**DO NOT** file this claim if you are going to file a Missouri income tax return! See the instructions.

	2011 FORM MO-P		ED CLAIM									
No.	MISSOURI DEPARTMENT PROPERTY TAX		VENDOR CODE 00									
SOC	IAL SECURITY NO.	SPOUSE'S SOCIAL SECURITY NO.	•	1								
LAS	TNAME	FIRST NAME	INITIAL JR, S	R								
BIR	THDATE MM DD YY	TELEPHONE NUMBER	DECEASE 201									
SPC	USE'S LAST NAME	FIRST NAME	INITIAL JR, S	R								
BIR	THDATE MM DD YY		DECEASE 201		RESENTATIVE	E, ETC.)						
PRE	SENT HOME ADDRESS		APT. NUMBE	ER CITY, TOWN, OR POST OFFICE	STATE	ZIP CODE						
<u>S</u>	Vou must check a qualific	eation to be eligible for a cre-	dit Chack on	ly one. Required copies of letters, forms, etc., m	ouet he inc	Juded with old	aim					
QUALIFICATIONS	A. 65 years of age or older (Att     B. 100% Disabled Veteran as a     the letter from Department or	tach a copy of Form SSA-109 a result of military service (At	99.)	C. 100% Disabled (Attach a copy of the let Administration or Form SSA-1099.)  D. 60 years of age or older and received sur of Form SSA-1099.)	ter from So	ocial Security						
FII	ING STATUS Single	Married — Filing Combir	ned 🗌 Mai	ried — Living Separate for Entire Year	If ma	rried filing co	ombined, th incomes.					
	Failure to provide the attachme	ents listed below (rent rece	eipt(s), tax re	ceipt(s), Forms 1099, W-2, etc.) will result in o		•						
	Enter the amount of social se amount of social security equ	1		00								
	2. Enter the total amount of wag Attach Forms W-2, 1099, 109	. 2		00								
	Enter the amount of railroad I     Attach Form RRB-1099-R (Ti			00								
OME				00								
DINC	Assistance payments (TA and and Social Services that include:	. 5		00								
EHOL	<ul><li>6. TOTAL household income —</li><li>7. Mark the box that applies and</li></ul>	. 6		00								
HOUSEHOLD INCOME	□ 0. Enter \$2,000 ii	☐ a. Enter \$0 if filing status is Single or Married Living Separate;										
	8. Net household income — Su	ubtract Line 7 from Line 6 and	7 -		00							
	☐ a. If you rented or If the total is gr ☐ b. If you owned a If the total is gr	. 8		00								
REAL ESTATE TAX/	9. If you owned your home, enter of PAID real estate tax receip 948. Assessor's Certification.	If the total is greater than \$30,000, STOP - no credit is allowed. Do not file this claim										
STA	10. If you rented, enter amount fr NOTE: If you rent from a facil	10		00								
REAL	11. Add Lines 9 and 10. If you related or \$1,100, whichever is I			00								
_		ages 13-15 to see how much	refund you are	allowed.			- 00					
CREDITS	Apply amounts from Lines 8 a Note: Renters - maximum allo			ur Property Tax Credit. Illowed is \$1,100	. 12		00					
DIRECT	If you would like your refund depos		or savings account Number	count, complete boxes a, b, and c below.	c.[	☐ Checking	☐ Savings					
URE	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. Declaration of preparer (other than taxpayer) is based on all information of which he/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 authorize the Director of Revenue or delegate to discuss my claim and attachments   E-MAIL ADDRESS   PREPARER'S PHONE    PREPARER'S PHONE   PREP											
NAT	with the preparer or any member of the prepared SIGNATURE		FEIN, SSN, OR	PTIN								
SIG	SPOUSE'S SIGNATURE	INATURE DATE PREPARER'S SIGNATURE  DUSE'S SIGNATURE DAYTIME TELEPHONE PREPARER'S ADDRESS AND ZIP CODE										
Ц				Revenue, P.O. Box 3385, Jefferson (	City MC		DATE SAS					
	man viaim and attacilli	nonto to missouri Dep	our content O	restoliac, i .o. box 3303, Jellel3011 (	OILY, IVIC		<del>.</del> .					



