

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

	Select Here for Amended Claim	Vendor Code	Department Use On	lly		
		006				
	Deceased Social Security Number in 2018	Spouse's Social Security Num	nber	Deceased in 2018		
	Birthdate (MM/DD/YYYY)	Spouse's Birthdate (MM/DD/Y	 /YYY)			
e				0. "		
Name	First Name M.I. Last Name			Suffix		
	Spouse's First Name M.I. Spouse's Las	t Name		Suffix		
	In Care Of Name (Attorney, Executor, Personal Representative, etc.)					
	Present Address (Include Apartment Number or Rural Route)					
SS	City, Town, or Post Office	State	ZIP Code			
Address						
	County of Residence			]		
	Select only one qualification. Copies of letters, forms, etc., must b	e included with claim.				
ications	A. 65 years of age or older - You must be a full year resident. (Attach Form SSA-1099.)					
lifica	B. 100% Disabled Veteran as a result of military service (Attach letter from Department of Veterans Affairs - see instructions.)					
Qualifi	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	A-1099.)			
<del>ر</del> م	Select only one filing status. If married filing combined, you	must report both income	e			
<b>Filing</b> Status		-				
	Single Married - Filing Combined Married	- Living Separate for Entire	e Year			
	1834401	<b>                                      </b>	N	IO-PTC Page 1		

## 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,					
		or other income. <b>Attach</b> 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. <b>Attach</b> Form RRB-1099-R (TIER II)	3	. 00			
			0				
	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			
	~	Enter the total encount received by your encount and your minor children from while					
	э.	Enter the total amount received by you, your spouse, and your <b>minor children</b> from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). <b>Attach</b> a					
e		letter from the Social Security Administration that includes the amount of assistance received					
mo		and Form 1099 from Employment Security, if applicable	5	. 00			
lnc							
Household Income	6.	Total household income - Add Lines 1 through 5 and enter the total here	6	. 00			
lset	0.		<u> </u>				
Чог							
	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				
			<b></b>				
	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 <b>not eligible</b> 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 <b>not eligible</b> to file this claim.					
aid	9.	If you owned your home, enter the total amount of property tax paid for your home, less special					
t Pa		assessments, or \$1,100, whichever is less. <b>Attach</b> a copy of your <b>paid</b> real estate tax receipt(s).					
Ren		If your home is on more than five acres or you own a mobile home, attach the Assessor's					
nd		Certification (Form 948)	9	. 00			
ах а	10.	If you rented, enter the total amount from Form(s) MO-CRP, Line 9 or \$750, whichever is less.					
eΤ	-	Attach a completed Verification of Rent Paid (Form 5674). NOTE: If you rent from a facility					
stat		that does not pay property tax, you are <b>not eligible</b> for a Property Tax Credit	10	. 00			
Real Estate Tax and Rent Paid							
Re	11	Enter the total of Lines 9 and 10, or \$1,100, whichever is less	11	. 00			



12.	Apply amounts from Lines 8 and 11 to chart on pages 17-19 to figure your Property Tax Credit.		
	You <b>must</b> use the chart on pages 17-19 to see how much refund you are allowed	12	00

Credit

Signature

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.

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 attachments with the or any member of his or her firm, or if internally prepared, any member of the internal staff	

	Department Use Only			
□ A	□ K □ R	U		
Mail to:	Taxation Division P.O. Box 3385 Jefferson City, MO 65105-3385	Phone: (573) 751-3505 TTY: (800) 735-2966 Fax: (573) 751-2195 E-mail: <u>PropertyTaxCredit@dor.mo.gov</u>	Form MO-PTC (Revised 12-2018)	
		18344030006	MO-PTC Page 3	

2		MO-CRP must be provided for each rental location in which you resided. provide landlord information will result in denial or delay of your claim.
-		
1.	Social Security Number	Spouse's Social Security Number
2.	Select this box if related to your landlord. If so, explain.	
	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
	Landlord's Street Address (Must be completed)	Apartment Number
	City	State ZIP Code
	Landlord's Phone Number (Must be completed)	
	Rental Period During Year (MM/DD/YY)    Enter your gross rent paid. Attach a completed Verification of Rent Paid (For Paid)	(MM/DD/YY)
	assistance, enter the amount of rent you paid. Note: If you rent from a fact you are not eligible for a Property Tax Credit	
7.	Select the appropriate box below and enter the corresponding percentage of	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%    C. Boarding Home or Residential Care - 50%	G. Shared Residence – If you shared your rent with relatives or friends (other than your spouse or children under 18), select the appropriate how beard on the additional paragraph of the appropriate
	D. Skilled or Intermediate Care Nursing Home - 45%	box based on the additional persons sharing rent:
	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-PT	
	For Privacy Notice, s action Division ach to Form MO-PTC or MO-PTS and mail to the Missouri Department of Re	

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