

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

☐ Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

Vendor Code

0 0 6

Department Use Only

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Filing Status

☐ Single ☐ Claimed as a Dependent ☐ Married Filing Combined ☐ Married Filing Separately ☐ Head of Household ☐ Qualifying Widow(er)

Age 62 through 64

Age 65 or Older

Blind

100% Disabled

Non-Obligated Spouse

Yourself ☐ Spouse ☐ | 
 Yourself ☐ Spouse ☐ | 
 Yourself ☐ Spouse ☐ | 
 Yourself ☐ Spouse ☐ | 
 Yourself ☐ Spouse ☐

Name

Social Security Number  -  -  ☐ Deceased in 2020 | 
 Spouse's Social Security Number  -  -  ☐ Deceased in 2020

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.)

Address

Present Address (Include Apartment Number or Rural Route)

City, Town, or Post Office

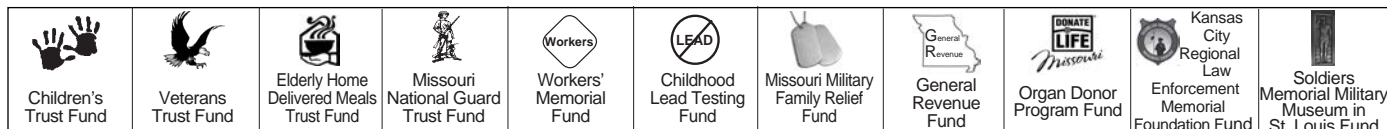
State

ZIP Code

 - 

County of Residence

You may contribute to any one or all of the trust funds on Line 21. See instructions for more trust fund information.



20335010006

- |   | Yourself (Y)                | Spouse (S)                  |
|---|-----------------------------|-----------------------------|
| 1. Federal adjusted gross income from federal return<br>(see worksheet on page 8 of the instructions) . . . . . | 1Y <input type="text"/> .00 | 1S <input type="text"/> .00 |
| 2. Any state income tax refund included in federal<br>adjusted gross income. . . . .                            | 2Y <input type="text"/> .00 | 2S <input type="text"/> .00 |
| 3. Missouri adjusted gross income - Subtract Line 2 from Line 1. . . . .  | 3Y <input type="text"/> .00 | 3S <input type="text"/> .00 |
| 4. Total Missouri adjusted gross income - Add columns 3Y and 3S . . . . .                                       | 4 <input type="text"/> .00  |                             |
| 5. Income percentages - Divide columns 3Y and 3S by total<br>on Line 4. (Must equal 100%) . . . . .             | 5Y <input type="text"/> %   | 5S <input type="text"/> %   |

6a. Tax from federal return. Do not enter federal income tax withheld.

6a  .00

6b. Federal tax percentage – Enter the percentage based on your Missouri  
Adjusted Gross Income, Line 4. Use the chart below to find your percentage.

6b  %

Missouri Adjusted Gross Income Range, Line 4: Federal Tax Percentage:

\$25,000 or less . . . . .	35%
\$25,001 to \$50,000 . . . . .	25%
\$50,001 to \$100,000 . . . . .	15%
\$100,001 to \$125,000 . . . . .	5%
\$125,001 or more . . . . .	0%

6c. Federal income tax deduction – Multiply Line 6a by the percentage  
on Line 6b. Enter this amount not to exceed \$5,000 for an individual or  
\$10,000 for combined filers. . . . .

6c  .00

7. Missouri Standard or Itemized Deduction

Taxpayers Under Age 65

- Single . . . . . \$12,400
- Married Filing Combined . . . . . \$24,800
- Married Filing Separate . . . . . \$12,400
- Head of Household . . . . . \$18,650
- Qualifying Widow(er) . . . . . \$24,800

Taxpayers Age 65 or Older

- Single . . . . . \$14,050
- Married Filing Combined and You or Your Spouse are  
Age 65 or Older . . . . . \$26,100
- Married Filing Combined and You and Your Spouse are  
**BOTH** Age 65 or Older . . . . . \$27,400
- Married Filing Separate . . . . . \$13,700
- Head of Household . . . . . \$20,300
- Qualifying Widow(er) . . . . . \$26,100

If blind, or claimed as a dependent, or itemizing see federal return or page 7 of the  
instructions. . . . .

7  .00

8. Pension exemption (Complete worksheet on page 21 and 22.)  
Attach worksheet, federal return, and Form(s) 1099 . . . . .

