MISSOURI DEPARTMENT OF

REVENUE

Form MO-PTC

Property Tax Credit Claim

2 0 1

Final Checklist Before Mailing Your Claim

Instructions and form itself will list back-up information needed.

Did you need to attach any of these?

- MO-CRP
- Verification of Rent Paid (Form 5674)
- SSA-1099, RRB-1099, or SSI Statement
- 2018 paid real estate receipts or personal property tax receipts
- Disabled veteran documentation
- Power of Attorney or Federal Form 1310 and death certificate



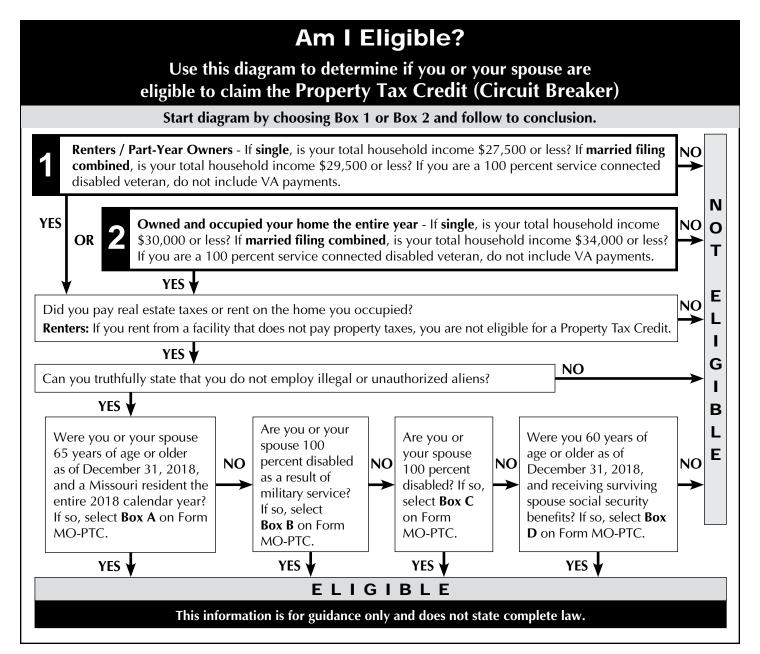


Sign up to receive updates!

Receive text or e-mail notifications each time the status of your return changes.

See page 4 for more information.

Failure to include required documentation or information may reduce or delay your refund.



2-D Barcode Returns - If you plan to file a paper return, you should consider 2-D barcode filing. The software encodes all your tax information into a 2-D barcode, which allows your return to be processed with fewer errors compared to traditional paper returns.



If you use software to prepare your return, check our website for approved 2-D barcode software companies. Also, check out the Department's fill-in forms that automatically calculate and have a 2-D barcode. You can have your refund directly deposited into your bank account when you use the Department's fill-in forms. All 2-D barcode returns should be mailed to: **Department of Revenue, P.O. Box 3385, Jefferson City, MO 65105-3385**.

Assistance with Preparing Your Tax Return

There are a large number of volunteer groups around Missouri providing tax assistance to elderly or lower income taxpayers. To locate a volunteer group near you that offers return preparation assistance:

- Call 800-906-9887 or 888-227-7669, or
- Visit http://www.irs.gov/Individuals/Free-Tax-Return-Preparation-for-You-by-Volunteers.

You will find a larger volume of volunteer centers open during the filing season, which is typically January through April.

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| 2018 Property Tax Credit Chart17-19 |
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Do I Have the Correct Tax Book?

You may use this tax book to file your 2018 Property Tax Credit Claim (Form MO-PTC), if you meet the eligibility requirements on page 2 and are not required to file an individual income tax return.

You **cannot use this book** if you were required to file a federal return and you were a:

- Resident of Missouri and you had Missouri adjusted gross income of \$1,200 or more;
- Nonresident of Missouri and had income of \$600 or more from Missouri sources; or
- Resident or nonresident with Missouri withholding and you want to file an individual income tax return to claim a refund of your withholding.

If you have any negative income, you cannot use this form.

If you meet any of the above criteria, you **cannot** file the Form MO-PTC. You must file a Missouri income tax return and attach the Property Tax Credit Schedule (Form MO-PTS) if you qualify for a property tax credit. See below for information to obtain the correct form (Individual Income Tax Return - Long Form MO-1040 or Individual Income Tax Return and Property Tax Credit Claim/Pension Exemption - Short Form MO-1040P) to file and claim your property tax credit.

Exception: You are not required to file a Missouri income tax return if your standard deduction meets or exceeds your Missouri adjusted gross income. If you are a nonresident alien, visit our website at http://dor.mo.gov/personal/individual/ for information.

Helpful Hint

If you anticipate receiving any 1099 or W-2 income, please wait to file this claim until all statements are received. Filing too early may result in a balance due.

To Obtain Forms

Visit http://dor.mo.gov/personal/individual/.

Important Filing Information

This information is for guidance only and does not state the complete law.

When to File Claim

The 2018 Form MO-PTC is due April 15, 2019, but you may file up to three years from the due date and still receive your credit.

Where to Mail Claim

Mail your completed Form MO-PTC and all attachments to: Department of Revenue

P.O. Box 2800

Jefferson City, MO 65105-2800

Filing for Deceased Individuals

If an individual passed away in 2018, a claim may be filed by the surviving spouse if the filing status is "married filing combined" and all other qualifications are met. If there is no surviving spouse, the estate may file the claim.

A copy of the death certificate must be attached and if the check is to be issued in another name, a Federal Form 1310 must also accompany the claim. To obtain Federal Form 1310, go to www.irs.gov/forms-pubs.

Any existing Power of Attorney (Form 2827) pending with the Department of Revenue is terminated when the death of the taxpayer is made known to the Department. A new Form 2827 or verification of personal representation is required after the death of the taxpayer before any party may discuss the taxpayer's debt with the Department staff. If no personal representation was appointed, submit verification of the executor of estate or distributee.

Dollars and Cents

Rounding is required on your Form MO-PTC. Zeros have been placed in the cents column on your return. For 1 cent through 49 cents, round down to the previous whole dollar amount. For 50 cents through 99 cents, round up to the next whole dollar amount.

Example: Round \$32.49 down to \$32.00 Round \$32.50 up to \$33.00

Fill-in Forms That Automatically Calculate

Go to our website at http://dor.mo.gov/personal/ptc to enter your tax information, and let us do the math for you. No calculation errors means faster processing. Just print, sign, and mail the claim with required supporting documents.

Address Change

If you move after filing your return, notify both the post office serving your old address and the Department of Revenue of your address change. Address change requests should be mailed to: **Department of Revenue**, **P.O. Box 2200, Jefferson City, MO 65105-2200.** This will help forward any refund check or correspondence to your new address.

Missouri Return Inquiry

To check the status of your current year return 24 hours a day, please visit the Department's website at http://dor.mo.gov/personal/individual/ or call our automated individual income tax inquiry line at (573) 526-8299. To obtain the status of your return, you must know the following information: 1) the first social security number on the return; 2) the filing status shown on your return; and 3) the exact amount of the refund or balance due in whole dollars. Once this information is validated using the Missouri Return Inquiry System on our website, you will be given the option to sign up for text or email notifications. This will allow you to be notified each time the status of your tax return changes as it is being processed by the Department of Revenue.

Form MO-PTC

Information to Complete Form MO-PTC

Name, Address, Etc.

Print or type your name(s), address, social security number(s), birthdate(s), and telephone number in the spaces provided. If you or your spouse do not have a social security number, enter "none" in the appropriate space(s). If married, enter both birthdates, even if your spouse died during the calendar year. Only select the deceased box if death occurred in 2018.

Select the amended claim box if you are filing an amended claim. Complete the entire claim using the corrected figures.

Helpful Hints

- Please use the social security number of the person filing the claim.
- Do not use Form MO-PTC if you need to file an individual income tax return (Form MO-1040 or Form MO-1040P). See page 3.

Qualifications

Select the applicable box to indicate under which qualification you are filing the Form MO-PTC. See the "Am I Eligible" chart on page 2. You must select a qualification box to be eligible for the credit. Select **only one** box. **Attach the appropriate documentation to verify your qualification**. (The required documentation is listed behind each qualification on Form MO-PTC.)

Filing Status

Select your filing status. You can select "married - living separate for entire year" only if you and your spouse did not at any time during the year live in the same residence.

Note: If you lived at different addresses for the entire year, you may file a separate claim. Do not include your spouse's name or social security number if you selected married filing separate. You cannot take the \$2,000 or \$4,000 deduction on Line 7 if you selected "married-living separate for entire year," as your filing status, and you are filing a separate claim. (Example: One spouse lives in a nursing or residential care facility while the other spouse remains in the home the entire year.)

Helpful Hint

If you are married and lived together for any part of the year, you **must** file married filing combined and include all household income.

Household Income

Household income is **all income** received by a claimant, spouse, and minor children (**taxable** or **nontaxable**) and includes all income from sources listed on Lines 1 through 5 of Form MO-PTC.