2011 FORM MO-CRP FAILURE TO PROVIDE LANDLORD
INFORMATION WILL RESULT IN
DENIAL OR DELAY OF YOUR CLAIM

hinimine	CE	RTIFIC	CATI	ON	OF	REI	NT P	AID	FOR	201	1			MC	D-CRP	DENIAL OF	DE	LAY OF YOU	R CLAIM.
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL S						OCIAL SEC	CURITY	RITY NUMBER				ARE YOU REI	RELATED TO YOUR LANDLORD? YES NO PLAIN.						
2. NAME				I		1					3. L	ANDL	ORD'S	NAME	, LAST 4 DIGITS	S OF SSN, OR FEIN (	MUST	BE COMPLETED)	
PHYSICAL	ADDRE	SS OF REN	TAL UN	⊤ <b>(P.O</b>	. BOX	NOT AL	LOWED	)	APT. NU	JMBER	l	ANDL	ORD'S	ADDR	ESS, CITY, ST	ATE, AND ZIP CODE	(MUST	T BE COMPLETED)	APT. NUMBER
CITY, STA	TE, ANI	ZIP CODE														4. LANDLORD'S P	HONE I	NUMBER (MUST BE	COMPLETED)
5. REN DURI	TAL P NG YI	-	FROM:	МС	HTMC		_		DAY		•	YEA <b>20</b>			TO: MOI	NTH		DAY	YEAR <b>2011</b>
or co	pies of	cancelled	checks	(front	and b	ack).	Íf you re	eceive	ed housir	ng assis	stance	e, ente	er the a	amou	nt of rent YO	om your landlord, U paid. redit	6		00
1	A. AP. B. MC C. BO C. SK E. HO F. LO OF		T, HOUME LOOME INTER als are E HOUES EN UN	ISE, M T — 1 / RES RMED includ ISING ICE —	MOBIL 00% SIDEN PIATE ded, e i — 10 - If yo 18), c	E HO TIAL ( CARE nter – 00% (F u shai heck t	ME, OF CARE - E NURS - 50%; RENT C red you he app	— 50° SING Othe CANN r rent	PLEX —  HOME -  erwise, erwise, erwith relate box are	- 45% enter EEED 4 atives and ent	- 100 10% ( or frie	% OF TO ends ( rcenta	OTHE age.	R TH	SEHOLD INI IAN YOUR S	•	7		%
8. Net r	ent pa	id — Mult	ply Lin	e 6 by	the p	ercen	tage or	ı Line	7								8		00
	3. Net rent paid — Multiply Line 6 by the percentage on Line 7										9		00						
	· ,								For Pri									MO 86	60-1089 (11-2011
Service of the servic													Г		2011	FAII LIRE T	O PP	OVIDE LAND	LORD -

	CATION OF RE	_		RM CRP	_	ION WILL RESULT IN R DELAY OF YOUR CLAIM.				
1. SOCIAL SECURITY NUME	BER	NUMBER ARE YOU RELATED TO YOU IF YES, EXPLAIN.				R LANDLORD? YES NO				
2. NAME				3. LANDLORD	S NAME, LA	ST 4 DIGITS	S OF SSN, OR FEIN (I	MUST B	BE COMPLETED)	
PHYSICAL ADDRESS OF RE	NTAL UNIT <b>(P.O. BOX NOT</b> A	ALLOWED)	APT. NUMBER	LANDLORD'	S ADDRES	S, CITY, STA	ATE, AND ZIP CODE	(MUST	BE COMPLETED)	APT. NUMBER
CITY, STATE, AND ZIP CODE	≣						4. LANDLORD'S PH	HONE N	IUMBER (MUST BE	COMPLETED)
5. RENTAL PERIOD DURING YEAR	FROM: MONTH		DAY	YEAR <b>2011</b>	TO:	MON	NTH	D	MAY	YEAR <b>2011</b>
Enter your gross rent     or copies of cancelled     NOTE: If you rent fr	paid. Attach rent receipt d checks (front and back) om a facility that does	. Íf you receive	ed housing assis	stance, enter the	e amount o	of rent YOL	J paid.	6		00
B. MOBILE HC C. BOARDING D. SKILLED OF E. HOTEL If mo F. LOW INCOM G. SHARED R	Ite box and enter the co IT, HOUSE, MOBILE HO IME LOT — 100% HOME / RESIDENTIAL R INTERMEDIATE CAP eals are included, enter IME HOUSING — 100% ESIDENCE — If you sh REN UNDER 18), check	OME, OR DU  CARE — 50  RE NURSING  — 50%; Othe  (RENT CANN  ared your ren	PLEX — 100%  % HOME — 45% erwise, enter — NOT EXCEED 4 t with relatives	- 100% I0% OF TOTAI or friends (OTH	IER THAI		•			
Additional persons sharing rent/percentage to be entered: 🗌 1 (50%) 🔲 2 (33%) 🔲 3 (25%)										%
8. Net rent paid — Mul	tiply Line 6 by the perce	entage on Line	e 7					8		00

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.....