MISSOURI

2016 PROPERTY TAX CREDIT CLAIM

FINAL CHECKLIST BEFORE MAILING YOUR CLAIM.

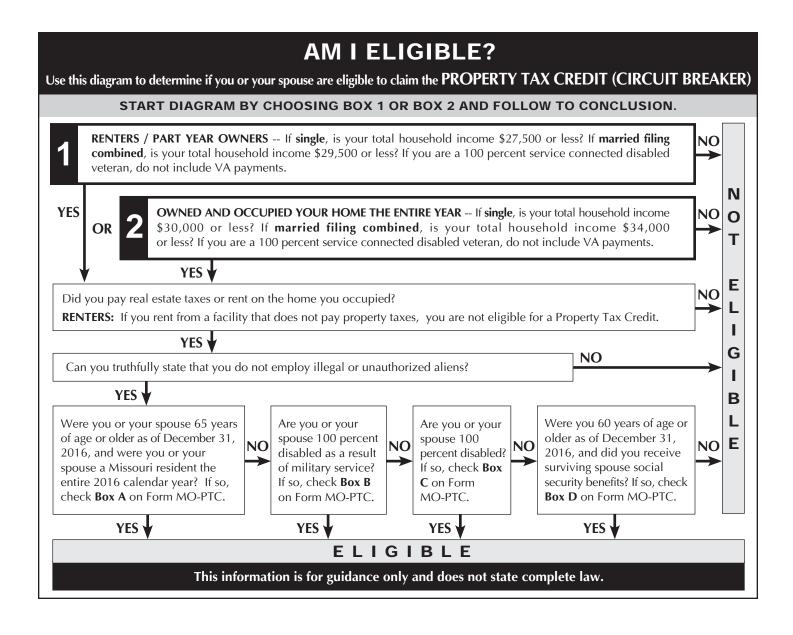
THE INSTRUCTIONS AND FORM ITSELF WILL LIST BACK-UP INFORMATION NEEDED.

DID YOU NEED TO ATTACH ANY OF THESE?

- MO-CRP
- RENT RECEIPTS OR SIGNED LANDLORD STATEMENT
- SSA-1099, RRB-1099, OR SSI STATEMENT
- 2016 **PAID** REAL ESTATE RECEIPTS OR PERSONAL PROPERTY TAX RECEIPTS
- DISABLED VETERAN DOCUMENTATION
- POWER OF ATTORNEY OR FEDERAL FORM 1310 AND DEATH CERTIFICATE



FAILURE TO INCLUDE REQUIRED DOCUMENTATION OR INFORMATION MAY REDUCE OR DELAY YOUR REFUND.



2-D Barcode Returns - If you plan to file a paper return, you should consider 2-D barcode filing. The software encodes all your tax information into a 2-D barcode, which allows your return to be processed with fewer errors



compared to traditional paper returns. If you use software to prepare your return, check our website for approved 2-D barcode software companies. Also, check out the Department's fill-in forms that calculate and have a 2-D barcode. You can have your refund directly deposited into your bank account when you use the Department's fill-in forms. **ALL** 2-D barcode returns should be mailed to: **Department of Revenue, P.O. Box 3385, Jefferson City, MO 65105-3385**.

Assistance with Preparing Your Tax Return

There are a large number of volunteer groups around Missouri providing tax assistance to elderly or lower income taxpayers. To locate a volunteer group near you that offers return preparation assistance:

- Call 800-906-9887 or 888-227-7669,
- or visit: https://www.irs.gov/filing/free-file-do-your-federal-taxes-for-free

You will find a larger volume of volunteer centers open during the filing season, which is typically January through April.

What's Inside?

DO I HAVE THE CORRECT TAX BOOK?

You **MAY USE** this tax book to file your 2016 Property Tax Credit Claim (Form MO-PTC), if you meet the eligibility requirements on page 2 and are not required to file an individual income tax return.

You **cannot use this book** if you were required to file a federal return and you were a:

- Resident of Missouri and you had Missouri adjusted gross income of \$1,200 or more;
- Nonresident of Missouri and had income of \$600 or more from Missouri sources; or
- Resident or nonresident with Missouri withholding and you want to file an individual income tax return to claim a refund of your withholding.

If you have any negative income, you can not use this form.

If you meet any of the above criteria, you **cannot** file the Form MO-PTC. You must file a Missouri income tax return and attach Form MO-PTS if you qualify for a property tax credit. See information in the next column to obtain the correct form (Form MO-1040 or Form MO-1040P) to file and claim your Property Tax Credit.

Exception: You are not required to file a Missouri income tax return if your standard deduction plus your personal exemption meet or exceed your Missouri adjusted gross income.

If you are a nonresident alien, go to our website at http://dor.mo.gov/personal/individual/ for information.

Helpful Hint

If you anticipate receiving any 1099 or W-2 income, please wait to file this claim until all statements are received. Filing too early may result in a balance due.

TO OBTAIN FORMS

Visit http://dor.mo.gov/personal/individual/.

IMPORTANT FILING INFORMATION

This information is for guidance only and does not state the complete law.

WHEN TO FILE CLAIM

The 2016 Form MO-PTC is due April 18, 2017, but you may file up to three years from the due date and still receive your credit.

WHERE TO MAIL CLAIM

Mail your completed Form MO-PTC and all attachments to: Department of Revenue P.O. Box 2800 Jefferson City, MO 65105-2800

FILING FOR DECEASED INDIVIDUALS

If an individual passed away in 2016, a claim may be filed by the surviving spouse if the filing status is "married filing combined" and all other qualifications are met. If there is no surviving spouse, the estate may file the claim.

A copy of the death certificate must be attached and if the check is to be issued in another name, a Federal Form 1310 must also accompany the claim. To obtain Federal Form 1310, go to **irs.gov/forms-instructions**.

Any existing Power of Attorney (Form 2827) pending with the Department of Revenue is terminated when the death of the taxpayer is made known to the Department. A new Form 2827 is required after death of the taxpayer before any party may discuss the taxpayer's debt with the Department staff.

DOLLARS AND CENTS

Rounding is required on your Form MO-PTC. Zeros have been placed in the cents column on your return. For 1 cent through 49 cents, round down to the previous whole dollar amount. For 50 cents through 99 cents, round up to the next whole dollar amount.

