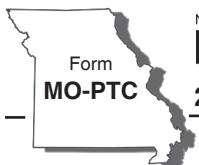


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MISSOURI DEPARTMENT OF  
**REVENUE**  
**2025 Property Tax Credit Claim**

Print in BLACK ink only and DO NOT STAPLE.

For Privacy Notice, see Instructions.

Select Here for **Amended** Claim

Department of Social Services Application of Eligibility  
form attached

Vendor Code

Department Use Only

006

Deceased

in 2025

Social Security Number

Deceased

in 2025

Spouse's Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Deceased

in 2025

Birthdate (MM/DD/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Spouse's Birthdate (MM/DD/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Name

First Name

M.I.

Last Name

Suffix

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Spouse's First Name

M.I.

Spouse's Last Name

Suffix

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

<input type="text"/>
----------------------

Address

Present Address (Include Apartment Number or Rural Route)

<input type="text"/>
----------------------

City, Town, or Post Office

State

ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
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County of Residence

<input type="text"/>
----------------------

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



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Failure to provide the following attachments may 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) .....  .  00
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. .....  .  00
3. Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions. **Attach** Form RRB-1099-R (TIER II) .....  .  00
4. Enter the amount of veterans payments or benefits before any deductions. **Attach** letter from Veterans Affairs (see instructions on page 5) .....  .  00
5. Enter the total amount received by you, your spouse, and your **minor children** from: public assistance, Supplemental Security Income (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 .....  .  00
6. Total household income - Add Lines 1 through 5 and enter the total here .....  .  00
7. Enter the appropriate amount from the options below .....  .  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
8. Net household income - Subtract Line 7 from Line 6 and enter the amount here .....  .  00
  - 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, minus special assessments, or \$1,100, whichever is less. **Attach** a copy of your 2025 **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](#)) .....  .  00
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. ..  .  00
11. Enter the total of Lines 9 and 10, or \$1,100, whichever is less .....  .  00



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MISSOURI DEPARTMENT OF  
**REVENUE**

**2025 Certification of Rent Paid**

One Form MO-CRP must be provided for each rental location in which you resided.  
**Failure to provide landlord information may 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:

(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 .....

.  .  .



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For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2025)

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/](http://dor.mo.gov/military/) to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at [mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR](http://mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR) to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).