8  .00

9. Long-term care insurance deduction . . . . .

9  .00

10. Total Deductions - Add Lines 6c through 9 . . . . .

10  .00

11. Missouri Taxable Income - Subtract Line 10 from Line 4 and enter here . . . . .

11  .00

12. Multiply Line 11 by appropriate percentages on Lines 5Y  
and 5S . . . . .

12Y  .00      12S  .00



## Taxes Cont.

13. Tax (See the tax chart on page 24 of the instructions) . . . . .

14. Total Taxes - Add Line 13Y and 13S. . . . .

## Payments and Credits

15. Missouri tax withheld - Attach Form(s) W-2 and 1099. . . . .

16. 2020 Missouri estimated tax payment(s) - Include overpayment from 2019 applied to 2020 . . .

17. Property Tax Credit (from [Form MO-PTS](#), Line 14) - Attach completed Form MO-PTS . . . . .

18. Total Payments and Credits - Add Lines 15, 16, and 17. . . . .

19. If Line 18 is larger than Line 14, enter the amount of OVERPAYMENT. If Line 18 is less than Line 14, enter the AMOUNT DUE on Line 24 . . . . .

20. Enter the amount from Line 19 you want applied to your 2021 estimated tax. . . . .

21. Enter the amount of your donation in the trust fund boxes below. See instructions for trust fund codes.

21a. Children's Trust Fund <input type="text"/> <input type="text" value="00"/>	21b. Veterans Trust Fund <input type="text"/> <input type="text" value="00"/>	21c. Elderly Home Delivered Meals Trust Fund <input type="text"/> <input type="text" value="00"/>	21d. Missouri National Guard Trust Fund <input type="text"/> <input type="text" value="00"/>
21e. Workers' Memorial Fund <input type="text"/> <input type="text" value="00"/>	21f. Childhood Lead Testing Fund <input type="text"/> <input type="text" value="00"/>	21g. Missouri Military Family Relief Fund <input type="text"/> <input type="text" value="00"/>	21h. General Revenue Fund <input type="text"/> <input type="text" value="00"/>
21i. Organ Donor Program Fund <input type="text"/> <input type="text" value="00"/>	21j. Kansas City Regional Law Enforcement Memorial Foundation Fund <input type="text"/> <input type="text" value="00"/>	21k. Soldiers Memorial Military Museum in St. Louis Fund <input type="text"/> <input type="text" value="00"/>	
21l. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> <input type="text" value="00"/>	21m. Code <input type="text"/> Additional Fund Amount <input type="text"/> <input type="text" value="00"/>		

Total Donation - Add amounts from Boxes 21a through 21m and enter here . . . . .

22. Amount from Line 19 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter amount from [Form 5632](#), Line E . . . . .

23. **Refund** - Subtract Lines 20, 21, and 22 from Line 19. . . . .

a. Routing Number

b. Account Number

c. ☐ Checking ☐ Savings

## Amount Due

24. **Amount Due** - If Line 18 is less than Line 14, enter the difference here. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . .



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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 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

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 return and attachments with the preparer or any member of the preparer's firm . . . . . ☐ Yes ☐ No

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. . . . . ☐ Yes ☐ No

Department Use Only

☐ A ☐ FA ☐ E10 ☐ DE ☐ F



(Revised 12-2020)

**Mail To: Balance Due:**

Missouri Department of Revenue  
P.O. Box 3395  
Jefferson City, MO 65105-3395

**Refund or No Amount Due:**

Missouri Department of Revenue  
P.O. Box 3385  
Jefferson City, MO 65105-3385

**Phone (Balance Due):** (573) 751-7200

**Phone (Refund or No Amount Due):** (573) 751-3505

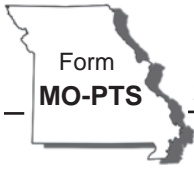
**Fax:** (573) 522-1762

**E-mail:** [propertytaxcredit@dor.mo.gov](mailto:propertytaxcredit@dor.mo.gov)

Visit <http://dor.mo.gov/personal/individual/> for additional information.



20335040006



MISSOURI DEPARTMENT OF  
**REVENUE**  
**2020 Property Tax Credit Schedule**

Department Use Only (MM/DD/YY)

This form must be attached to [Form MO-1040](#) or [MO-1040P](#).

Social Security Number

 -  - 

Date of Birth (MM/DD/YYYY)

First Name

M.I.

