , | | | |
| | | | | | | |
| | | | | | | |
| | Present Address (Include Apartment Number or Rura | al Rout | e) | | | |
| | | | | | | |
| SS | City, Town, or Post Office | | | State | ZIP Code | |
| Address | ,, | | |] |] [] _] | |
| Ă | County of Decidence | | | | | |
| | County of Residence | | | | | |
| | | | | | | |
| | | | | | | |
| | Select only one qualification. Copies of letters, | forms | s. etc must be included with | claim. | | |
| (0 | | | ,,, | | | |
| ion | A. 65 years of age or older - You must be a full year resident. (Attach Form SSA-1099.) | | | | | |
| fications | B. 100% Disabled Veteran as a result of military service (Attach letter from Department of Veterans Affairs - see instructions.) | | | | | |
| | | | | | , | |
| Ø | C. 100% Disabled (Attach letter from Se | ocial (| Security Administration or Fo | rm SSA-109 | 99.) | |
| | D. 60 years of age or older and receive | d sur | viving spouse benefits (Attac | h Form SSA | ·-1099.) | |
| | , | | 3 -1 30 (. 11100 | | , | |
| | Colort only one filing status 16 manufact filing | a. c. c | whipped was proved new and be | ath income | _ | |
| Filing | Select only one filing status. If married filin | y cor | momea, you must report bo | oth incomes | S. | |
| 正次 | Single Married - Filing Combine | ed | Married - Living Separa | ite for Entire | Year | |
| | | | | | | |

| | 1. | 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 |
|-------------------------------|-----|---|-------|-------|
| Household Income | 2. | Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, or other income. Attach Form(s) W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc | 2 | . 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 (see instructions on page 5) | 4 | . 00 |
| | 5. | Enter the total amount received by you, your spouse, and your minor children from: public assistance, 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 and Form 1099 from Employment Security, if applicable | 5 | . 00 |
| | 6. | Total household income - Add Lines 1 through 5 and enter the total here | 6 | . 00 |
| | 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 | |
| | | 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 | 8 | . 00 |
| | | • If you rented or did not own and occupy your home for the entire year and Line 8 is greater than \$27,500, 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, less special assessments, or \$1,100, whichever is less. Attach a copy of your 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). | 9 |]. 00 |
| state Tax an | 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 | 10 | . 00 |
| Seal | 11. | Enter the total of Lines 9 and 10, or \$1,100, whichever is less | 11 | . 00 |

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Signature

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. 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.

Signature

| Signature | Date (MM/DD/YY) |
|--|----------------------|
| | |
| Spouse's Signature (If filing combined, BOTH must sign) | Date (MM/DD/YY) |
| | |
| E-mail Address | Daytime Telephone |
| | |
| Preparer's Signature | Date (MM/DD/YY) |
| | |
| 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 a or any member of his or her firm, or if internally prepared, any member of | |

| | | | Department Use Only |
|---|----|---|---------------------|
| A | □к | R | υ |

Form MO-PTC (Revised 12-2017)

Mail to: Taxation Division P.O. Box 2800

Jefferson City, MO 65105-2800

Phone: (573) 751-3505 **TTY:** (800) 735-2966 **Fax:** (573) 522-1721

E-mail: PropertyTaxCredit@dor.mo.gov



| Form MO-CRP | Missouri Department of Revenue 2017 Certification of Rent Paid |
|----------------|--|
| | |

One Form MO-CRP must be provided for each rental location in which you resided. Failure to provide landlord information will 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 Last 4 Digits of Social Security Number Landlord's Federal Employee Identification Number (FEIN) - if applicable |
| | Editable 6 Edit in Biglio of Goodal Goodality (12.11) in applicable |
| | Landline No. Charact Address (March In consolidar) |
| | Landlord's Street Address (Must be completed) Apartment Number |
| | |
| | City State ZIP Code |
| | |
| | |
| 4. | Landlord's Phone Number (Must be completed) From: To: |
| 5. | Rental Period During Year (MM/DD/YY) (MM/DD/YY) |
| 6 | Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement |
| 0. | 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 |
| | |
| 7. | Select the appropriate box below and enter the corresponding percentage on Line 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 persons sharing rent: |
| | 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 |
| 9. | Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS |
| _ | |

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Form MO-CRP (Revised 12-2017)



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| 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 Last 4 Digits of Social Security Number Landlord's Federal Employee Identification Number (FEIN) - if applicable |
| | Editable 6 Federal Employee restrained in Early in applicable |
| | Landline No. Charact Address (March In consolidar) |
| | Landlord's Street Address (Must be completed) Apartment Number |
| | |
| | City State ZIP Code |
| | |
| | |
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| _ | |

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Form MO-CRP (Revised 12-2017)