Line 1 - Social Security Benefits

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.**

Lump sum distributions from the Social Security Administration or other agencies must be claimed in the year in which they are received.

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

| | R SOCIAL SECURITY BENEFIT RSE SIDE FOR MORE INFOR | | N IN BOX 5 MAY BE TAXABLE INCOME. |
|--|--|-----------|---|
| Box 1. Name | | Box 2. Be | eneficiary's Social Security Number |
| BETTY TAXPAYER | | 000- | 00-0000 |
| Box 3. Benefits Paid in 2018 | Box 4. Benefits Repaid to SSA | in 2018 | Box 5. Net Benefits for 2018 (Box 3 minus box 4) |
| *\$8,400.00 | NONE | | \$8,400.00 |
| DESCRIPTION OF AM | MOUNT IN BOX 3 | DI | ESCRIPTION OF AMOUNT IN BOX 4 |
| Paid by check or direct deposit | \$7,800.00 | | NONE |
| Medicare premiums deducted from y | our benefit \$600.00 | | |
| Total Additions | \$8,400.00 | | |
| Benefits for 2018 | \$8,400.00 | | |
| | | Box 6. V | oluntary Federal Income Tax Withheld |
| | | BETT 5500 | EY TAXPAYER TAXES LANE TOWN, MO 55555-5555 |
| *Includes: \$12.00 Paid in 2018 for 20 | 017 | | laim Number (Use this number if you need to contact SSA) 0-0000 |

Form SSA-1099-SM (12-2018)

DO NOT RETURN THIS FORM TO SSA OR IRS

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Helpful Hints

- Wait to file your claim until you receive your Form SSA-1099 in January 2019. This form will list your benefits for the entire 2018 year. See the sample Form SSA-1099 above.
- If you are receiving railroad retirement benefits, you should receive two Forms RRB-1099. Form RRB-1099R shows annuities and pensions. Form RRB-1099 shows your social security equivalent railroad retirement benefits. Include the amount from Form RRB-1099 that states social security equivalent (usually Tier I benefits) on Line 1.

Line 2 - Wages, Pensions, Annuities, Dividends, Interest, Rental Income, or Other Income

Include the amount of **all** wages, pensions, annuities, dividends, interest income, rental income, or other income. Do not include excludable costs of pensions or annuities. (These are usually the employee's contribution to a retirement program listed separately on Form 1099-R.) **Attach Form(s) W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc.** If grants or long-term care benefits are made payable to the nursing facility, do not include as income or rent. **If you have any negative income, you cannot use this form.**

Line 3 - Railroad Retirement Benefits

Enter the gross distribution amount of railroad retirement benefits (not included in Line 1) before

any deductions. This is the amount of annuities and pensions received, **not** your social security equivalent benefits. **Attach Form RRB-1099R (Tier II)**.

Line 4 - Veteran Benefits

If a veteran is 100 percent disabled **not due to military service**, payments and benefits are included in to property tax credit household income. Veteran payments and benefits include education or training allowances, disability compensation, grants, and insurance proceeds. A letter from the Veterans Administration detailing the amount of your benefits needs to be attached to the Property Tax Credit Schedule (Form MO-PTS).

If a veteran is 100 percent disabled **as a result of military service**, you are not required to include your veteran payments and benefits on Form MO-PTS. Attach to Form MO-PTS a letter from the Veterans Administration confirming the disability is 100 percent from military service.

If a veteran is less than 100 percent disabled, but is unable to engage in substantial gainful activity due to medical impairment(s) **resulting entirely from military service**, and such medical impairment(s) can be expected to result in death or has lasted or can be expected to last continuously for at least twelve months, you are not required to include your veteran payments and benefits on Form MO-PTS. Attach to Form MO-PTS a letter from the Veterans Administration confirming the medical impairment(s) resulted entirely from military service and makes you unable to engage in substantial gainful activity.

Note: To request a copy of the letter, call the Veterans Administration at (800) 827-1000.

If you are a surviving spouse receiving social security and your spouse was 100 percent disabled as a result of military service, all veteran payments and benefits must be included.

Line 5 - Public Assistance

Include the amount of public assistance, supplemental security income (SSI), child support, unemployment compensation, and temporary assistance payments received by you, your spouse, and your **minor children**. Temporary assistance payments include Temporary Assistance for Needy Families (TANF) payments. In Missouri, the program is referred to as Temporary Assistance (TA). This includes any payments received from the government. Do not include the value of commodity foods, food stamps, or heating and cooling assistance.

Attach a letter from the Social Security Administration that includes the total amount of assistance received and Form 1099 from Employment Security, if applicable.

Helpful Hints

- Supplemental Security Income (SSI) is paid by the Social Security Administration. You have to request an SSI form indicating total benefits received either through a my Social Security account at www.socialsecurity.gov/myaccount, by calling 1-800-772-1213, or contacting your local Social Security office. If you have minor children who receive SSI benefits, the children do not qualify for a credit. However, if you qualify for a credit you must include the children's SSI benefits on Line 5.
- If you receive temporary assistance from the Children's Division (CD) or the Family Support Division (FSD), you must include all cash benefits received for your entire household. The Department of Revenue verifies this information and failure to include total benefits may delay your refund.

Line 7 - Filing Deduction

If you are **Single or Married Living Separate**, enter \$0 on Line 7.

If you are **Married and Filing Combined**, see below to determine the amount to enter on Line 7.

- If you **RENTED** or **did not** own your home for the **entire year**, enter \$2,000 on Line 7.
- If you **OWNED** and **OCCUPIED** your home for the **entire year**, enter \$4,000 on Line 7.

Line 8 - Net Household Income

Subtract Line 7 from Line 6 and enter the amount on Line 8. See below to make sure you are eligible for the credit.

- If you **RENTED** or **did not** own and occupy your home for the **entire year**, the amount you enter on Line 8 cannot exceed \$27,500. If the amount of your net household income on Line 8 is above \$27,500, you are **not eligible** for the credit.
- If you **OWNED** and **OCCUPIED** your home for the **entire year**, the amount you enter on Line 8 cannot exceed \$30,000. If the amount of your net household income on Line 8 is above \$30,000, you are **not eligible** for the credit.

Line 9 - Own Your Home

If you owned and occupied your home, include the amount of tax you paid on your 2018 real estate tax receipt(s) only, or \$1,100, whichever is less. **Do not include special assessments (sewer lateral), penalties, service charges, and interest listed on your tax receipt.** You can only claim the taxes on your primary

residence that you occupy. Secondary homes are not eligible for the credit.

Attach a copy of paid real estate tax receipt from the county and city collector's office. Mortgage and financial institution statements are not acceptable.

If you submit more than one receipt from a city or county for your residence, please submit a letter of explanation. Your home or dwelling is the place in which you reside in Missouri, whether owned or rented, and the surrounding land, not to exceed five acres, as is reasonably necessary for use of the dwelling as a home. A home may be part of a larger unit such as a farm or building partly rented or used for business. If you share a home, report only the portion of real estate tax that was actually paid by you. If you sold or purchased your home during the year, attach the seller's/buyer's agreement to your claim.

Helpful Hint

Real estate tax paid for a prior year cannot be claimed on this form. To claim real estate taxes for a prior year, you must file a claim for that year. **Example**: If you paid your 2017 real estate tax in calendar year 2018, you must file a 2017 Property Tax Credit Claim (Form MO-PTC).

If your home or farm has more than five acres or you own a mobile home and it is classified as personal property, an Assessors Certification (Form 948) must be attached with your paid personal or real property tax receipt. If you own a mobile home that is classified as real property, a Form 948 isn't needed. In such cases, you can claim property tax for the mobile home and rent if applicable, for the lot. A credit **will not** be allowed for vehicles listed on the personal property tax receipt. If you use your home for business purposes, the

percentage of your home that is used for business purposes must be subtracted from your real estate taxes paid. If you need to use a Form 948 to calculate the amount of real estate tax, you must subtract the percentage of your home that is used for business purposes from the allowable real estate taxes paid calculated on the Form 948.

Example: Ruth has 10 acres surrounding her house. She needs to use a Form 948, because she is only entitled to receive credit for 5 acres. By her calculations, she enters \$500 on Form 948, Line 6. Ruth also uses 15 percent of her house for her business. She will multiply \$500 by 85 percent and put this figure (\$425) on Form MO-PTC, Line 9.

Helpful Hint

If you own your home and other adults (other than your spouse) live there and pay rent, the rent **must** be claimed as income.

Line 10 - Rent Your Home

Complete one Certification of Rent Paid (Form MO-CRP) for **each** rented home (including mobile home or lot) you occupied during 2018. The Form MO-CRP is on pages 12 - 14 and instructions are on page 8.

Add the totals from Line 9 on all Forms MO-CRP completed and enter the amount on Line 10, or \$750, whichever is less. Attach a completed Verification of Rent Paid (Form 5674) along with Form(s) MO-CRP.

You cannot claim returned check fees, late fees, security and cleaning deposits, or any other deposit.

If you have the same address as your landlord, please verify the number of occupants and living units.