Example: Round \$32.49 down to \$32.00 Round \$32.50 up to \$33.00

FILL-IN FORMS THAT CALCULATE

Go to our website at http://dor.mo.gov/personal/ptc to enter your tax information, and let us do the math for you. No calculation errors means faster processing. Just print, sign, and mail the claim with required supporting documents.

ADDRESS CHANGE

If you move after filing your return, notify both the post office serving your old address and the **Department of Revenue** of your address change. Address change requests should be mailed to: **Department of Revenue, P.O. Box 2200, Jefferson City, MO 65105-2200**. This will help forward any refund check or correspondence to your new address.

MISSOURI RETURN INQUIRY

To check the status of your current year return 24 hours a day, please visit the Department's website: **http://dor.mo.gov/personal/individual/** or call our automated individual income tax inquiry line at (573) 526-8299. To obtain the status of your return, you must know the following information: 1) the first social security number on the return; 2) the filing status shown on your return; and 3) the exact amount of the refund or balance due in whole dollars.

TAXPAYER BILL OF RIGHTS

To obtain a copy of the Taxpayer Bill of Rights, you can go to the Department's website at http://dor.mo.gov/personal/individual/.

FORM MO-PTC

INFORMATION TO COMPLETE FORM MO-PTC

NAME, ADDRESS, ETC.

Print or type your name(s), address, social security number(s), birthdate(s), and telephone number in the spaces provided. If you or your spouse do not have a social security number, enter "none" in the appropriate space(s). If married, enter both birthdates, even if your spouse died during the calendar year. Only check the deceased box if death occurred in 2016.

Check the amended claim box if you are filing an amended claim. Complete the entire claim using the corrected figures.

Helpful Hints

- Please use the social security number of the person filing the claim.
- Do not use Form MO-PTC if you need to file an individual income tax return (Form MO-1040 or Form MO-1040P). See page 3.

QUALIFICATIONS

Check the applicable box to indicate under which qualification you are filing the Form MO-PTC. See the "Am I Eligible" chart on page 2. You must check a qualification box to be eligible for the credit. Check **only** one box. **Attach the appropriate documentation to verify your qualification**. (The required documentation is listed behind each qualification on Form MO-PTC.)

FILING STATUS

Check your filing status. You can check "married living separate for entire year" only if you and your spouse did not at any time during the year live in the same residence.

Note: If you lived at different addresses for the entire year, you may file a separate claim. Do not include spouse's name or social security number if you marked married filing separate. You cannot take the \$2,000 or \$4,000 deduction on line 7 if you checked "marriedliving separate for entire year," as your filing status, and you are filing a separate claim. (Example: One spouse lives in a nursing or residential care facility while the other spouse remains in the home the entire year.)

Helpful Hint

If you are married and lived together for any part of the year, you must file married filing combined and include all household income.

HOUSEHOLD INCOME

Household income is **all income** received by a claimant, spouse, and minor children (**taxable** or **nontaxable**) and includes all income from sources listed on Lines 1 through 5 of Form MO-PTC.

LINE 1 — SOCIAL SECURITY BENEFITS

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 a copy of Forms SSA-1099, **RRB-1099**, or SSI Statement.

Lump sum distributions from Social Security Administration or other agencies must be claimed in the year in which they are received.

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2016 · PART OF YOUF	RSE SIDE FOR MORE INFOR	MATION	IN IN BOX 5 MAY BE TAXABLE INCOME.			
Box 1. Name		Box 2. Be	eneficiary's Social Security Number			
BETTY TAXPAYER		000-	00-0000			
Box 3. Benefits Paid in 2016	Box 4. Benefits Repaid to SSA in	n 2016	Box 5. Net Benefits for 2016 (Box 3 minus box 4)			
*\$8,400.00	NONE		\$8,400.00			
DESCRIPTION OF AM	IOUNT IN BOX 3	DI	ESCRIPTION OF AMOUNT IN BOX 4			
Paid by check or direct deposit Medicare premiums deducted from ye Total Additions Benefits for 2016	\$7,800.00 pur benefit \$600.00 \$8,400.00 \$8,400.00	NONE Box 6. Voluntary Federal Income Tax Withheld NONE				
*Includes: \$12.00 Paid in 2016 for 2(015	5500 TAXT Box 8. C	ddress Y TAXPAYER TAXES LANE TOWN, MO 55555-5555 Town, MO 55555-5555 alim Number (Use this number if you need to contact SS 0-0000			

Helpful Hints

- Wait to file your claim until you get your Forms SSA-1099. This is not the statement indicating what your benefits will be, but it is the actual Form SSA-1099, received in January 2017, that states what your benefits were for the entire 2016 year. See the sample Form SSA-1099 above.
- If you are receiving railroad retirement benefits, you should receive two Forms RRB-1099. One Form RRB-1099-R shows annuities and pensions and the other is your social security equivalent railroad retirement benefits. Include the amount from Form RRB-1099 that states social security equivalent (usually Tier I benefits) on Line 1.

LINE 2 — WAGES, PENSIONS, ANNUITIES, DIVIDENDS, INTEREST, RENTAL INCOME, OR OTHER INCOME

Include the amount of **all** wages, pensions, annuities, dividends, interest income, rental income, or other income. Do not include excludable costs of pensions or annuities. (These are usually the employee's contribution to a retirement program listed separately on Form 1099-R.) **Attach Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc.** If grants or long-term care benefits are made payable to the nursing facility, do not include as income or rent. **If you have any negative income, you cannot use this form.**

LINE 3 — RAILROAD RETIREMENT BENEFITS

Enter the gross distribution amount of railroad retirement benefits (not included in Line 1) before any deductions. This is the amount of annuities and pensions received, **not** your social security equivalent benefits. **Attach Form RRB-1099-R (Tier II)**.

LINE 4 — VETERAN BENEFITS

Include your veteran payments and benefits. Veteran payments and benefits include education or training allowances, disability compensation, grants, and insurance proceeds.

