Print Form | Reset | Calculate | ☒ Do automatic calculations | ☐ Don't do any calculations

MISSOURI DEPARTMENT OF REVENUE

Form MO-PTC

2019 Property Tax Credit Claim

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

(NOTE: For proper form functionality, utilize Internet Explorer browser and Adobe Reader for PDF viewer.)
INSTRUCTIONS:
- **You must use the print button at the top of page to print form**
- **Don't forget to attach all required forms**
- **You can tab from one field to another or use the mouse to click in the field you want.**
- **You must use your mouse to click in the check boxes.**
- **If a field does not allow a negative number, and a negative number is entered, a zero will be displayed.**

☐ Select Here for **Amended** Claim

Vendor Code	Department Use Only		
006			

Name

Social Security Number ___ - ___ - ___ Deceased in 2019 ☐

Spouse's Social Security Number ___ - ___ - ___ Deceased in 2019 ☐

Birthdate (MM/DD/YYYY)

Spouse's Birthdate (MM/DD/YYYY)

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 Representative, etc.)

Address

Present Address (Include Apartment Number or Rural Route)

City, Town, or Post Office | State | ZIP Code ___ – ___

County of Residence

SELECT COUNTY

Qualifications

Select only one qualification. Copies of letters, forms, etc., must be included with claim.

☐ A. 65 years of age or older - You must be a full year resident. (Attach Form SSA-1099.)

☐ B. 100% Disabled Veteran as a result of military service (Attach letter from Department of Veterans Affairs - see instructions.)

☐ 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-1099.)

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

19344010001

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.

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) . . . . . 1 _____ .00 **Line 1**

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 **Line 2**

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 **Line 3**

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 **Line 4**

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 **Line 5**

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 **Line 7**

   - **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 ☐ Check if you owned and occupied your home for the entire year

8. Net household income - Subtract Line 7 from Line 6 and enter the amount here . . . . . 8 _____ .00 **Line 8**

   - 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 2019 **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 **Line 9**

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 . . **Go To Form MO-CRP** 10 _____ .00 **Line 10**

11. Enter the total of Lines 9 and 10, or $1,100, whichever is less . . . . . 11 _____ .00 **Line 11**

19344020001

Credit

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

a. Routing Number

b. Account

c. ☐ Checking ☐ Savings

Signature

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 preparer or any member of his or her firm, or if internally prepared, any member of the internal staff . . . . . ☐ Yes ☐ No

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: PropertyTaxCredit@dor.mo.gov

19344030001

For Privacy Notice, CLICK HERE

MISSOURI DEPARTMENT OF REVENUE

Form **MO-CRP**

2019 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 Line 1

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

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

5. Rental Period During Year From: (MM/DD/YY) ___ ___ 2019 To: (MM/DD/YY) ___ ___ 2019

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 Line 6

7. Select the appropriate box below and enter the corresponding percentage on Line 7 . . . . . 7 ___ % Line 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 persons sharing rent:

☐ 1 (50%) ☐ 2 (33%) ☐ 3 (25%)

8. Net rent paid - Multiply Line 6 by the percentage on Line 7. . . . . 8 ___ . 00 Line 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 ___ . 00 Line 9

Go To Form MO-PTC

For Privacy Notice, see instructions.

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

19315010001

For Privacy Notice, CLICK HERE

MISSOURI DEPARTMENT OF REVENUE

Form **MO-CRP**

2019 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 Line 1

3. Landlord's Name (First, Last)

Landlord's Last 4 Digits of Social Security Number Landlord's Federal Employer Identification Number (FEIN) - if applicable

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 From: (MM/DD/YY) ___ ___ 2019 To: (MM/DD/YY) ___ ___ 2019

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 Line 6

7. Select the appropriate box below and enter the corresponding percentage on Line 7 . . . . . 7 ___ % Line 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 persons sharing rent:

☐ 1 (50%) ☐ 2 (33%) ☐ 3 (25%)

8. Net rent paid - Multiply Line 6 by the percentage on Line 7 . . . . . 8 ___ . 00 Line 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 ___ . 00 Line 9

Go To Form MO-PTC

For Privacy Notice, see instructions.

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

19315010001

For Privacy Notice, CLICK HERE

MISSOURI DEPARTMENT OF REVENUE

Form **MO-CRP**

2019 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 Line 1

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

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

5. Rental Period During Year From: (MM/DD/YY) ___ ___ **2019** To: (MM/DD/YY) ___ ___ **2019**

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 Line 6

7. Select the appropriate box below and enter the corresponding percentage on Line 7 . . . . . 7 ___ % Line 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 persons sharing rent:

☐ 1 (50%) ☐ 2 (33%) ☐ 3 (25%)

8. Net rent paid - Multiply Line 6 by the percentage on Line 7 . . . . . 8 ___ . 00 Line 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 ___ . 00 Line 9

Go To Form MO-PTC

For Privacy Notice, see instructions.

Taxation Division

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

19315010001

For Privacy Notice, CLICK HERE

MISSOURI DEPARTMENT OF REVENUE

Form **MO-CRP**

2019 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 Line 1

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

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

5. Rental Period During Year From: (MM/DD/YY) ___ ___ 2019 To: (MM/DD/YY) ___ ___ 2019

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 Line 6

7. Select the appropriate box below and enter the corresponding percentage on Line 7 . . . . . 7 ___ % Line 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 persons sharing rent:

☐ 1 (50%) ☐ 2 (33%) ☐ 3 (25%)

8. Net rent paid - Multiply Line 6 by the percentage on Line 7. . . . . 8 ___ . 00 Line 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 ___ . 00 Line 9

Go To Form MO-PTC

For Privacy Notice, see instructions.

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

19315010001

For Privacy Notice, CLICK HERE

MISSOURI DEPARTMENT OF REVENUE

Form **MO-CRP**

2019 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 Line 1

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

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

5. Rental Period During Year From: (MM/DD/YY) ___ ___ 2019 To: (MM/DD/YY) ___ ___ 2019

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 Line 6

7. Select the appropriate box below and enter the corresponding percentage on Line 7 . . . . . 7 ___ % Line 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 persons sharing rent:

☐ 1 (50%) ☐ 2 (33%) ☐ 3 (25%)

8. Net rent paid - Multiply Line 6 by the percentage on Line 7. . . . . 8 ___ . 00 Line 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 ___ . 00 Line 9

Go To Form MO-PTC

For Privacy Notice, see instructions.

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

19315010001

For Privacy Notice, CLICK HERE