Helpful Hints

- If you receive low income housing assistance, the rent you claim may not exceed 40 percent of your income. Please claim only the amount of rent you pay or your refund will be delayed or denied.
- If your gross rent paid exceeds your household income, you must attach a detailed statement explaining how the additional rent was paid or the claim will be denied.
- Utilities (air conditioning, gas, electric, late fees, deposits, etc.) are not included.
- Nursing Homes You must deduct personal allowances (clothing, hair stylists, etc.) prior to calculating your rent.

Line 11 - Total Real Estate Tax / Rent Paid

Add amounts from Form MO-PTC, Lines 9 and 10 and enter amount on Line 11, or \$1,100, whichever is less.

Example: Ester owns her home for three months and pays \$100 in property taxes. For nine months she rents an apartment and pays \$4,000 in rent. The amount on Line 9 of the MO-CRP is \$800 (\$4,000 x 20%). Form MO-PTC, Line 9 is \$100, Line 10 is \$750, and Line 11 is \$850. The \$800 for rent is limited to \$750 on Line 10.

Credits

Line 12 - Property Tax Credit

Apply amounts from Form MO-PTC, Lines 8 and 11 to the Property Tax Credit Chart on pages 17 through 19 to determine the amount of your property tax credit. See the following Helpful Hint. If you have another income tax or property tax credit liability, this property tax credit may be applied to that liability in accordance with <u>Section 143.782</u>, <u>RSMo</u>. You will be notified if your credit is offset against any debts.

Sign Claim

You **must sign** your Form MO-PTC. **Both** spouses **must sign** a combined claim. If you use a paid preparer, the preparer must also sign the claim. If you wish to authorize the Director of Revenue, or delegate, to discuss your tax information with your preparer or any member of your preparer's firm, indicate by selecting the "yes" box below the signature line.

Important: If the Form MO-PTC is being filed on behalf of a claimant by a nursing home or residential care facility, a statement to that effect from the claimant's legal guardian or power of attorney must be attached to the Form MO-PTC.

Mail Claim

Send your claim and all attachments to: **Department of Revenue**, **P.O. Box 2800**, **Jefferson City**, **MO 65105-2800**.

Helpful Hint

To determine your credit, use the 2018 Property Tax Credit Chart on pages 17 through 19. Lines are provided on the chart to help you figure this amount.

Example: Ruth paid \$1,200 in real estate tax and her total household income was \$15,000. Ruth will apply her tax paid and her total household income to the chart to figure out her credit amount. Even though Ruth paid \$1,200 in real estate tax, the maximum allowed credit is \$1,100. Ruth will use \$1,100 as tax paid and her total household income of \$15,000 to make the comparison. When using the chart, Ruth finds where \$15,000 and \$1,100 "meet" to figure her credit. The two numbers "meet" on the chart where the credit amount is \$1,059. Ruth will get a \$1,059 credit for the real estate tax she paid.

Failure to include required documentation or information may reduce or delay your refund.

Information to Complete Form MO-CRP

Form MO-CRP must be completed by taxpayers who rented their home and are submitting a Property Tax Credit Claim.

If you rent from a facility that does not pay property taxes, you are not eligible for a Property Tax Credit.

Step 1

Enter all information requested on Lines 1–5. If rent is paid to a relative, the relationship to the landlord must be indicated on Line 1. Your claim may be delayed if you fail to enter all required information.

Step 2

Enter on Line 6 the gross rent paid. Exclude rent paid for any portion of your home used in the production of income, and the rent paid for surrounding land with attachments not necessary nor maintained for homestead purposes. Also, exclude any rent paid to your landlord on your behalf by any organization or agency.

Step 3

If you were a resident of a nursing home or boarding home during 2018, use the applicable percentage on Line 7. If you live in a hotel and meals are included in your rent payment, enter 50 percent; otherwise enter 100 percent. If two or more unmarried individuals over 18 years of age share a residence and each pay part of the rent, enter the total rent on Form MO-CRP, Line 6 and select the appropriate percentage on box G of Line 7. If the rent receipt is for the total rent amount, then

the percentage on box G of the Form MO-CRP must be used to determine your credit. If none of the reductions apply to you, enter 100 percent on Line 7.

Step 4

Multiply Line 6 by the percentage on Line 7. Enter this amount on Form MO-CRP, Line 8.

Step 5

Multiply Line 8 by 20 percent and enter the result on Line 9. Add the totals from Line 9 on **all** completed Form MO-CRP and enter the amount on Line 10 of MO-PTC.

Helpful Hints

- An apartment is a room or suite of rooms with separate facilities for cooking and other normal household functions.
- A boarding home is a house that provides meals, lodging, and the residents share common facilities.

If you are required to file an income tax return, Form MO-1040 or Form MO-1040P, you must use Form MO-PTS to claim a property tax credit and attach it to the Form MO-1040 or Form MO-1040P.

Do not use Form MO-PTC if you are required to file an income tax return.



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

| | Select Here for Amended Claim | Vend | lor Code | Department Use | Only | |
|--|--|---------------------------------|------------------|--------------------|----------|--|
| | | 0 | 0 0 | | | |
| | | Deceased | | | Deceased | |
| | Social Security Number | in 2018 Spouse's Social | Security Numbe | r | in 2018 | |
| | | | | _ | | |
| | | | |] | | |
| | Birthdate (MM/DD/YYYY) | Spouse's Birthd | ate (MM/DD/YYY | YY) | | |
| | | | | | | |
| Name | First Name M.I. | Last Name | | | Suffix | |
| Z | | | | | | |
| | | | | | | |
| | Spouse's First Name M.I. | Spouse's Last Name | | | Suffix | |
| | | | | | | |
| | In Care Of Name (Attorney, Executor, Personal Representa | tive, etc.) | | | | |
| | | | | | | |
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| | | | | | | |
| | Present Address (Include Apartment Number or Rural Rou | e) | | | | |
| | | | | | | |
| SSS | City, Town, or Post Office | | State | ZIP Code | | |
| Address | | | | | | |
| Ă | | | | | | |
| | County of Residence | | | | | |
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| | Colort only one qualification Conice of latters forms | علقان المماد والمسائم والقوريون | -l-: | | | |
| | Select only one qualification. Copies of letters, forms | s, etc., must be included with | ciaim. | | | |
| ons | A. 65 years of age or older - You must be a | ull year resident. (Attach Fo | rm SSA-1099.) | | | |
| 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 Veteran 2007). | | | | | | |
| Qualifi | B. 100% Disabled Veteran as a result of military service (Attach letter from Department of Veterans Affairs - see instructions.) | | | | | |
| ð | C. 100% Disabled (Attach letter from Social Security Administration or Form SSA-1099.) | | | | | |
| | D 60 years of age or older and received our | ining analyse banefits (Attac | h Form CCA 1 | 000) | | |
| | D. 60 years of age or older and received sur | viving spouse benefits (Attac | in Form 55A-1 | u s s.) | | |
| | | | | | | |
| Filing | Select only one filing status. If married filing con | nbined, you must report b | oth incomes. | | | |
| Ξ, | Single Married - Filing Combined | Married - Living Separa | ate for Entire V | ear | | |
| | Single Maneu - Filing Combineu | Iviailieu - Liviliy Sepair | ate for Entire 1 | Gai | | |

Failure to provide the following attachments will 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) |
|------------------------------|-----|---|
| | 2. | Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, or other income. Attach Form(s) W-2, 1099, 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) |
| ncome | 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 and Form 1099 from Employment Security, if applicable |
| Household Income | 6. | Total household income - Add Lines 1 through 5 and enter the total here |
| ᅙ | 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 \$27,500, 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. |
| eal Estate Tax and Rent Paid | 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 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). |
| Estate Tax | 10. | If you rented, enter the total amount from 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. |
| Real | 11. | Enter the total of Lines 9 and 10, or \$1,100, whichever is less |



MO-PTC Page 2

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12. Apply amounts from Lines 8 and 11 to chart on pages 17-19 to figure your Property Tax Credit. 00 You **must** use the chart on pages 17-19 to see how much refund you are allowed.

Reserved

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) Date (MM/DD/YY) Spouse's Signature (If filing combined, BOTH must sign) Signature E-mail Address Daytime Telephone Date (MM/DD/YY) Preparer's Signature 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............ **Department Use Only** Form MO-PTC (Revised 12-2018) Phone: (573) 751-3505 Mail to: Taxation Division P.O. Box 2800 **TTY:** (800) 735-2966 Jefferson City, MO 65105-2800 **Fax:** (573) 751-2195

E-mail: PropertyTaxCredit@dor.mo.gov



| Form MO-CRP | Missouri Department of Revenue 2018 Certification of Rent Paid |
|----------------|--|
| | 1 |

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.

| Physical Address of Rental Unit (P.O. Box Not Allowed) Apartment N City State ZIP Code Landlord's Name (First, Last) Landlord's Name (First, Last) Landlord's Street Address (Must be completed) Apartment N City State ZIP Code Apartment N City State ZIP Code City State ZIP Code 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% 8. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Hotel - 100%; If meals are included - 50% B. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Hotel - 100%; If meals are included - 50% B. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Hotel - 100%; If meals are included - 50% B. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Hotel - 100%; If meals are included - 50% B. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Hotel - 100%; If meals are included - 50% B. Net rent paid - Multiply Line 6 by the percentage on Line 7. | | |
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| 2. Name (First, Last) Physical Address of Rental Unit (P.O. Box Not Allowed) Apartment N City State Zip Code Landlord's Name (First, Last) Landlord's Street Address (Must be completed) Apartment N City State Zip Code Landlord's Street Address (Must be completed) From: From: From: Rental Period During Year (MiN/DD/YY) 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% Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Net rent paid - Multiply Line 6 by the percentage on Line 7. | 1. | Social Security Number Spouse's Social Security Number |
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| | 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 | 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.