Exceptions: If you are 100 percent disabled as a result of military service, you are not required to include your veteran payments and benefits. **You must attach a letter from the Veterans Administration that states you are 100 percent disabled as a result of military service**. To request a copy of the letter, call the Veterans Administration at (800) 827-1000.

If you are a surviving spouse and your spouse was 100 percent disabled as a result of military service, all the veteran payments and benefits must be included.

LINE 5 — PUBLIC ASSISTANCE

Include the amount of public assistance, supplemental security income (SSI), child support, unemployment compensation, and Temporary Assistance payments received by you, your spouse, and your **minor children**. Temporary Assistance payments include Temporary Assistance for Needy Families (TANF) payments. In Missouri, the program is referred to as Temporary Assistance (TA). This includes any payments received from the government. Do not include the value of commodity foods, food stamps, or heating and cooling assistance.

Attach a copy of Forms SSA-1099, a letter from the Social Security Administration, a letter from Social Services that includes the total amount of assistance received, and Employment Security 1099, if applicable.

Helpful Hints

- Supplemental Security Income (SSI) is paid by the Social Security Administration. You have to request an SSI form indicating total benefits received either through a my Social Security account at www.socialsecurity.gov/myaccount, by calling 1-800-772-1213, or contacting your local Social Security office. If you have minor children who receive SSI benefits, the children do not qualify for a credit. However, if you qualify for a credit you must include the children's SSI benefits on Line 5.
- If you receive temporary assistance from the Children's Division (CD) or the Family Support Division (FSD), you must include **all** cash benefits received for your **entire** household. The Department of Revenue verifies this information and failure to include total benefits may delay your refund.

LINE 7 — FILING DEDUCTION

If you are **Single or Married Living Separate**, enter \$0 on Line 7.

If you are **Married and Filing Combined**, see below to determine the amount to enter on Line 7.

- If you OWNED and OCCUPIED your home for the **ENTIRE YEAR**, enter \$4,000 on Line 7.
- If you RENTED or **did not** own your home for the **ENTIRE YEAR**, enter \$2,000 on Line 7.

LINE 8 — NET HOUSEHOLD INCOME

Subtract Line 7 from Line 6 and enter amount on Line 8. See below to make sure you are eligible for the credit.

- If you OWNED AND OCCUPIED your home for the **ENTIRE YEAR**, the amount you enter on Line 8 cannot exceed \$30,000. If the amount of your net household income on Line 8 is above \$30,000, you are not eligible for the credit.
- If you RENTED or did not own and occupy your home for the **ENTIRE YEAR**, the amount you enter on Line 8 cannot exceed \$27,500. If the amount of your net household income on Line 8 is above \$27,500, you are not eligible for the credit.

LINE 9 — OWN YOUR HOME

If you owned and occupied your home, include the amount of tax you paid on your 2016 real estate tax receipt(s) only, or \$1,100, whichever is less. **Do not include special assessments (sewer lateral)**, **penalties, service charges, and interest listed on your tax receipt**. You can only claim the taxes on your primary residence that you occupy. Secondary homes are not eligible for the credit.

Attach a copy of paid real estate tax receipt(s) from the county and city collectors office. Mortgage and financial institution statements are not acceptable.

If you submit more than one receipt from a city or county for your residence, please submit a letter of explanation.

Your home or dwelling is the place in which you reside in Missouri, whether owned or rented, and the surrounding land, not to exceed five acres, as is reasonably necessary for use of the dwelling as a home. A home may be part of a larger unit such as a farm or building partly rented or used for business. If you share a home, report only the portion of real estate tax that was actually paid by you. If you sold or purchased your home during the year, attach a copy of the seller's/buyer's agreement to your claim.

Helpful Hint

Real estate tax paid for a prior year cannot be claimed on this form. To claim real estate taxes for a prior year, you must file a claim for that year. If your home or farm has more than five acres or you own a mobile home and it is classified as personal property, an Assessors Certification (Form 948) must be attached with a copy of your paid personal or real property tax receipt. If you own a mobile home and it is classified as real property, a Form 948 isn't needed. In such cases, you can claim property tax for the mobile home and rent if applicable, for the lot. A credit **will not** be allowed for vehicles listed on the personal property tax receipt.

If you use your home for business purposes, the percentage of your home that is used for business purposes, must be subtracted from your real estate taxes paid. If you need to use a Form 948 to calculate the amount of real estate tax, you must subtract the percentage of your home that is used for business purposes from the allowable real estate taxes paid calculated on the Form 948.

Example: Ruth has 10 acres surrounding her house. She needs to use a Form 948, because she is only entitled to receive credit for 5 acres. By her calculations, she enters \$500 on Form 948, Line 6. Ruth also uses 15 percent of her house for her business. She will multiply \$500 by 85 percent and put this figure (\$425) on Form MO-PTC, Line 9.

Helpful Hint

If you own your home and other adults (other than your spouse) live there and pay rent, the rent **must** be claimed as income.

LINE 10 — RENT YOUR HOME

Complete one Certification of Rent Paid (Form MO-CRP) for **each** rented home (including mobile home or lot) you occupied during 2016. The Form MO-CRP is on the back of the Form MO-PTC and instructions are on page 8.

Add the totals from Line 9 on all Forms MO-CRP completed and enter the amount on Line 10, or \$750, whichever is less. Attach rent receipt(s) or a signed statement from your landlord for any rent you are claiming along with Form MO-CRP. Copies of cancelled checks (front and back) will be accepted if your landlord will not provide rent receipts or a statement. A bank image is acceptable if it is identified to be from the banking institution.

You cannot claim returned check fees, late fees, security and cleaning deposits, or any other deposit.

If you have the same address as your landlord, please verify the number of occupants and living units.

Helpful Hints

- If you receive low income housing assistance the rent you claim may not exceed 40 percent of your income. Please claim only the amount of rent you pay or your refund will be delayed or denied.
- If your gross rent paid exceeds your household income, you must attach a detailed statement explaining how the additional rent was paid or the claim will be denied.
- Utilities (air conditioning, gas, electric, late fees, deposits, etc.) are not included.
- Nursing Homes You must deduct personal allowances (clothing, hair stylists, etc.) prior to calculating your rent.

