

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



2010 FORM MO-PTC

AMENDED CLAIM

MISSOURI DEPARTMENT OF REVENUE

PROPERTY TAX CREDIT CLAIM

VENDOR CODE

SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO. LAST NAME FIRST NAME INITIAL JR, SR BIRTHDATE MM DD YY TELEPHONE NUMBER DECEASED 2010 SPOUSE'S LAST NAME FIRST NAME INITIAL JR, SR BIRTHDATE MM DD YY DECEASED 2010 IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) PRESENT HOME ADDRESS APT. NUMBER CITY, TOWN, OR POST OFFICE STATE ZIP CODE

QUALIFICATIONS 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 (Attach a copy of Form SSA-1099.) B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.) 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 If married filing combined, you must report both incomes.

Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), Forms 1099, W-2, etc.) will result in denial or delay of your claim.

HOUSEHOLD INCOME Table with 8 rows and 3 columns: Line number, Description, Amount. Includes instructions for entering social security benefits, wages, pension, and net household income.

REAL ESTATE TAX / RENT PAID Table with 3 rows and 3 columns: Line number, Description, Amount. Includes instructions for entering property tax paid and rent.

CREDITS Table with 1 row and 3 columns: Line number, Description, Amount. Includes instruction for using the chart on pages 13-15.

DIRECT DEPOSIT If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below. a. Routing Number b. Account Number 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. 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 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. I authorize the Director of Revenue or delegate to discuss my claim and attachments with the preparer or any member of the preparer's firm. YES NO E-MAIL ADDRESS PREPARER'S PHONE SIGNATURE DATE PREPARER'S SIGNATURE FEIN, SSN, OR PTIN SPOUSE'S SIGNATURE DAYTIME TELEPHONE PREPARER'S ADDRESS AND ZIP CODE DATE

Mail claim and attachments to Missouri Department of Revenue, P.O. Box 3385, Jefferson City, MO 65105-3385.



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2010

2010
FORM
MO-CRP

**FAILURE TO PROVIDE LANDLORD
INFORMATION WILL RESULT IN
DENIAL OR DELAY OF YOUR CLAIM.**

| | | | | | |
|--|--|--|---|--|-------------|
| 1. SOCIAL SECURITY NUMBER | | SPOUSE'S SOCIAL SECURITY NUMBER | | ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN. | |
| 2. NAME | | | 3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED) | | |
| PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED) | | APT. NUMBER | LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED) | | APT. NUMBER |
| CITY, STATE, AND ZIP CODE | | | | 4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) (____) ____ - ____ | |
| 5. RENTAL PERIOD DURING YEAR | | FROM: MONTH ____ DAY ____ YEAR 2010 | TO: MONTH ____ DAY ____ YEAR 2010 | | |
| 6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a statement from your landlord, and/or copies of cancelled 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. | | | | | 6 00 |
| 7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18), check the appropriate box and enter percentage. Additional persons sharing rent/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 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 |

MO 860-1089 (12-2010)

For Privacy Notice, see instructions.



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