Form MO-CRP (Revised 12-2018

| Form MO-CRP | Missouri Department of Revenue 2018 Certification of Rent Paid |
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| | 1 |

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 |
|----|---|
| | |
| 2. | Select this box if related to your landlord. If so, explain. 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 Last 4 Digits of Social Security Number Landlord's Federal Employee Identification Number (FEIN) - if applicable |
| | |
| | Landlord's Street Address (Must be completed) Apartment Number |
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| | City State ZIP Code |
| | |
| | |
| 4. | Landlord's Phone Number (Must be completed) From: To: |
| 5. | Rental Period During Year (MM/DD/YY) (MM/DD/YY) |
| 6. | Enter your gross rent paid. Attach a completed Verification of Rent Paid (Form 5674). If you received housing |
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| | _ 0/ |
| 7. | Select the appropriate box below and enter the corresponding percentage on Line 7 |
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| | 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 persons sharing rent: |
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| | E. Hotel - 100%; if meals are included - 50% |
| 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 12-2018

Taxation Division

18315010001

| Form MO-CRP | Missouri Department of Revenue 2018 Certification of Rent Paid |
|----------------|--|
| | 1 |

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.

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| City State ZiP Code 3. Landlord's Name (First, Last) Landlord's Name (First, Last) Landlord's Federal Employee Identification Number (FEIN) - if apple Landlord's Street Address (Must be completed) Apartment N 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% G. Shared Residence - If you shared your rent with relatives or from the additional persons sharing rent: D. Skilled or Intermediate Care Nursing Home - 45% E. Hotel - 100%; if meals are included - 50% B. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. State ZiP Code Apartment Number (FEIN) - if apply apartment is a state of the property in the pr | 2. | • |
| City State ZiP Code 3. Landlord's Name (First, Last) Landlord's Street Address (Must be completed) Landlord's Street Address (Must be completed) Apartment N City State ZiP Code 4. Landlord's Phone Number (Must be completed) From: State ZiP Code 4. Landlord's Phone Number (Must be completed) From: | | Physical Address of Rental Unit (P.O. Box Not Allowed) Apartment Number |
| Landlord's Name (First, Last) Landlord's Last 4 Digits of Social Security Number Landlord's Federal Employee Identification Number (FEIN) - if apple Landlord's Street Address (Must be completed) Apartment N City State ZIP Code Apartment N From: From: From: 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. 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% G. Shared Residence - If you shared your rent with relatives or fr (other than your spouse or children under 18), select the approbaxes on the additional persons sharing rent: D. Skilled or Intermediate Care Nursing Home - 45% E. Hotel - 100%; if meals are included - 50% 8. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Motile Home Lot - 100% G. Shared Residence - If you shared your rent with relatives or fr (other than your spouse or children under 18), select the approbaxes on the additional persons sharing rent: D. Skilled or Intermediate Care Nursing Home - 45% E. Hotel - 100%; if meals are included - 50% 8. Net rent paid - Multiply Line 6 by the percentage on Line 7. B. Motile Home Lot - 100% G. Shared Residence - If you shared your rent with relatives or fr (other than your spouse or children under 18), select the approbaxes and the additional persons sharing rent: D. Skilled or Intermediate Care Nursing Home - 45% E. Hotel - 100%; if meals are included - 50% | | Apartment Number |
| Landlord's Last 4 Digits of Social Security Number Landlord's Federal Employee Identification Number (FEIN) - if apple Landlord's Street Address (Must be completed) Apartment N City State ZIP Code Landlord's Phone Number (Must be completed) From: 6. 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. 7. Select the appropriate box below and enter the corresponding percentage on Line 7 | | City State ZIP Code |
| Landlord's Last 4 Digits of Social Security Number Landlord's Federal Employee Identification Number (FEIN) - if apple Landlord's Street Address (Must be completed) Apartment N City State ZIP Code Landlord's Phone Number (Must be completed) From: 6. 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. 7. Select the appropriate box below and enter the corresponding percentage on Line 7 | | |
| Landlord's Street Address (Must be completed) Apartment N 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% G. Shared Residence – If you shared your rent with relatives or fr (other than your spouse or children under 18), select the approbox based on the additional persons sharing rent: D. Skilled or Intermediate Care Nursing Home - 45% E. Hotel - 100%; if meals are included - 50% 8. Net rent paid - Multiply Line 6 by the percentage on Line 7. Apartment N To: (MM/DD/YY) Apartment N To: (MM/DD/YY) F. Low Income Housing - 100% (Rent cannot exceed 40% of to household income.) G. Shared Residence – If you shared your rent with relatives or fr (other than your spouse or children under 18), select the approbox based on the additional persons sharing rent: D. Skilled or Intermediate Care Nursing Home - 45% E. Hotel - 100%; if meals are included - 50% 8. Net rent paid - Multiply Line 6 by the percentage on Line 7. | 3. | Landlord's Name (First, Last) |
| Landlord's Street Address (Must be completed) Apartment N 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% G. Shared Residence – If you shared your rent with relatives or fr (other than your spouse or children under 18), select the approbox based on the additional persons sharing rent: D. Skilled or Intermediate Care Nursing Home - 45% E. Hotel - 100%; if meals are included - 50% 8. Net rent paid - Multiply Line 6 by the percentage on Line 7. Apartment N To: (MM/DD/YY) Apartment N To: (MM/DD/YY) F. Low Income Housing - 100% (Rent cannot exceed 40% of to household income.) G. Shared Residence – If you shared your rent with relatives or fr (other than your spouse or children under 18), select the approbox based on the additional persons sharing rent: D. Skilled or Intermediate Care Nursing Home - 45% E. Hotel - 100%; if meals are included - 50% 8. Net rent paid - Multiply Line 6 by the percentage on Line 7. | | |
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| City State ZIP Code 4. Landlord's Phone Number (Must be completed) From: From: 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% G. Shared Residence – If you shared your rent with relatives or from the complex of the comple | | |
| 4. Landlord's Phone Number (Must be completed) From: From: 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. 7. Select the appropriate box below and enter the corresponding percentage on Line 7 | | Landlord's Street Address (Must be completed) Apartment Number |
| 4. Landlord's Phone Number (Must be completed) From: From: 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. 7. Select the appropriate box below and enter the corresponding percentage on Line 7 | | |
| From: 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. 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% 8. Net rent paid - Multiply Line 6 by the percentage on Line 7. | | City State ZIP Code |
| From: 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. 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% 8. Net rent paid - Multiply Line 6 by the percentage on Line 7. | | |
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| 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% 8. Net rent paid - Multiply Line 6 by the percentage on Line 7. | 5. | |
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| 7. Select the appropriate box below and enter the corresponding percentage on Line 7 | ٠. | assistance, enter the amount of rent you paid. Note: If you rent from a facility that does not pay property tax, |
| 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% Net rent paid - Multiply Line 6 by the percentage on Line 7. | | you are not eligible for a Property Tax Credit |
| 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% Net rent paid - Multiply Line 6 by the percentage on Line 7. | _ | Select the appropriate box below and enter the corresponding percentage on Line 7 |
| household income.) 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% Net rent paid - Multiply Line 6 by the percentage on Line 7. | <i>/</i> . | Select the appropriate box below and enter the corresponding percentage on Line / |
| C. Boarding Home or Residential Care - 50% D. Skilled or Intermediate Care Nursing Home - 45% E. Hotel - 100%; if meals are included - 50% Net rent paid - Multiply Line 6 by the percentage on Line 7. | | |
| C. Boarding Home or Residential Care - 50% (other than your spouse or children under 18), select the appropriate D. Skilled or Intermediate Care Nursing Home - 45% E. Hotel - 100%; if meals are included - 50% 8. Net rent paid - Multiply Line 6 by the percentage on Line 7. | | |
| D. Skilled or Intermediate Care Nursing Home - 45% 1 (50%) 2 (33%) 3 (25%) 8. Net rent paid - Multiply Line 6 by the percentage on Line 7. | | C. Boarding Home or Residential Care - 50% (other than your spouse or children under 18), select the appropriate |
| 8. Net rent paid - Multiply Line 6 by the percentage on Line 7 | | D. Skilled or Intermediate Care Nursing Home - 45% |
| 8. Net rent paid - Multiply Line 6 by the percentage on Line / | | |
| | 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 | 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.