LINE 11 — TOTAL REAL ESTATE TAX / RENT PAID

Add amounts from Form MO-PTC, Lines 9 and 10 and enter amount on Line 11, or \$1,100, whichever is less.

Example: Ester owns her home for three months and pays \$100 in property taxes. For nine months she rents an apartment and pays \$4,000 in rent. The amount on Line 9 of the MO-CRP is \$800 (\$4,000 x 20%). Form MO-PTC, Line 9 is \$100, Line 10 is \$750, and Line 11 is \$850. The \$800 for rent is limited to \$750 on Line 10.

CREDITS LINE 12 — PROPERTY TAX CREDIT

Apply amounts from Form MO-PTC, Lines 8 and 11 to the Property Tax Credit Chart on pages 13 through 15 to determine the amount of your property tax credit. See the following Helpful Hint. If you have another income tax or property tax credit liability, this property tax credit may be applied to that liability in accordance with **Section 143.782, RSMo**. You will be notified if your credit is offset against any debts.

SIGN CLAIM

You **must sign** your Form MO-PTC. Both spouses must sign a combined claim. If you use a paid preparer, the preparer must also sign the claim. If you wish to authorize the Director of Revenue, or delegate, to discuss your tax information with your preparer or any member of your preparer's firm, indicate by checking the "yes" box above the signature line. **Important:** If the Form MO-PTC is being filed on behalf of a claimant by a nursing home or residential care facility, a statement to that effect from the claimant's legal guardian or power of attorney must be attached to the Form MO-PTC.

MAIL CLAIM

Send your claim and all attachments to: **Department** of Revenue, P.O. Box 2800, Jefferson City, MO 65105-2800.

Helpful Hint

Your property tax credit is figured by comparing your total income received to 20 percent of your net rent paid or real estate tax paid. To make the comparison and determine your credit, use the 2016 Property Tax Credit Chart on pages 13 through 15. Lines are provided on the chart to help you figure this amount.

Example: Ruth paid \$1,200 in real estate tax and her total household income was \$15,000. Ruth will apply her tax paid and her total household income to the chart to figure out her credit amount. Even though Ruth paid \$1,200 in real estate tax, she is only allowed to take a credit of \$1,100. Ruth will use \$1,100 as tax paid and her total household income of \$15,000 to make the comparison. When using the chart, Ruth finds where \$15,000 and \$1,100 "meet" to figure her credit. The two numbers "meet" on the chart where the credit amount is \$1,059. Ruth will get a \$1,059 credit for the real estate tax she paid.

FAILURE TO INCLUDE REQUIRED DOCUMENTATION OR INFORMATION MAY REDUCE OR DELAY YOUR REFUND.

INFORMATION TO COMPLETE FORM MO-CRP

If you rent from a facility that does not pay property taxes, you are not eligible for a Property Tax Credit.

STEP 1

Enter all information requested on Lines 1–5. If rent is paid to a relative, the relationship to the landlord must be indicated on Line 1. Your claim may be delayed if you fail to enter all required information.

STEP 2

Enter on Line 6 the gross rent paid. Exclude rent paid for any portion of your home used in the production of income, and the rent paid for surrounding land with attachments not necessary nor maintained for homestead purposes. Also, exclude any rent paid to your landlord on your behalf by any organization or agency.

STEP 3

If you were a resident of a nursing home or boarding home during 2016, use the applicable percentage on Line 7. If you live in a hotel and meals are included in your rent payment, enter 50 percent; otherwise enter 100 percent. If two or more unmarried individuals over 18 years of age share a residence and each pay part of the rent, enter the total rent on Form MO-CRP, Line 6 and mark the appropriate percentage on box G of Line 7. If the rent receipt is for the total rent amount, then the percentage on box G of the Form MO-CRP must be used to determine your credit. If none of the reductions apply to you, enter 100 percent on Line 7.

STEP 4

Multiply Line 6 by the percentage on Line 7. Enter this amount on Form MO-CRP, Line 8.

STEP 5

Multiply Line 8 by 20 percent and enter the result on Line 9. Add the totals from Line 9 on **all** completed Forms MO-CRP and enter the amount on Line 10 of MO-PTC.

Helpful Hints

- An apartment is a room or suite of rooms with separate facilities for cooking and other normal household functions.
- A boarding home is a house that provides meals, lodging, and the residents share common facilities.

If you need to file an income tax return, Form MO-1040 or Form MO-1040P, you must use Form MO-PTS to claim a property tax credit and attach it to the Form MO-1040 or Form MO-1040P. Do not use Form MO-PTC if you need to file an income tax return.

