

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

| | Select Here for Amended Claim | Vendor Code | Department Use On | ly | | | | | | | |
|-------------------------|---|--------------------------------|-------------------|---------------------|--|--|--|--|--|--|--|
| | Deceased Social Security Number in 2018 | Spouse's Social Security Num | nber | Deceased in 2018 | | | | | | | |
| ne | Image: Second | Spouse's Birthdate (MM/DD/Y | 'YYY) | Suffix | | | | | | | |
| Name | Spouse's First Name M.I. Spouse's La | ist Name | | Suffix | | | | | | | |
| | In Care Of Name (Attorney, Executor, Personal Representative, etc.) | | | | | | | | | | |
| S | Present Address (Include Apartment Number or Rural Route) | | | | | | | | | | |
| Address | City, Town, or Post Office | State | ZIP Code | | | | | | | | |
| A | County of Residence | | | | | | | | | | |
| | | | | | | | | | | | |
| | Select only one qualification. Copies of letters, forms, etc., must | be included with claim. | | | | | | | | | |
| cations | A. 65 years of age or older - You must be a full year resident. (Attach Form SSA-1099.) | | | | | | | | | | |
| Qualifica | B. 100% Disabled Veteran as a result of military service (Attach letter from Department of Veterans Affairs - see instructions.) | | | | | | | | | | |
| Qu | C. 100% Disabled (Attach letter from Social Security Adr | ninistration or Form SSA-109 | 99.) | | | | | | | | |
| | D. 60 years of age or older and received surviving spous | e benefits (Attach Form SSA | \-1099.) | | | | | | | | |
| Filing Status | Select only one filing status. If married filing combined, you | ı must report both income | s. | | | | | | | | |
| Fil | Single Married - Filing Combined Marrie | d - Living Separate for Entire | e Year | | | | | | | | |
| | 183440 | | М | O-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. 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 |
| ome | 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 |
| Household Income | 6. | Total household income - Add Lines 1 through 5 and enter the total here | 6 | . 00 |
| Hot | 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 | 2,000 | |
| | | • Married and Filing Combined - owned and occupied your home for the entire year - Enter \$4 | ł,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. | | |
| nd 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 |
| Real Estate Tax and Rent Paid | 10. | If you rented, enter the total amount from Form(s) <u>MO-CRP</u> , 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 | 10 | . 00 |
| Real E | 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 **must** use the chart on pages 17-19 to see how much refund you are allowed.

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. 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 <u>Chapter 143</u>, <u>RSMo</u>, 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 μ or any member of his or her firm, or if internally prepared, any member of the internal staff | |

| | | Department Use Only | |
|----------|---|--|-------------------------------|
| □ A | Шк ПR | U U | |
| 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: <u>PropertyTaxCredit@dor.mo.gov</u> | Form MO-PTC (Revised 12-2018) |
| | | 18344030001 | MO-PTC Page 3 |

Signature

| 5 | Form Missouri Department of Revenue Failure to provide | ⁹ must be provided for each rental location in which you resided. Iandlord information will result in denial or delay of your claim. |
|----|--|--|
| | MO-CRP 2018 Certification of Rent Paid | |
| 1. | 1. Social Security Number | Spouse's Social Security Number |
| | | |
| | | |
| | Select this box if related to your landlord. If so, explain. | |
| 2. | 2. Name (First, Last) | |
| | | |
| | Physical Address of Rental Unit (P.O. Box Not Allowed) | Apartment Number |
| | | |
| | City | State ZIP Code |
| | | |
| _ | | |
| 3. | 3. Landlord's Name (First, Last) | |
| | | |
| | Landlord's Last 4 Digits of Social Security Number | 's Federal Employee Identification Number (FEIN) - if applicable |
| | | |
| | Landlord's Street Address (Must be completed) | Apartment Number |
| | | |
| | City | State ZIP Code |
| | | |
| | | |
| 4. | 4. Landlord's Phone Number (Must be completed) | |
| | From: | To: |
| 5. | 5. Rental Period During Year (MM/DD/YY) | (MM/DD/YY) |
| 6. | 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 | |
| | you are not eligible for a Property Tax Credit | |
| | | |
| 7. | 7. Select the appropriate box below and enter the corresponding percentage on Line 7 | |
| | A. Apartment, House, Mobile Home, or Duplex - 100% | Income Housing - 100% (Rent cannot exceed 40% of total |
| | | sehold income.) |
| | B. Mobile Home Lot - 100% | |
| | | red Residence – If you shared your rent with relatives or friends er than your spouse or children under 18), select the appropriate |
| | - | based on the additional persons sharing rent: |
| | D. Skilled or Intermediate Care Nursing Home - 45% | |
| | E. Hotel - 100%; if meals are included - 50% | 1 (50%) 2 (33%) 3 (25%) |
| | | |
| 8. | 8. Net rent paid - Multiply Line 6 by the percentage on Line 7 | 8 |
| 9. | 9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line | 12 of Form MO-PTS |
| J. | 5. Multiply Line 8 by 20%. Enter amount here and on Line 10 or Form MO-FTC of Line For Privacy Notice, see instru | |
| | | |
| Ta | Taxation Division | 18315010001 |