Form MO-CRP (Revised 12-2018



| | | | l | |
|---------------------|--|--|---|--|
| Department Use Only | | | | |
| (MM/DD/YY) | | | | |
| , | | | | |



16325010001

| | Landlord must co | omplete this form each year. | |
|-------------------------------|---|------------------------------|------------|
| | | Tax Year | |
| | Tenant's Name | | |
| | | | |
| | Desired Address | | |
| | Rental Address | | |
| | | | |
| _ | City | State | ZIP Code |
| Tenant and Rental Information | |] [| |
| Ë | | | |
| ξō | Rental Begin Date (MM/DD/YYYY) Rental Er | nd Date (MM/DD/YYYY) | |
| <u>=</u> | | | |
| ent | | | |
| Ř | Gross Rent Paid for the Year | | . 00 |
| au | Gloss Relit Faid for the fear | | |
| ant | Amount of utilities included in monthly payment (if any) | | . 00 |
| en | , , , , , , , , , , , , , , , , , , , | | |
| | Did the tenant receive any housing assistance? | | Yes No |
| | | | |
| | If yes, how much rent was the tenant responsible for? | | . 00 |
| | Did among wasida at this doculling with the above to read | | □ vas □ Na |
| | Did anyone reside at this dwelling with the above tenant? | | └ Yes |
| | If yes, how many were over the age of 18? | | |
| | if yes, now many were over the age of to: | | |
| | | | |
| | Landlord's Name | | |
| | | | |
| | | | |
| on | Landlord's Address | | |
| ati | | | |
| orn | City | State | ZIP Code |
| <u>=</u> | | | Zii Gode |
| ord | | | |
| Landlord Information | Telephone Number (Home) | Telephone Number (Cell) | |
| Ē | | | |
| | | | |
| | Telephone Number (Work) | Landlord's Signature | |
| | | | |
| | | | |

Form 5674 (Revised 11-2018)

Taxation Division P.O. Box 2200 Jefferson City, MO 65105-2200 **Phone:** (573) 751-3505 **TTY:** (800) 735-2966 **Fax:** (573) 751-2195

E-mail: propertytaxcredit@dor.mo.gov



Visit http://dor.mo.gov

for additional information.



| Department Use Only | | | | |
|---------------------|--|--|--|--|
| (MM/DD/YY) | | | | |



| | Landlord must co | omplete this form each year. | |
|-------------------------------|---|------------------------------|----------|
| | Tenant's Name | Tax Year | |
| | Daniel Address | | |
| | Rental Address | | |
| on | City | State | ZIP Code |
| rmati | | | |
| <u> </u> | Rental Begin Date (MM/DD/YY) Rental Er | nd Date (MM/DD/YY) | |
| ntal | | | |
| nd Re | Gross Rent Paid for the Year | | . 00 |
| Tenant and Rental Information | Amount of utilities included in monthly payment (if any) | | . 00 |
| <u>-</u> | Did the tenant receive any housing assistance? | | . Yes No |
| | If yes, how much rent was the tenant responsible for? | | . 00 |
| | Did anyone reside at this dwelling with the above tenant? | | . Yes No |
| | If yes, how many were over the age of 18? | | |
| | Landlord's Name | | |
| | | | |
| <u>o</u> | Landlord's Address | | |
| rmat | | 0 | 710.0 |
| Landlord Information | City | State | ZIP Code |
| dlor | Telephone Number (Home) | Telephone Number (Cell) | |
| Lan | | | |
| | Telephone Number (Work) | Landlord's Signature | |
| | | | |

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.)

Form 5674 (Revised 11-2016)

Taxation Division P.O. Box 2200 Jefferson City, MO 65105-2200 **Phone:** (573) 751-3505 TTY: (800) 735-2966 Fax: (573) 751-2195

E-mail: propertytaxcredit@dor.mo.gov

Visit http://dor.mo.gov for additional information.



| A. Enter amount from Line 8 here | B. Enter amount from Line 11 here |
|---|--|
| C. Find where these two numbers "meet" below to figur | e your credit amount. Enter on Form MO-PTC, Line 12. |

2018 Property Tax Credit Chart

Amount from Line B above or from Form MO-PTC, Line 11 - Total Real Estate Tax paid