	۲	2	SOURI DE				LAIM	F	016 ORM -PTC						
S	LAST N		<u> </u>		FIRST NAME			BIRTHDATE (DECEASED	SOCIAL	SECURITY	NO. -		SOFTWARE VENDOR CODE
NAME / ADDRESS	SPOUS	E'S LAST N	AME		FIRST NAME		INITIAL	 BIRTHDATE (/	/ MMDDYYYY) /	DECEASED	SPOUSE	'S SOCIAL	SECURI	 TY NO.	(Assigned by DOR)
IE / AD	IN CAR	E OF NAME	(ATTORNEY, EX	ECUTOR, PER	SONAL REPRE	SENTATIVE, ETC		 TELEPHONE (, NUMBER)					AMENDED	
NAN	PRESE	NT ADDRES	SS (INCLUDE APA	ARTMENT NUM	IBER OR RURA	L ROUTE)		CITY, TOWN,	OR POST OFF	CE, STATE, AI	ND ZIP CO	 DE			
SNC	You	must cheo	ck a qualificati	on to be elig	ible for a cre	edit. Check onl	y one. REQ	UIRED COP	IES OF LET	TERS, FORM	IS, ETC.,	MUST BI	E INCLU	JDED W	ITH CLAIM.
QUALIFICATIO	You must check a qualification to be eligible for a credit. Check only one. REQUIRED 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 a copy of Form SSA-1099.) C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.) B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.)														
FILING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year you must report both inc												ombined, th incomes.			
FA	ILURE T	TO PROVID	DE THE ATTACH	IMENTS LIST	ED BELOW (F	RENT RECEIPT((S), TAX REC	EIPT(S), FO	RMS 1099, W-	2, ETC.) WILL	. RESULT	IN DENIA	L OR DE	ELAY OF	YOUR CLAIM!
	1.	and the a	e amount of so amount of soci H Forms SSA-	ial security e	quivalent ra	ilroad retireme	nt benefits.	-			-		1		00
	ATTACH Forms SSA-1099, RRB-1099, or SSI Statement										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	
l u												4		00	
	 Enter the amount of veteran's payments or benefits before any deductions. ATTACH letter from Veteran's Affairs. 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. TOTAL household income — Add Lines 1 through 5. Enter total here. MARK THE BOX THAT APPLIES and enter the appropriate amount. a. Enter \$0 if Single or Married Living Separate; 										ty 99,	5		00	
	6.											-	6		00
SILOH	6. TOTAL household income — Add Lines 1 through 5. Enter total here											00			
	8.	. Net hou: □ a.	sehold income If you rented If the total is If you owned	e — Subtrac d or did not greater than d and occu	t Line 7 from own and o \$27,500, S pied your h	Line 6 and er ccupy your ho TOP - no cred	nter the amo ome for the lit is allowe ntire year,	ount; MARK e entire yea ed. Do not f Line 8 cann	THE BOX Ir, Line 8 car file this clai ot exceed \$	THAT APPL nnot exceed m. 30,000.	.IES . \$27,500).	8		00
TE TAX /	9. OIV	whichev	wned your hom ver is less. AT e home, ATTA	TACH a cop	by of paid rea	al estate tax re	ceipt(s). If y	your home i	s on more th	an five acre	s or you	own	9		00
REAL ESTATE TAX /	10.	signed s	nted, enter the statement from for a Property	your landlor	d. NOTE: If	you rent from	n a facility t	that does n	ot pay prop	erty tax, yo	u are no	t	10		00
RE/	11.	Enter the	e total of Lines	s 9 and 10, o	or \$1,100, w	hichever is les	S						11		00
CREDITS	12.		st use the cha mounts from Li										12		00
Ĕ	prepare return. I	er (other than I also declare	erjury, I declare that taxpayer) is based under penalties of	l on all information perjury that I em	on of which he o ploy no illegal or	r she has any know unauthorized aliens	vledge. As prov as defined und	ided in Chapter der federal law a	143, RSMo, a p	enalty of up to \$	\$500 shall b ax exemptio	be imposed on, credit or a	on any ind batement	dividual wh	no files a frivolous
TUF			ctor of Revenue or any member of the	•			E-MAIL ADDI	RESS			PREP	ARER'S PHC	NE	-	
SIGNATURE	SIGNATU					DATE (MMDDYYY	Y)	PREPARER'S	SIGNATURE			/	FEIN	N, SSN, OR	PTIN
S						//									
	SPOUSE	S SIGNATUR	E (If filing combined,	BOTH must sign)		DAYTIME TELEPH	IUNE	PREPARER'S	ADDRESS AND	CIP CODE				DATE	E (MMDDYYYY)
\vdash		Mail clai	im and atta	chmente	to Misso	<u> ()</u>		evenue	P.O. Box	1مار 2800	erson	City M	0 651	05-28	//
		nun ula	ini unu alla	Suments	.0 111330	an Departi		svenue,			5.301	JICY, 19		00-20	

Form Missouri Department of Revenue
MO-CRP 2016 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 Spouse's Number (SSN) SSN
Are you related to your landlord? Yes No explain
2. Name
Physical Address of Rental Apartment Unit (P.O. Box Not Allowed) Number
City State ZIP Code
3. Landlord's Name
Landlord's Last 4 Digits of Landlord's Federal Employer
Social Security Number
Landlord's Street Address Apartment (Must be completed) Number
City State ZIP Code
4. Landlord's Phone Number (Must be completed)
5. Rental Period During Year (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
7. Select the appropriate box below and enter the corresponding percentage on 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, 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
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS
For Privacy Notice, see instructions. Form MO-CRP (Revised 12-2016
Taxation Division