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

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| 1. | 1. Social Security Number | Spouse's Social Security Number |
| | | |
| | | |
| | Select this box if related to your landlord. If so, explain. | |
| 2. | 2. Name (First, Last) | |
| | | |
| | Physical Address of Rental Unit (P.O. Box Not Allowed) | Apartment Number |
| | | |
| | City | State ZIP Code |
| | | |
| _ | | |
| 3. | 3. Landlord's Name (First, Last) | |
| | | |
| | Landlord's Last 4 Digits of Social Security Number | 's Federal Employee Identification Number (FEIN) - if applicable |
| | | |
| | Landlord's Street Address (Must be completed) | Apartment Number |
| | | |
| | City | State ZIP Code |
| | | |
| | | |
| 4. | 4. Landlord's Phone Number (Must be completed) | |
| | From: | To: |
| 5. | 5. Rental Period During Year (MM/DD/YY) | (MM/DD/YY) |
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| | | |
| | Select this box if related to your landlord. If so, explain. | |
| 2. | 2. Name (First, Last) | |
| | | |
| | Physical Address of Rental Unit (P.O. Box Not Allowed) | Apartment Number |
| | | |
| | City | State ZIP Code |
| | | |
| _ | | |
| 3. | 3. Landlord's Name (First, Last) | |
| | | |
| | Landlord's Last 4 Digits of Social Security Number | 's Federal Employee Identification Number (FEIN) - if applicable |
| | | |
| | Landlord's Street Address (Must be completed) | Apartment Number |
| | | |
| | City | State ZIP Code |
| | | |
| | | |
| 4. | 4. Landlord's Phone Number (Must be completed) | |
| | From: | To: |
| 5. | 5. Rental Period During Year (MM/DD/YY) | (MM/DD/YY) |
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Attach to Form MO-PTC or MO-PTS and mail to the Missouri Department of Revenue.