| | | - | | ROM — | | | | — FRC |)M | | | | - FROM | 1 —— | |
|------------------|------------------|------------|------------|------------|------------|------------|------------|------------|------------|-----------|----------|-------------|---------|------|-----|
| | | 1076 | 1051 | 1026 | 1001 | 976 | 951 | 926 | 901 | 876 | 851 | 826 | 801 | 776 | 751 |
| | | | | то | | | | то | <u> </u> | | | | TO- | | |
| | | 1100 | 1075 | 1050 | 1025 | 1000 | 975 | 950 | 925 | 900 | 875 | 850 | 825 | 900 | 775 |
| | | | | | 1025 | 1000 | | | | | | | | 800 | |
| FROM | TO | | | | | | | | - | | | 100 (Form | | | |
| 1 | 14,300 | | | | | , | | - / | erty taxes | | | le for a Pi | | | |
| 14,301 | 14,600 | 1078 | 1053 | 1028 | 1003 | 978 | 953 | 928 | 903 | 878 | 853 | 828 | 803 | 778 | 753 |
| 14,601 | 14,900 | 1069 | 1044 | 1019 | 994 | 969 | 944 | 919 | 894 | 869 | 844 | 819 | 794 | 769 | 744 |
| 14,901 | 15,200 | 1059 | 1034 | 1009 | 984 | 959 | 934 | 909 | 884 | 859 | 834 | 809 | 784 | 759 | 734 |
| 15,201 | 15,500 | 1049 | 1024 | 999 | 974 | 949 | 924 | 899 | 874 | 849 | 824 | 799 | 774 | 749 | 724 |
| 15,501 | 15,800 | 1039 | 1014 | 989 | 964 | 939 | 914 | 889 | 864 | 839 | 814 | 789 | 764 | 739 | 714 |
| 15,801 | 16,100 | 1028 | 1003 | 978 | 953 | 928 | 903 | 878 | 853 | 828 | 803 | 778 | 753 | 728 | 703 |
| 16,101 | 16,400 | 1016 | 991 | 966 | 941 | 916 | 891 | 866 | 841 | 816 | 791 | 766 | 741 | 716 | 691 |
| 16,401 | 16,700 | 1005 | 980 | 955 | 930 | 905 | 880 | 855 | 830 | 805 | 780 | 755 | 730 | 705 | 680 |
| 16,701 | 17,000 | 993 | 968 | 943 | 918 | 893 | 868 | 843 | 818 | 793 | 768 | 743 | 718 | 693 | 668 |
| 17,001 | 17,300 | 980 | 955 | 930 | 905 | 880 | 855 | 830 | 805 | 780 | 755 | 730 | 705 | 680 | 655 |
| 17,301 | 17,600 | 968 | 943 | 918 | 893 | 868 | 843 | 818 | 793 | 768 | 743 | 718 | 693 | 668 | 643 |
| 17,601 | 17,900 | 954 | 929 | 904 | 879 | 854 | 829 | 804 | 779 | 754 | 729 | 704 | 679 | 654 | 629 |
| 17,901 | 18,200 | 941 | 916 | 891 | 866 | 841 | 816 | 791 | 766 | 741 | 716 | 691 | 666 | 641 | 616 |
| 18,201 | 18,500 | 927 | 902 | 877 | 852 | 827 | 802 | 777 | 752 | 727 | 702 | 677 | 652 | 627 | 602 |
| 18,501 | 18,800 | 913 | 888 | 863 | 838 | 813 | 788 | 763 | 738 | 713 | 688 | 663 | 638 | 613 | 588 |
| 18,801 | 19,100 | 898 | 873 | 848 | 823 | 798 | 773 | 748 | 723 | 698 | 673 | 648 | 623 | 598 | 573 |
| 19,101 | 19,400 | 883 | 858 | 833 | 808 | 783 | 758 | 733 | 708 | 683 | 658 | 633 | 608 | 583 | 558 |
| 19,401 | 19,700 | 868 | 843 | 818 | 793 | 768 | 743 | 718 | 693 | 668 | 643 | 618 | 593 | 568 | 543 |
| 19,701 | 20,000 | 852 | 827 | 802 | 777 | 752 | 727 | 702 | 677 | 652 | 627 | 602 | 577 | 552 | 527 |
| 20,001 | 20,300 | 836 | 811 | 786 | 761 | 736 | 711 | 686 | 661 | 636 | 611 | 586 | 561 | 536 | 511 |
| 20,301 | 20,600 | 819 | 794 | 769 | 744 | 719 | 694 | 669 | 644 | 619 | 594 | 569 | 544 | 519 | 494 |
| 20,601 | 20,900 | 802 | 777 | 752 | 727 | 702 | 677 | 652 | 627 | 602 | 577 | 552 | 527 | 502 | 477 |
| 20,901 | 21,200 | 785 | 760 | 735 | 710 | 685 | 660 | 635 | 610 | 585 | 560 | 535 | 510 | 485 | 460 |
| 21,201 | 21,500 | 767 | 742 | 717 | 692 | 667 | 642 | 617 | 592 | 567 | 542 | 517 | 492 | 467 | 442 |
| 21,501 | 21,800 | 749 | 724 | 699 | 674 | 649 | 624 | 599 | 574 | 549 | 524 | 499 | 474 | 449 | 424 |
| 21,801 | 22,100 | 731 | 706 | 681 | 656 | 631 | 606 | 581 | 556 | 531 | 506 | 481 | 456 | 431 | 406 |
| 22,101 | 22,400 | 712 | 687 | 662 | 637 | 612 | 587 | 562 | 537 | 512 | 487 | 462 | 437 | 412 | 387 |
| 22,401 | 22,700 | 693 | 668 | 643 | 618 | 593 | 568 | 543 | 518 | 493 | 468 | 443 | 418 | 393 | 368 |
| 22,701 | 23,000 | 673 | 648 | 623 | 598 | 573 | 548 | 523 | 498 | 473 | 448 | 423 | 398 | 373 | 348 |
| 23,001 | 23,300 | 653 | 628 | 603 | 578 | 553 | 528 | 503 | 478 | 453 | 428 | 403 | 378 | 353 | 328 |
| 23,301 | 23,600 | 633 | 608 | 583 | 558 | 533 | 508 | 483 | 458 | 433 | 408 | 383 | 358 | 333 | 308 |
| 23,601 | 23,900 | 613 | 588 | 563 | 538 | 513 | 488 | 463 | 438 | 413 | 388 | 363 | 338 | 313 | 288 |
| 23,901 | 24,200 | 591 | 566 | 541 | 516 | 491 | 466 | 441 | 416 | 391 | 366 | 341 | 316 | 291 | 266 |
| 24,201 | 24,500 | 570 | 545 | 520 | 495 | 470 | 445 | 420 | 395 | 370 | 345 | 320 | 295 | 270 | 245 |
| 24,501 | 24,800 | 548 | 523 | 498 | 473 | 448 | 423 | 398 | 373 | 348 | 323 | 298 | 273 | 248 | 223 |
| 24,801 | 25,100 | 526 | 501 | 476 | 451 | 426 | 401 | 376 | 351 | 326 | 301 | 276 | 251 | 226 | 201 |
| 25,101 | 25,400 | 504 | 479 | 454 | 429 | 404 | 379 | 354 | 329 | 304 | 279 | 254 | 229 | 204 | 179 |
| 25,401 | 25,700 | 481 | 456 | 431 | 406 | 381 | 356 | 331 | 306 | 281 | 256 | 231 | 206 | 181 | 156 |
| 25,701 | 26,000 | 457 | 432 | 407 | 382 | 357 | 332 | 307 | 282 | 257 | 232 | 207 | 182 | 157 | 132 |
| 26,001 | 26,300 | 434 | 409 | 384 | 359 | 334 | 309 | 284 | 259 | 234 | 209 | 184 | 159 | 134 | 109 |
| 26,301 | 26,600 | 410 | 385 | 360 | 335 | 310 | 285 | 260 | 235 | 210 | 185 | 160 | 135 | 110 | 85 |
| 26,601 | 26,900 | 385 | 360 | 335 | 310 | 285 | 260 | 235 | 210 | 185 | 160 | 135 | 110 | 85 | 60 |
| 26,901 | 27,200 | 361 | 336 | 311 | 286 | 261 | 236 | 211 | 186 | 161 | 136 | 111 85 | 86 | 61 | 36 |
| 27,201 | 27,500 | 335 | 310 | 285 | 260 | 235 | 210 | 185 | 160 | 135 | 110 | | 60 | 35 | 10 |
| 27,501 | 27,800 | 310 284 | 285 259 | 260 234 | 235 209 | 210 184 | 185 159 | 160 134 | 135 109 | 110 84 | 85 59 | 60 34 | 35 9 | 10 | |
| 27,801 | 28,100 | 258 | 233 | 208 | 183 | 158 | 133 | 108 | 83 | 58 | 33 | 8 | 9 | | |
| 28,101 | 28,400 | 230 | 206 | 181 | 156 | 131 | 106 | 81 | 56 | 31 | 6 | U | | | |
| 28,401 | 28,700 29,000 | 204 | 179 | 154 | 129 | 104 | 79 | 54 | 29 | 4 | U | | | | |
| 28,701 29,001 | | 177 | 152 | 127 | 102 | 77 | 52 | 27 | 29 | 7 | | | | | |
| 29,001 | 29,300 29,600 | 149 | 124 | 99 | 74 | 49 | 24 | 21 | | | | | | | |
| 29,601 | 29,800 | 121 | 96 | 71 | 46 | 21 | 47 | | | | | | | | |
| 29,801 | 30,000 | 95 | 70 | 45 | 20 | 21 | | | | | | | | | |
| 49,901 | 30,000 | 93 | 70 | 47 | 20 | | | | | | | | | | |

| A. Enter amount from Line 8 here | B. Enter amount from Line 11 here |
|---|--|
| C. Find where these two numbers "meet" below to figur | e your credit amount. Enter on Form MO-PTC, Line 12. |

Amount from Line B above or from Form MO-PTC, Line 11 - Total Real Estate Tax or 20% of Rent Paid