Last Name

Spouse's Social Security Number

 -  - 

Spouse's Date of Birth (MM/DD/YYYY)

Spouse's First Name

M.I.

Last Name

Qualifications

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.)

Filing Status

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

- ☐ Single ☐ Married - Filing Combined ☐ Married - Living Separate for Entire Year

Failure to provide the required attachment(s) will result in the delay or denial of your return.

Income

1. Enter the amount of income from Form MO-1040, Line 6 or Form MO-1040P, Line 4 . . . . .  1  .  00
2. Enter the amount of nontaxable 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  .  00
3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from [MO-A](#), Part 1, Line 8 (if filing Form MO-1040). **Attach** Form(s) W-2, 1099, 1099-R, 1099-MISC, 1099-INT, 1099-DIV, etc . . . . .  3  .  00
4. Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. **Attach** Form RRB-1099-R (Tier II). If filing Form MO-1040, refer to MO-A, Part 1, Line 10 . . . .  4  .  00
5. Enter the amount of veterans payments or benefits before any deductions. **Attach** letter from Veterans Affairs (see instructions on page 45) . . . . .  5  .  00



For Privacy Notice, see Instructions.

6. 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 total amount of assistance received and Form 1099 from Employment Security, if applicable . . . . . 6  . 00
7. Enter the amount of nonbusiness loss(es). You must include nonbusiness loss(es) in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040 or 1040-SR) . . . . . 7  . 00
8. Total household income - Add Lines 1 through 7 and enter the total here . . . . . 8  . 00
9. Enter the appropriate amount from the options below . . . . . 9  . 00
- **Single or Married Living Separate** - Enter \$0
  - Married and Filing Combined - **rented** or **did not own** your home for the entire year - Enter \$2,000
  - Married and Filing Combined - **owned** and **occupied** your home for the entire year - Enter \$4,000
10. Net household income - Subtract Line 9 from Line 8 and enter the amount here . . . . . 10  . 00
- If you rented or did not own and occupy your home for the entire year and Line 10 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 10 is greater than \$30,000, you are **not eligible** to file this claim.

11. 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 **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](#)) . . . . . 11  . 00
12. If you rented, enter the total amount from Certification of Rent Paid ([Form\(s\) 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 . . . . . 12  . 00

13. Enter the total of Lines 11 and 12, or \$1,100, whichever is less . . . . . 13  . 00
14. Apply Lines 10 and 13 to the chart in the instructions for [MO-1040](#), pages 49-51 or [MO-1040P](#), pages 29-31 to figure your Property Tax Credit. You **must** use the chart to see how much credit you are allowed. Enter this amount on Form MO-1040, Line 40 or Form MO-1040P, Line 18. . . . . 14  . 00

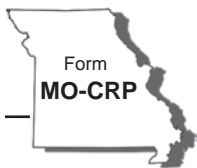
## Department Use Only

☐ A ☐ K ☐ R ☐ U

This form must be attached to Form MO-1040 or Form MO-1040P.



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MISSOURI DEPARTMENT OF  
**REVENUE**

**2020 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

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)

From:

To:

5. Rental Period During Year (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 . . . . .

 7  %

☐ A. Apartment, House, Mobile Home, or Duplex - 100%

☐ F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)

☐ B. Mobile Home Lot - 100%

☐ 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:

☐ C. Boarding Home or Residential Care - 50%

☐ D. Skilled or Intermediate Care Nursing Home - 45%

☐ 1 (50%) ☐ 2 (33%) ☐ 3 (25%)

☐ E. Hotel - 100%; if meals are included - 50%

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

For Privacy Notice, see instructions.

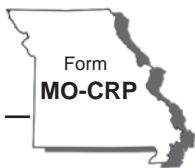
Form MO-CRP (Revised 12-2020)

Taxation Division

Attach to Form [MO-PTC](#) or [MO-PTS](#) and mail to the Missouri Department of Revenue.



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MISSOURI DEPARTMENT OF  
**REVENUE**

**2020 Certification of Rent Paid**

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**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)

From:

To:

5. Rental Period During Year (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

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 7  %

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☐ 1 (50%) ☐ 2 (33%) ☐ 3 (25%)

☐ E. Hotel - 100%; if meals are included - 50%

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

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2020)

Taxation Division

Attach to Form [MO-PTC](#) or [MO-PTS](#) and mail to the Missouri Department of Revenue.



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