	۲	2	SOURI DE				LAIM	Μ	2016 FORM O-PTC						
s	LAST N				FIRST NAME				TE (MMDDYYYY)	DECEASED	SOCIAL	SECURITY	NO.		SOFTWARE VENDOR CODE
NAME / ADDRESS	SPOUS	E'S LAST N	AME	F	FIRST NAME		INITIAL	BIRTHDA	TE (MMDDYYYY)	DECEASED	SPOUSE	'S SOCIAL	SECUR	ITY NO.	(Assigned by DOR)
AE / AI	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)													AMENDED	
NAN	PRESE	NT ADDRES	S (INCLUDE APA	RTMENT NUMB	BER OR RURA	L ROUTE)		CITY, TOV	VN, OR POST OFFI	CE, STATE, AI	ND ZIP CO	DE			
SNC	You	must cheo	ck a qualification	on to be eligi	ble for a cre	dit. Check onl	y one. REQ		OPIES OF LETT	ERS, FORM	IS, ETC.,	MUST B	E INCL	UDED W	/ITH CLAIM.
QUALIFICATIO	You must check a qualification to be eligible for a credit. Check only one. REQUIRED 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 a copy of Form SSA-1099.) C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.) B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.)														
FILING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year you must report both included												ombined, th incomes.			
FA	ILURE T	FO PROVID	E THE ATTACH	IMENTS LISTE	D BELOW (R	ENT RECEIPT	(S), TAX REC	CEIPT(S),	FORMS 1099, W-	2, ETC.) WILL	. RESULT	IN DENIA	L OR D	ELAY OF	YOUR CLAIM!
	1.	and the a	amount of soci	al security eq	uivalent rail	Iroad retireme	ent benefits.		our minor child		-		1		00
	2.								, rental income				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	
l 😐	4. Extended a second of extended a second											4		00	
	 Enter the amount of veteran's payments or benefits before any deductions. ATTACH letter from Veteran's Affairs. 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. TOTAL household income — Add Lines 1 through 5. Enter total here. MARK THE BOX THAT APPLIES and enter the appropriate amount. a. Enter \$0 if Single or Married Living Separate; 										iy 99,	5		00	
	6.												6		00
SILOH	Big 6. TOTAL household income — Add Lines 1 through 5. Enter total here											00			
	8.	. Net hou: □ a.	sehold income If you rented If the total is If you owned	e — Subtract I or did not o greater than S I and occup	Line 7 from own and oc \$27,500, ST ied your ho	Line 6 and er cupy your he OP - no cred ome for the e	nter the amo ome for the lit is allowe ntire year,	ount; MA e entire ed. Do n Line 8 c	RK THE BOX year, Line 8 car ot file this clair annot exceed \$ ot file this clair	THAT APPL nnot exceed m. 30,000.	.IES . \$27,500).	8		00
TE TAX /	9.	whichev	er is less. AT	TACH a copy	/ of paid rea	I estate tax re	eceipt(s). If	your hon	ne, less special ne is on more th	an five acre	s or you	own	9		00
REAL ESTATE TAX /	10.	signed s	tatement from	your landlord	. NOTE: If	you rent fron	n a facility	that doe	hever is less. A s not pay prop	erty tax, yo	u are no	t	10		00
RE/	11.	Enter the	e total of Lines	9 and 10, or	r \$1,100, wh	nichever is les	S						11		00
CREDITS	12.		st use the cha mounts from Li						ved. erty Tax Credit.				12		00
Ĕ	prepare return. I	er (other than I also declare	taxpayer) is based under penalties of p	on all information perjury that I empl	n of which he or loy no illegal or u	she has any know unauthorized aliens	vledge. As prov s as defined und	vided in Cha der federal I	ents, and to the bes opter 143, RSMo, a p aw and that I am not	enalty of up to \$	500 shall b ax exemptio	n, credit or a	on any in abatemer	idividual wh	no files a frivolous
TUF			tor of Revenue or any member of the	•			E-MAIL ADD	RESS			PREP	ARER'S PHO	DNE	-	
SIGNATURE	SIGNATU					DATE (MMDDYYY	Y)	PREPAR	ER'S SIGNATURE			/	FEI	N, SSN, OR	PTIN
S						//_								1-	
	SPOUSE	S SIGNATUR	E (If filing combined,	BOTH must sign)		DAYTIME TELEPH	IUNE	PREPAR	ER'S ADDRESS AND 2	IF CODE				DATE	E (MMDDYYYY)
\vdash		Mail clai	im and atta	chments t	o Missor	()		evenu	e, P.O. Box 2	بر 1080 مام	erson	City M	10 65	105-28	.// 300-
	ľ		מות מוום מנום	uniterita l		in Departi		Gvenu	, i .O. DOX /	L000, Jell	0.3011	Uncy, IV	0 00	100-20	

Form Missouri Department of Revenue
MO-CRP 2016 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 Spouse's Number (SSN) SSN
Are you related to your landlord? Yes No explain
2. Name
Physical Address of Rental Apartment Unit (P.O. Box Not Allowed) Number
City State ZIP Code
3. Landlord's Name
Landlord's Last 4 Digits of Landlord's Federal Employer
Social Security Number
Landlord's Street Address Apartment (Must be completed) Number
City State ZIP Code
4. Landlord's Phone Number (Must be completed)
5. Rental Period During Year (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
7. Select the appropriate box below and enter the corresponding percentage on 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, 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
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS
For Privacy Notice, see instructions. Form MO-CRP (Revised 12-2016
Taxation Division

A. Enter amount from Line 8 here _____

B. Enter amount from Line 11 here _

C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTC, Line 12.

2016 PROPERTY TAX CREDIT CHART

AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTC, LINE 11 — TOTAL REAL ESTATE TAX PAID

	[ROM -				FRC	рм ——				- FROM	1]
		1076	1051	1026	1001	976	951	926	901	876	851	826	801	776	751
				то —				T(0 ——				то-		
		1100	1075	1050	1025	1000	975	950	925	900	875	850	825	800	775
FROM	ТО		Refund is	the actua	l total am	ount of al	lowable r	eal estate	tax paid,	not to ex	ceed \$1,	100 (Form	MO-PTC	, Line 11)	
1	14,300											ole for a P			
14,301	14,600	1078	1053	1028	1003	978	953	928	903	878	853	828	803	778	753
14,601	14,900	1069	1044	1019	994	969	944	919	894	869	844	819	794	769	744
14,901	15,200	1059	1034	1009	984	959	934	909	884	859	834	809	784	759	734
15,201	15,500	1049	1024	999	974	949	924	899	874	849	824	799	774	749	724
15,501	15,800	1039	1014	989	964	939	914	889	864	839	814	789	764	739	714 703
15,801 16,101	16,100 16,400	1028 1016	1003 991	978 966	953 941	928 916	903 891	878 866	853 841	828 816	803 791	778 766	753 741	728 716	691
16,401	16,700	1005	980	955	930	905	880	855	830	805	780	755	730	705	680
16,701	17,000	993	968	943	918	893	868	843	818	793	768	743	718	693	668
17,001	17,300	980	955	930	905	880	855	830	805	780	755	730	705	680	655
17,301	17,600	968	943	918	893	868	843	818	793	768	743	718	693	668	643
17,601	17,900	954	929	904	879	854	829	804	779	754	729	704	679	654	629
17,901	18,200	941	916	891	866	841	816	791	766	741	716	691	666	641	616
18,201	18,500	927 012	902	877	852	827 812	802	777	752	727	702	677	652	627	602 588
18,501 18,801	18,800 19,100	913 898	888 873	863 848	838 823	813 798	788 773	763 748	738 723	713 698	688 673	663 648	638 623	613 598	588 573
19,101	19,400	883	858	833	808	783	758	733	708	683	658	633	608	583	575
19,401	19,700	868	843	818	793	768	743	718	693	668	643	618	593	568	543
19,701	20,000	852	827	802	777	752	727	702	677	652	627	602	577	552	527
20,001	20,300	836	811	786	761	736	711	686	661	636	611	586	561	536	511
20,301	20,600	819	794	769	744	719	694	669	644	619	594	569	544	519	494
20,601	20,900	802	777	752	727	702	677	652	627	602	577	552	527	502	477
20,901	21,200	785	760	735	710	685	660	635	610	585	560	535	510	485	460
21,201	21,500	767	742	717	692	667	642	617	592	567	542	517	492	467	442
21,501	21,800	749 731	724 706	699 681	674 656	649 631	624 606	599 581	574 556	549 531	524 506	499 481	474 456	449 431	424 406
21,801 22,101	22,100 22,400	712	687	662	637	612	587	562	537	512	487	462	430	412	387
22,401	22,700	693	668	643	618	593	568	543	518	493	468	443	418	393	368
22,701	23,000	673	648	623	598	573	548	523	498	473	448	423	398	373	348
23,001	23,300	653	628	603	578	553	528	503	478	453	428	403	378	353	328
23,301	23,600	633	608	583	558	533	508	483	458	433	408	383	358	333	308
23,601	23,900	613	588	563	538	513	488	463	438	413	388	363	338	313	288
23,901	24,200	591 570	566 545	541 520	516 495	491 470	466 445	441 420	416 395	391 370	366 345	341 320	316 295	291 270	266 245
24,201 24,501	24,500 24,800	548	523	498	493	470	423	398	373	370	323	298	293	248	243
24,801	25,100	526	501	476	451	426	401	376	351	326	301	276	251	226	201
25,101	25,400	504	479	454	429	404	379	354	329	304	279	254	229	204	179
25,401	25,700	481	456	431	406	381	356	331	306	281	256	231	206	181	156
25,701	26,000	457	432	407	382	357	332	307	282	257	232	207	182	157	132
26,001	26,300	434	409	384	359	334	309	284	259	234	209	184	159	134	109
26,301	26,600	410	385	360	335	310	285	260	235	210	185	160	135	110	85
26,601 26,901	26,900 27,200	385 361	360 336	335 311	310 286	285 261	260 236	235 211	210 186	185 161	160 136	135 111	110 86	85 61	60 36
27,201	27,200	335	310	285	260	235	210	185	160	135	110	85	60	35	10
27,501	27,800	310	285	260	235	210	185	160	135	110	85	60	35	10	. 0
27,801	28,100	284	259	234	209	184	159	134	109	84	59	34	9		
28,101	28,400	258	233	208	183	158	133	108	83	58	33	8			
28,401	28,700	231	206	181	156	131	106	81	56	31	6				
28,701	29,000	204	179	154	129	104	79 50	54	29	4					
29,001 29,301	29,300 29,600	177 149	152 124	127 99	102 74	77 49	52 24	27	2						
29,301	29,800	121	96	99 71	46	21	24								
29,001	30,000	95	70	45	20	21									
	30,000		. 0		-0					1			I		

