2021 Property Tax Credit Claim

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

Select Here for Amended Claim

Social Security Number
Deceased in 2021
Spouse’s Social Security Number
Deceased in 2021
Birthdate (MM/DD/YYYY)
Spouse’s Birthdate (MM/DD/YYYY)

Name
First Name M.I. Last Name Suffix
Spouse’s First Name M.I. Spouse’s Last Name Suffix
In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Present Address (Include Apartment Number or Rural Route)

City, Town, or Post Office State ZIP Code

County of Residence

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.)

Select only one filing status. If married filing combined, you must report both incomes.

Single Married - Filing Combined Married - Living Separate for Entire Year
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) .

2. Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, unemployment compensation, or other income. Attach Form(s) W-2, 1099, 1099-G, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc.

3. Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions. Attach Form RRB-1099-R (TIER II)

4. Enter the amount of veteran’s payments or benefits before any deductions. Attach letter from Veterans Affairs (see instructions on page 5)

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 if applicable.

6. Total household income - Add Lines 1 through 5 and enter the total here.

7. Enter the appropriate amount from the options below.
   - Single or Married Living Separate - Enter $0
   - Married and Filing Combined - rented or did not own your home for the entire year - Enter $2,000
   - Married and Filing Combined - owned and occupied your home for the entire year - Enter $4,000

8. Net household income - Subtract Line 7 from Line 6 and enter the amount here.
   - If you rented or did not own and occupy your home for the entire year and Line 8 is greater than $27,200, 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.

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 2021 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).

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.

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

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer’s name, address, and phone number in the applicable sections of the signature block above.

Mail to: Taxation Division
P.O. Box 2800
Jefferson City, MO 65105-2800

Phone: (573) 751-3505
Fax: (573) 522-1762
TTY: (800) 735-2966

E-mail: propertytaxcredit@dor.mo.gov

Ever served on active duty in the United States Armed Forces? If yes, visit dor.mo.gov/military to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits.

MO-PTC Page 3
One Form MO-CRP must be provided for each rental location in which you resided. Failure to provide landlord information will result in denial or delay of your claim.

1. Social Security Number

Spouse's Social Security Number

☐ Select this box if related to your landlord. If so, explain.

2. Name (First, Last)

Physical Address of Rental Unit (P.O. Box Not Allowed)

Apartment Number

City

State

ZIP Code

3. Landlord’s Name (First, Last)

Landlord’s 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)

To: (MM/DD/YY)

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.**

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 - 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 person(s) 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.**

**Taxation Division**

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

**Ever served on active duty in the United States Armed Forces?**

If yes, visit dor.mo.gov/military to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits.
# 2021 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

3. **Landlord’s Name (First, Last)**

   Landlord’s Street Address (Must be completed)

   [ ] Apartment Number

4. **Landlord’s Phone Number (Must be completed)**

5. **Rental Period During Year**

   From: \(\text{MM/DD/YY}\)  \(\text{To:} \ \text{MM/DD/YY}\)

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.**

   Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.

   - **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 - 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 person(s) sharing rent:
       
       - [ ] 1 (50%)
       - [ ] 2 (33%)
       - [ ] 3 (25%)

7. **Net rent paid**

   Multiply Line 6 by the percentage on Line 7.

   Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.

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**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military](http://dor.mo.gov/military) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits](http://veteranbenefits.mo.gov/state-benefits).
2021 Certification of Rent Paid

Form MO-CRP

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)

   City

   State

   ZIP Code

3. Landlord’s Name (First, Last)

   Landlord’s Street Address (Must be completed)

   City

   State

   ZIP Code

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

5. Rental Period During Year
   (MM/DD/YY)

   From:

   To:

   (MM/DD/YY)

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

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 - 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 person(s) sharing rent:
   - 1 (50%)
   - 2 (33%)
   - 3 (25%)

   7 %

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

   8 $ 00

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

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For Privacy Notice, see instructions. Form MO-CRP (Revised 12-2021)

Taxation Division

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

Ever served on active duty in the United States Armed Forces?
If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.
### Verification of Rent Paid

**Landlord must complete this form each year.**

<table>
<thead>
<tr>
<th>Tenant's Name</th>
<th>Social Security Number</th>
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**Rental Address**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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**Rental Begin Date (MM/DD/YYYY)**

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**Rental End Date (MM/DD/YYYY)**

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**Gross Rent Paid for the Year**

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**Amount of utilities included in monthly payment (if any)**

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**Did the tenant receive any housing assistance?**

Yes □  No □

**If yes, how much rent was the tenant responsible for?**

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**Did anyone reside at this dwelling with the above tenant?**

Yes □  No □

**If yes, how many were over the age of 18?**

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### Landlord Information

**Landlord’s Name**

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**Landlord’s Address**

<table>
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<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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**Telephone Number (Home)**

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**Telephone Number (Cell)**

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**Telephone Number (Work)**

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**Landlord’s Signature**

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**Notice**

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.)

**Mail to:**
Taxation Division
P.O. Box 2200
Jefferson City, MO 65105-2200

**Phone:** (573) 751-3505
**Fax:** (573) 522-1762
**TTY:** (800) 735-2966

**E-mail:** propertytaxcredit@dor.mo.gov
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## Tenant and Rental Information

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<thead>
<tr>
<th>Tenant’s Name</th>
<th>Social Security Number</th>
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<th>Rental End Date (MM/DD/YYYY)</th>
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## Landlord Information

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<th>Telephone Number (Home)</th>
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<th>Telephone Number (Work)</th>
<th>Landlord’s Signature</th>
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