| Part | | | - | | ROM — | | | | FROM — | | | | | FROM — | | | | |
|--|--------|--------|----------|-------------|-------------|--------------|------------|---------------|-------------|------------|-------------|------------|-------------|-------------|------------|----------|--|--|
| To To To To To To To To | | | 726 | 701 | 676 | 651 | 626 | 601 | 576 | 551 | 526 | 501 | 476 | 451 | 426 | 401 | | |
| 14,300 | | | | | то — | | | | Т Т | 5 — | | | ТО | | | | | |
| 14,300 | | | 750 | 725 | 700 | 675 | 650 | 625 | 600 | 575 | 550 | 525 | 500 | 475 | 450 | 425 | | |
| 14,00 | FROM | ТО | Refund i | s the actua | al total am | ount of all | owable re | al estate ta | x paid, no | t to excee | d \$1,100 c | r rent cre | dit equival | ent not to | exceed \$7 | 50 (Form | | |
| 14,001 19,000 719 694 669 644 619 594 569 544 519 494 469 444 419 394 15,001 15,000 699 674 649 624 599 574 549 524 499 474 449 424 399 374 15,001 15,000 699 674 649 624 599 576 549 524 499 474 449 424 399 374 15,001 15,000 699 678 683 6828 603 578 553 528 503 478 453 428 403 378 353 16,101 16,400 666 611 616 599 566 541 516 491 466 411 416 391 366 314 16,401 17,000 655 630 605 580 555 530 505 480 455 430 405 380 355 330 16,701 17,300 605 605 580 555 530 505 480 445 418 393 368 343 318 17,001 17,300 618 593 586 543 518 493 468 443 418 393 368 343 318 17,001 17,000 618 593 586 543 518 493 468 443 418 393 368 343 318 17,001 17,000 618 593 556 540 540 440 446 449 442 17,001 17,000 618 593 586 543 518 493 468 443 418 393 368 343 318 293 17,001 17,000 604 579 554 520 504 479 454 470 470 470 18,200 19,000 577 555 527 504 470 454 470 470 470 18,200 18,200 577 555 527 570 477 475 477 470 470 470 18,201 18,000 576 552 527 504 470 470 470 470 19,400 19,700 518 493 468 443 418 393 368 343 318 293 19,701 19,400 548 523 498 473 448 418 393 368 333 308 233 288 233 288 19,701 19,400 19,700 518 493 468 443 418 393 368 343 318 293 266 243 218 199 19,701 19,400 19,700 518 493 468 443 418 393 368 343 318 293 266 243 218 199 19,701 19,400 19,700 518 493 468 443 418 393 368 343 318 293 266 243 218 248 | 1 | 14,300 | МО | -PTC, Line | 11). NOT | E: If you re | ent from a | facility that | at does not | pay prop | erty taxes, | you are n | ot eligible | for a Prope | erty Tax C | redit. | | |
| 14,00 | | | | | | | | | | | | | | | | | | |
| 15,500 15,500 699 674 649 624 599 574 549 524 499 474 449 424 399 374 15,501 15,800 699 664 639 614 589 564 539 514 489 464 449 424 399 364 15,801 16,100 678 653 658 638 658 578 538 528 630 478 448 418 399 364 16,101 16,400 666 611 616 591 566 541 516 641 414 416 391 366 341 16,401 16,700 635 630 605 580 555 530 505 480 455 430 405 380 355 330 355 17,001 17,000 613 695 580 555 530 505 480 455 430 405 380 355 330 305 17,001 17,000 618 593 568 543 518 493 468 443 418 399 368 343 318 17,001 17,000 614 579 554 529 504 479 454 429 404 379 354 329 304 279 17,001 10,200 591 566 541 516 491 466 441 416 391 366 341 316 291 266 18,001 18,000 563 538 513 488 463 438 413 388 363 318 313 288 263 218 19,001 19,400 533 508 483 483 433 408 383 355 333 338 313 286 263 218 19,001 19,400 533 502 487 492 | | | | | | | | | | | | | | | | | | |
| 15,800 16,800 699 664 639 614 589 564 539 514 489 443 414 389 364 353 353 361 361 361 361 362 363 368 363 363 368 363 368 363 368 363 368 363 368 363 368 363 368 363 368 363 | | | | | | | | | | | | | | | | | | |
| 16,100 16,100 678 653 628 603 578 553 528 503 478 433 428 403 378 353 16,101 16,400 666 641 616 591 566 555 530 505 480 485 430 405 380 355 330 16,701 17,300 630 605 580 555 530 505 480 485 430 405 380 355 330 305 17,301 17,600 618 593 568 543 518 493 468 443 418 393 368 343 318 17,601 17,900 604 579 554 529 504 479 454 429 404 379 336 329 304 279 17,901 18,200 591 566 541 516 491 466 441 416 391 366 341 318 293 18,801 18,800 575 552 575 502 477 452 427 402 377 352 337 302 277 252 18,501 18,800 573 553 538 438 488 463 438 413 388 363 338 313 288 283 19,101 19,400 533 508 483 488 433 448 348 | | | | | | | | | | | | | | | | | | |
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| 16,001 16,700 655 630 605 580 555 530 505 480 455 430 405 380 355 330 17,001 17,000 630 605 580 555 530 505 480 455 430 405 380 355 330 305 17,301 17,600 604 579 554 529 504 479 484 428 484 484 485 380 355 330 305 17,001 18,200 591 566 541 516 491 466 441 416 391 366 341 316 291 266 18,200 18,000 575 575 570 5702 477 452 427 402 377 352 327 302 277 252 231 19,101 19,400 533 508 483 483 488 433 488 433 488 433 388 333 338 313 288 263 238 19,401 19,400 533 508 483 483 484 | | | | | | | | | | | | | | | | | | |
| 17,001 17,000 63,00 605 580 555 530 505 480 455 430 405 380 355 330 305 17,001 17,000 618 593 568 543 518 493 468 443 418 393 368 343 318 293 17,001 18,200 591 566 551 516 491 466 441 416 391 366 341 316 291 266 18,001 18,000 577 552 527 502 477 452 427 402 377 352 327 302 277 252 18,001 18,000 563 538 513 488 463 438 413 388 303 338 313 298 263 238 19,101 19,400 533 508 483 458 433 448 423 393 373 348 2298 273 248 223 19,101 19,400 548 523 498 483 448 433 498 343 338 338 283 258 233 208 19,001 20,000 502 477 452 427 402 377 352 327 302 277 252 227 202 177 19,001 20,000 502 477 452 427 402 377 352 327 302 277 252 227 202 177 19,001 20,000 469 444 419 934 369 344 319 294 269 244 219 194 169 144 20,601 20,000 452 427 402 377 352 327 302 277 252 227 202 177 12,100 12,200 435 410 385 360 335 310 265 260 235 210 185 160 135 110 12,100 12,200 435 410 385 360 335 310 265 260 235 210 185 160 135 110 12,100 12,200 435 410 385 360 335 310 265 260 235 210 185 160 135 110 12,100 12,000 381 356 331 306 281 256 231 206 181 156 131 106 81 56 12,101 22,000 381 356 331 306 281 256 237 212 187 149 149 124 99 74 12,101 22,000 240 241 | | | | | | | | | | | | 430 | | | | | | |
| 17,600 17,600 618 593 568 543 518 493 468 443 418 393 368 343 318 293 17,601 17,900 604 579 554 529 504 479 454 429 404 379 354 329 304 279 17,901 18,000 591 566 541 516 491 466 441 416 391 366 341 316 291 266 18,001 18,000 537 552 527 502 477 452 427 402 377 352 327 302 277 252 18,001 19,000 548 523 498 473 448 443 348 34 | | | 643 | | | | | | | 468 | | | 393 | | | | | |
| 17,901 17,900 604 579 554 529 504 479 454 429 404 379 354 329 304 279 266 18,201 18,500 577 552 527 502 477 452 427 402 377 352 327 302 277 252 18,501 18,800 503 538 513 488 463 438 413 388 363 338 313 288 263 238 239 19,101 19,400 533 508 483 458 433 448 423 338 333 308 283 258 233 208 273 248 223 19,101 19,400 533 508 483 458 433 448 423 338 333 338 333 288 268 243 248 19,401 19,400 19,400 449 449 449 440 44 | | | | | | | | | | | | | | | | | | |
| 18,200 | | | | | | | | | | | | | | | | | | |
| 18,500 | | | | | | | | | | | | | | | | | | |
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| 18,801 19,100 548 523 498 473 448 423 398 373 348 323 298 273 248 223 19,101 19,400 19,700 518 493 468 443 418 393 368 343 318 293 268 243 218 193 19,701 20,000 502 477 452 427 402 377 352 327 302 277 252 227 202 177 20,001 20,000 469 444 419 394 369 344 319 294 269 244 219 194 169 144 20,601 20,900 452 427 402 377 352 327 302 277 252 227 202 177 152 127 20,901 27,200 452 427 402 377 352 327 302 277 252 227 202 177 152 127 20,901 27,200 452 427 402 377 352 327 302 277 252 227 202 177 152 127 120,901 27,200 452 427 402 377 352 327 302 277 252 227 202 177 152 127 120,901 27,200 455 410 385 360 335 310 285 260 235 210 185 160 135 110 21,201 21,500 347 399 374 349 324 299 274 249 224 199 174 149 124 99 74 21,801 22,100 381 356 331 306 281 256 231 206 8181 156 131 106 81 56 22,101 22,400 362 337 312 287 262 237 212 187 162 137 112 87 62 37 22,401 22,400 323 298 273 248 223 198 173 148 123 98 73 48 23 23,001 23,300 303 278 253 228 203 178 153 128 103 78 53 88 3 8 8 3 28 3 36 38 38 38 38 38 38 38 38 38 38 38 38 38 | | | | | | | | | | | | | | | | | | |
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| 19,701 20,000 502 477 452 427 402 377 352 327 302 277 252 227 202 177 | | | | | 483 | 458 | | | 383 | | | | | | | | | |
| 20,001 20,300 486 | | | | | | | | | | | | | | | | | | |
| 20,001 20,600 469 | | | | | | | | | | | | | | | | | | |
| 20,601 20,900 452 427 402 377 352 327 302 277 252 227 202 177 152 127 | | | | | | | | | | | | | | | | | | |
| 20,001 21,200 435 410 385 360 335 310 285 260 235 210 185 160 135 110 | | | | | | | | | | | | | | | | | | |
| 21,201 21,500 417 392 367 342 317 292 267 242 217 192 167 142 117 92 21,801 22,100 381 356 331 306 281 256 231 206 181 156 131 106 81 56 22,101 22,400 362 337 312 287 262 237 212 187 162 137 112 87 62 37 22,701 23,000 323 298 273 248 223 198 173 148 123 98 73 48 23 23,301 24,500 241 216 191 166 141 116 91 66 41 16 24,401 24,500 24,501 25,400 176 151 126 101 76 51 25,701 25,400 176 151 126 101 76 51 25,701 26,600 26,900 35 10 27,201 27,201 27,200 27,200 28,701 28,400 28,701 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,900 20,900 | | | | | | | | | | | | | | | | | | |
| 21,801 22,100 381 356 331 306 281 256 231 206 181 156 131 106 81 56 | | | | | | | | | | | | | 167 | | 117 | 92 | | |
| 22,101 22,400 362 337 312 287 262 237 212 187 162 137 112 87 62 37 | | | | | | | | | | | | | | | | | | |
| 22,401 22,700 343 318 293 268 243 218 193 168 143 118 93 68 43 18 22,701 23,000 323 298 273 248 223 198 173 148 123 98 73 48 23 23,001 23,000 283 258 233 228 203 178 153 128 103 78 53 28 3 23,001 23,000 263 238 213 188 163 138 113 88 63 38 13 23,901 24,200 241 216 191 166 141 116 91 66 41 16 24,201 24,500 220 195 170 145 120 95 70 45 20 24,501 24,800 198 173 148 123 98 73 48 23 25,401 25,400 154 129 104 79 54 29 4 25,401 25,700 131 106 81 56 31 6 56 31 6 25,701 26,000 107 82 57 32 7 26,001 26,900 35 10 5 5 5 32 7 26,001 27,500 27,500 27,500 27,501 27,800 28,701 28,100 28,000 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,300 29,900 29,300 29,900 29 | | | | | | | | | | | | | | | | | | |
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| 24,201 | | | | | | | | | | 88 | | | 13 | | | | | |
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| 24,801 25,100 176 151 126 101 76 51 26 1 | | | | | | | | | | | 20 | 1 | | | | | | |
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| 25,401 25,700 131 106 81 56 31 6 | | | | | | | | | | ' | | | \ | | | | | |
| 25,701 26,000 107 82 57 32 7 | | | | | | | | | | | | | \ | | | | | |
| 26,301 | | | 107 | | | | 7 | | | | | | | | | | | |
| 26,601 26,900 35 10 | | | | | | 9 | | | | | | | | | | | | |
| 26,901 27,200 11 \$525, then the tax credit would be \$16. 27,201 27,800 27,800 27,800 28,100 28,100 28,400 28,401 28,700 28,701 29,000 29,301 29,300 29,301 29,600 29,601 29,900 \$10. | | | | | 10 | | | | | | | | | | | | | |
| 27,201 27,500 | | | | 10 | | | | | | | | | | | | | | |
| 27,501 27,800 | | | 11 | | | | | | | | | | | | x credit | | | |
| 27,801 28,100 28,101 28,400 28,401 28,700 28,701 29,000 29,001 29,300 29,301 29,600 29,601 29,900 | | | | | | | | | | | | L Wo | uid be | \$16. | | | | |
| 28,401 28,700 Credit is allowable. Credit is allowable. | 27,801 | 28,100 | | | | | | 10 | | | | | | | | | | |
| 28,701 29,000 Credit is allowable. Cred | | | | | | This | area ii | ndicate | es no | | | | | | | | | |
| 29,001 29,300 29,301 29,600 29,601 29,900 | | | | | | cre | dit is a | allowal | ole. | | | | | | | | | |
| 29,301 29,600 29,601 29,900 | | | | | | 2. 0 | | | | | | | | | | | | |
| 29,601 29,900 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | 29,901 | 30,000 | | | | | | | | | | | | | | | | |