| | Form 5674 | Missouri Dep Verification | | | . | | | | • | tment D/YY | | Only | | 63250 | | | | |
|-------------------------------|------------------------------|------------------------------|----------------------|----------------|--------------|--------|-----------|------------|--------|---------------|--|------|--|--------|----|--------|----|------|
| | Tenant's Na | me | | Landlo | ord must co | mplete | this form | n ea | ich ye | ear. | | | | Tax Ye | ar | | | |
| | | | | | | | | | | | | | | | | | | |
| | Rental Addre | ess | | | | | | | | | | | | | | | | |
| tion | City | | | | | State | ; | | | | | | | | | ZIP Co | de | |
| orma | | | | | | | | | | | | | | | | | | |
| l Info | Rental Begir | Date (MM/DD/Y) | (YY) | | Rental End | d Date | | γγγ Γ Γ | YY) | | | | | | | | | |
| Tenant and Rental Information | | | | | | | | | | | | | | | | | | |
| tand | Gross Rent Paid for the Year | | | | | | | | | | | | | | | | | |
| enant | Amount of ut | tilities included in | monthly pay | /ment (if any) | | | | | | | | | | | | | | . 00 |
| Te | Did the tena | nt receive any hou | ising assist | ance? | | | | | | | | | | | [| Ye | s | No |
| | lf yes, ho | ow much rent was | the tenant | responsible f | or? | | | | | | | | | | | | | . 00 |
| | Did anyone i | reside at this dwel | ling with the | e above tenar | nt? | | | | | | | | | | [| _ Ye | s | No |
| | lf yes, ho | ow many were ove | er the age o | f 18? | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | Landlord's N | lame | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| ation | Landlord's A | duress | | | | | | | | | | | | | | | | |
| Landlord Information | City | | | | | State |) | | | | | | | | | ZIP Co | de | |
| rd In | | | | | | | | | | | | | | | | | | |
| ndlo | Telephone N | lumber (Home) | | | | Tele | phone Nu | umb | er (C | ell) | | | | | | | | |
| La | | | | | | | | | | | | | | | | | | |
| | Telephone N | lumber (Work) | Landlord's Signature | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

Phone: (573) 751-3505 TTY: (800) 735-2966 Fax: (573) 522-1721 E-mail: propertytaxcredit@dor.mo.gov Visit <u>http://dor.mo.gov</u> for additional information.



Form 5674 (Revised 11-2018)

| | Form 5674 | Missouri I Verificatio | | | | | _ | ust con | nplete tl | his form | (M | M/D | | | Only | | 1632 | 501000 | D1 | | |
|-------------------------------|--|----------------------------------|---------|---------|--------|---|---|---------|-------------------------|-----------|------|-----|--|--|------|--|------|--------|----------|------|------|
| | Tenant's Na | me | | | | | | | | | | | | | | | Tax | Year L | | | I |
| | Rental Addre | ess | | | | | | | | | | | | | | | | | | | |
| ation | City | | | | | | | | State | | | | | | | | | | ZIP Code | | |
| orm | | | | | | | | | | | | | | | | | | | | | |
| Info | Rental Begin Date (MM/DD/YY) Rental En | | | | | | | | Date (N | MM/DD/ | | | | | | | | | | | |
| ntal | | | | | | | | | | | | | | | | | | | | | |
| Tenant and Rental Information | | Paid for the Ye | | | | | | | | | | | | | | | | | | | . 00 |
| Ten | Did the tena | nt receive any | housing | g assis | stance | ? | | | | | | | | | | | | | | Yes | No |
| | | ow much rent reside at this c | | | | | | | | | | | | | | | | | | Yes | 00 |
| | lf yes, ho | ow many were | over th | e age | of 18? | | | | | | | | | | | | | | | | |
| | Landlord's N | lame | | | | | | | | | | | | | | | | | | | |
| ion | Landlord's A | ddress | | | | | | | | | | | | | | | | | | | |
| mat | | | | | | | | | | | | | | | | | | | | | |
| nfor | City | | | | | | | | State | | | | | | | | | | ZIP | Code | |
| rd I | | | | | | | | | | | | | | | | | | | | | |
| Landlord Informati | Telephone N | lumber (Home | ») | | | | | | Telephone Number (Cell) | | | | | | | | | | | | |
| | Telephone N | Jumber (Work |) | | | | | | Landlo | ord's Sig | natu | re | | | | | | | | | |
| | | | | | | | | | | | | - | | | | | | | | | |

Any Person intentionally filing a fraudulent Property Tax credit Claim may be prosecuted.

Section 143.941, RSMo. states in part: (...upon conviction thereof, be fined not more than ten thousand dollars, or be imprisoned in the county jail for not more than one year or by not less than two nor more than five years in the state penitentiary or by both fine and imprisonment together with the cost of prosecution.)

Phone: (573) 751-3505 TTY: (800) 735-2966 Fax: (573) 522-1721 E-mail: propertytaxcredit@dor.mo.gov Form 5674 (Revised 11-2016)

Visit http://dor.mo.gov

for additional information.