A. Enter amount from Line 8 here _____

B. Enter amount from Line 11 here _

C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTC, Line 12.

AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTC, LINE 11 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID

	1							FD(NA					A	1
		726	701	FROM — 676	651	626	601	—— FRC 576	551	526	501	476		426	401
		720	701		031	020	001			520	301	470		420	401
		750	705	- TO	(75	(50	(25			ГГО	FDF	500		450	425
		750	725	700	675	650	625	600	575	550	525	500	475	450	425
FROM	ТО			ctual total				-							
1	14,300			.ine 11). N	,		, 			· · · ·	,		1	· · ·	
14,301 14,601	14,600 14,900	728	703	678	653	628	603	578	553	528	503	478	453	428	403
14,601	14,900	719 709	694 684	669 659	644 634	619 609	594 584	569 559	544 534	519 509	494 484	469 459	444 434	419 409	394 384
15,201	15,500	699	674	649	624	599	574	549	524	499	474	449	424	399	374
15,501	15,800	689	664	639	614	589	564	539	514	489	464	439	414	389	364
15,801	16,100	678	653	628	603	578	553	528	503	478	453	428	403	378	353
16,101	16,400	666	641	616	591	566	541	516	491	466	441	416	391	366	341
16,401	16,700	655	630	605	580	555	530	505	480	455	430	405	380	355	330
16,701	17,000	643	618	593	568	543	518	493	468	443	418	393	368	343	318
17,001	17,300	630	605	580	555	530	505	480	455	430	405	380	355	330	305
17,301 17,601	17,600 17,900	618 604	593 579	568 554	543 529	518 504	493 479	468 454	443 429	418 404	393 379	368 354	343 329	318 304	293 279
17,001	18,200	604 591	579	554 541	529 516	504 491	4/9	454	429	391	379	354 341	329	291	279
18,201	18,500	591	552	541	502	491	466	441	402	377	352	327	302	291	250
18,501	18,800	563	538	513	488	463	438	413	388	363	338	313	288	263	238
18,801	19,100	548	523	498	473	448	423	398	373	348	323	298	273	248	223
19,101	19,400	533	508	483	458	433	408	383	358	333	308	283	258	233	208
19,401	19,700	518	493	468	443	418	393	368	343	318	293	268	243	218	193
19,701	20,000	502	477	452	427	402	377	352	327	302	277	252	227	202	177
20,001	20,300	486	461	436	411	386	361	336	311	286	261	236	211	186	161
20,301 20,601	20,600 20,900	469 452	444 427	419 402	394 377	369 352	344 327	319 302	294 277	269 252	244 227	219 202	194 177	169 152	144 127
20,001	20,900	432	427	385	360	335	310	285	260	232	227	185	160	132	127
21,201	21,500	417	392	367	342	317	292	267	242	217	192	167	142	117	92
21,501	21,800	399	374	349	324	299	274	249	224	199	174	149	124	99	74
21,801	22,100	381	356	331	306	281	256	231	206	181	156	131	106	81	56
22,101	22,400	362	337	312	287	262	237	212	187	162	137	112	87	62	37
22,401	22,700	343	318	293	268	243	218	193	168	143	118	93	68	43	18
22,701	23,000	323	298	273	248	223	198	173	148	123	98	73	48	23	
23,001 23,301	23,300 23,600	303 283	278 258	253 233	228 208	203 183	178 158	153 133	128 108	103 83	78 58	53 33	28 8	3	
23,601	23,900	263	238	233	188	163	138	113	88	63	38	13	0		
23,901	24,200	241	216	191	166	141	116	91	66	41	16	15			
24,201	24,500	220	195	170	145	120	95	70	45	20					
24,501	24,800	198	173	148	123	98	73	48	23						
24,801	25,100	176	151	126	101	76	51	26	1			Ν			
25,101	25,400	154	129	104	79	54	29	4				$\mathbf{\lambda}$			
25,401 25,701	25,700 26,000	131 107	106 82	81 57	56 32	31 7	6				_				
26,001	26,300	84	62 59	34	52 9	/					EX	AMPLE			
26,301	26,600	60	35	10	5							Line 8		3.980	and
26,601	26,900	35	10									e 11 o			
26,901	27,200	11										25, the			
27,201	27,500											uld be			
27,501	27,800														
27,801	28,100				Thic	aroa	ndicate								
28,101 28,401	28,400 28,700														
28,701	29,000				cre	dit is a	llował	ole.							
29,001	29,300														
29,301	29,600														
29,601	29,900														
29,901	30,000														

A. Enter amount from Line 8 here _____

B. Enter amount from Line 11 here _

C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTC, Line 12.

AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTC, LINE 11 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID

									EDC						EDOM -		
		376	351	- FROM 326	301	276	251	226	— FRC 201	176	151	126	101	76	FROM -	26	1
		370	351		501	276	251	220			151	120	101	70		20	I
		400	275	— TO -	225	200	075	250	T(175	150	105	100	- TO -	50	25
		400	375	350	325	300	275	250	225	200	175	150	125	100	75	50	25
FROM	TO			actual to													
1	14,300			, Line 11)	1				1				1	-	1		
14,301 14,601	14,600 14,900	378 369	353 344	328 319	303 294	278 269	253 244	228 219	203 194	178 169	153 144	128 119	103 94	78 69	53 44	28 19	3
14,901	15,200	359	334	309	284	259	234	219	184	159	134	109	84	59	34	9	
15,201	15,500	349	324	299	274	249	224	199	174	149	124	99	74	49	24	5	
15,501	15,800	339	314	289	264	239	214	189	164	139	114	89	64	39	14		
15,801	16,100	328	303	278	253	228	203	178	153	128	103	78	53	28	3		
16,101	16,400	316	291	266	241	216	191	166	141	116	91	66	41	16			
16,401	16,700	305	280	255	230	205	180	155	130	105	80	55	30	5			
16,701	17,000	293	268	243	218	193	168	143	118	93	68	43	18				
17,001	17,300	280	255	230	205	180	155	130	105	80	55	30	5				
17,301	17,600	268	243	218	193	168	143	118	93	68 54	43	18					
17,601	17,900	254 241	229 216	204 191	179 166	154 141	129 116	104 91	79 66	54 41	29 16	4					
17,901 18,201	18,200 18,500	241	202	177	152	127	102	77	52	27	2						
18,501	18,800	213	188	163	132	113	88	63	38	13	2						
18,801	19,100	198	173	148	123	98	73	48	23	10							
19,101	19,400	183	158	133	108	83	58	33	8								
19,401	19,700	168	143	118	93	68	43	18									
19,701	20,000	152	127	102	77	52	27	2	\sim								
20,001	20,300	136	111	86	61	36	11										
20,301	20,600	119	94	69	44	19				$\mathbf{\lambda}$							
20,601	20,900	102	77	52	27	2											
20,901 21,201	21,200 21,500	85 67	60 42	35	10												
21,201	21,300	49	24	17							KAMP						
21,801	22,100	31	6										\$19,3				
22,101	22,400	12	Ū										orm N				
22,401	22,700												the ta	ax cre	dit 📔		
22,701	23,000									W	ould b	e \$8.					
23,001	23,300																
23,301	23,600																
23,601	23,900																
23,901	24,200																
24,201 24,501	24,500 24,800																
24,801	25,100																
25,101	25,400																
25,401	25,700																
25,701	26,000																
26,001	26,300																
26,301	26,600																
26,601	26,900																
26,901	27,200																
27,201 27,501	27,500 27,800																
27,801	28,100				H												
28,101	28,400				[] Т	his ar	ea inc	licates	s no								
28,401	28,700					credit											
28,701	29,000					CIEUII	. 13 all	owau	i								
29,001	29,300																
29,301	29,600																
29,601	29,900 30,000																
29,901	20 000		1	1	1	1	1	1			1		1	1	1	1	

IMPORTANT PHONE NUMBERS

General Inquiry Line	(573) 751-3505
Automated Refund/Balance Due/1099G Inquiry	(573) 526-8299
Electronic Filing Information	(573) 751-3505

Individuals with speech or hearing impairments may use TTY (800) 735-2966 or fax (573) 522-1762.

Download forms or check the status of your return on our website http://dor.mo.gov/personal/ptc/

Property Tax Credit e-mail: propertytaxcredit@dor.mo.gov

Federal Privacy Notice

The Federal Privacy Act requires the Missouri Department of Revenue (Department) to inform taxpayers of the Department's legal authority for requesting identifying information, including social security numbers, and to explain why the information is needed and how the information will be used.

Chapter 143 of the Missouri Revised Statutes authorizes the Department to request information necessary to carry out the tax laws of the state of Missouri. Federal law 42 U.S.C. Section 405 (c)(2)(C) authorizes the states to require taxpayers to provide social security numbers.

The Department uses your social security number to identify you and process your tax returns and other documents, to determine and collect the correct amount of tax, to ensure you are complying with the tax laws, and to exchange tax information with the Internal Revenue Service, other states, and the Multistate Tax Commission (Chapters 32 and 143, RSMo). In addition, statutorily provided non-tax uses are: (1) to provide information to the Department of Higher Education with respect to applicants for financial assistance under Chapter 173, RSMo and (2) to offset refunds against amounts due to a state agency by a person or entity (Chapter 143, RSMo). Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having the statutory right to obtain it [as indicated above]. In addition, information may be disclosed to the public regarding the name of a tax credit recipient and the amount issued to such recipient (Chapter 135, RSMo). (For the Department's authority to prescribe forms and to require furnishing of social security numbers, see Chapters 135, 143, and 144, RSMo.)

You are required to provide your social security number on your tax return. Failure to provide your social security number or providing a false social security number may result in criminal action against you.