| A. Enter amount from Line 8 here | B. Enter amount from Line 11 here |
|---|--|
| C. Find where these two numbers "meet" below to figur | e your credit amount. Enter on Form MO-PTC, Line 12. |

Amount from Line B above or from Form MO-PTC, Line 11 - Total Real Estate Tax or 20% of Rent Paid

| | | | | - FROM | | | | | — FRC |)м — | | | | | FROM - | | |
|--|--|------------|------------|------------|------------|------------|------------|------------|------------|-----------------|---------------------------|------------------------------|-----------|----------|----------|-----------|----|
| | | 376 | 351 | 326 | 301 | 276 | 251 | 226 | 201 | 176 | 151 | 126 | 101 | 76 | 51 | 26 | 1 |
| | | | | — то - | | | | | то | 5 — | | | | | то- | | |
| | | 400 | 375 | 350 | 325 | 300 | 275 | 250 | 225 | 200 | 175 | 150 | 125 | 100 | 75 | 50 | 25 |
| FROM | ТО | | | | | | | | - | | | | | - | | ceed \$75 | |
| 1 | 14,300 | | | 1 | | 1 | | | | | | | 1 | ĭ | | y Tax Cre | |
| 14,301 | 14,600 | 378 | 353 | 328 | 303 | 278 | 253 | 228 | 203 | 178 | 153 | 128 119 | 103 94 | 78 | 53 | 28 19 | 3 |
| 14,601 14,901 | 14,900 15,200 | 369 359 | 344 334 | 319 309 | 294 284 | 269 259 | 244 234 | 219 209 | 194 184 | 169 159 | 144 134 | 109 | 84 | 69 59 | 44 34 | 9 | |
| 15,201 | 15,500 | 349 | 324 | 299 | 274 | 249 | 224 | 199 | 174 | 149 | 124 | 99 | 74 | 49 | 24 | | |
| 15,501 | 15,800 | 339 | 314 | 289 | 264 | 239 | 214 | 189 | 164 | 139 | 114 | 89 | 64 | 39 | 14 | | |
| 15,801 | 16,100 | 328 | 303 | 278 | 253 | 228 | 203 | 178 | 153 | 128 | 103 | 78 | 53 | 28 | 3 | | |
| 16,101 | 16,400 | 316 | 291 | 266 | 241 | 216 | 191 | 166 | 141 | 116 | 91 | 66 | 41 | 16 | | | |
| 16,401 | 16,700 | 305 | 280 | 255 | 230 | 205 | 180 | 155 | 130 | 105 | 80 | 55 | 30 | 5 | | | |
| 16,701 17,001 | 17,000 17,300 | 293 280 | 268 255 | 243 230 | 218 205 | 193 180 | 168 155 | 143 130 | 118 105 | 93 80 | 68 55 | 43 30 | 18 5 | | | | |
| 17,001 | 17,600 | 268 | 243 | 218 | 193 | 168 | 143 | 118 | 93 | 68 | 43 | 18 |) | | | | |
| 17,601 | 17,900 | 254 | 229 | 204 | 179 | 154 | 129 | 104 | 79 | 54 | 29 | 4 | | | | | |
| 17,901 | 18,200 | 241 | 216 | 191 | 166 | 141 | 116 | 91 | 66 | 41 | 16 | | | | | | |
| 18,201 | 18,500 | 227 | 202 | 177 | 152 | 127 | 102 | 77 | 52 | 27 | 2 | | | | | | |
| 18,501 | 18,800 | 213 | 188 | 163 | 138 | 113 | 88 | 63 | 38 | 13 | | | | | | | |
| 18,801 19,101 | 19,100 19,400 | 198 183 | 173 158 | 148 133 | 123 108 | 98 | 73 58 | 48 33 | 23 8 | | | | | | | | |
| 19,101 | 19,400 | 168 | 143 | 118 | 93 | 68 | 43 | 18 | | | | | | | | | |
| 19,701 | 20,000 | 152 | 127 | 102 | 77 | 52 | 27 | 2 | 7 | | | | | | | | |
| 20,001 | 20,300 | 136 | 111 | 86 | 61 | 36 | 11 | | • | | | | | | | | |
| 20,301 | 20,600 | 119 | 94 | 69 | 44 | 19 | | | | | | | | | | | |
| 20,601 | 20,900 | 102 | 77 | 52 | 27 | 2 | | | | | | | | | | | |
| 20,901 21,201 | 21,200 | 85 | 60 | 35 | 10 | | | | | \ | | | | | | | |
| 1 21.201 | | | 1 12 | 17 | | | | | | | | | • | | | | |
| | 21,500 | 67 49 | 42 24 | 17 | | | | | | | ampl | | | | | | |
| 21,501 | 21,800 | 49 | 24 | 17 | | | | | | lf l | Line 8 | is \$19 | 9,360 | and | | | |
| 21,501 21,801 | 21,800 22,100 | | | 17 | | | | | | lf Lii | Line 8 ne 11 | is \$19 of Fori | m MO | -PTC | | | |
| 21,501 21,801 22,101 22,401 | 21,800 22,100 22,400 22,700 | 49 31 | 24 | 17 | | | | | | If Lii is | Line 8 ne 11 \$225, | is \$19 of Fori then t | m MO | -PTC | | | |
| 21,501 21,801 22,101 22,401 22,701 | 21,800 22,100 22,400 22,700 23,000 | 49 31 | 24 | 17 | | | | | | If Lii is | Line 8 ne 11 | is \$19 of Fori then t | m MO | -PTC | | | |
| 21,501 21,801 22,101 22,401 22,701 23,001 | 21,800 22,100 22,400 22,700 23,000 23,300 | 49 31 | 24 | 17 | | | | | | If Lii is | Line 8 ne 11 \$225, | is \$19 of Fori then t | m MO | -PTC | | | |
| 21,501 21,801 22,101 22,401 22,701 23,001 23,301 | 21,800 22,100 22,400 22,700 23,000 23,300 23,600 | 49 31 | 24 | 17 | | | | | | If Lii is | Line 8 ne 11 \$225, | is \$19 of Fori then t | m MO | -PTC | | | |
| 21,501 21,801 22,101 22,401 22,701 23,001 23,301 23,601 | 21,800 22,100 22,400 22,700 23,000 23,300 23,600 23,900 | 49 31 | 24 | 17 | | | | | | If Lii is | Line 8 ne 11 \$225, | is \$19 of Fori then t | m MO | -PTC | | | |
| 21,501 21,801 22,101 22,401 22,701 23,001 23,301 | 21,800 22,100 22,400 22,700 23,000 23,300 23,600 | 49 31 | 24 | 17 | | | | | | If Lii is | Line 8 ne 11 \$225, | is \$19 of Fori then t | m MO | -PTC | | | |
| 21,501 21,801 22,101 22,401 22,701 23,001 23,301 23,601 23,901 24,201 24,501 | 21,800 22,100 22,400 22,700 23,000 23,300 23,600 23,900 24,200 24,500 24,800 | 49 31 | 24 | 17 | | | | | | If Lii is | Line 8 ne 11 \$225, | is \$19 of Fori then t | m MO | -PTC | | | |
| 21,501 21,801 22,101 22,401 22,701 23,001 23,301 23,601 23,901 24,201 24,501 24,801 | 21,800 22,100 22,400 22,700 23,000 23,300 23,600 23,900 24,200 24,500 24,800 25,100 | 49 31 | 24 | 17 | | | | | | If Lii is | Line 8 ne 11 \$225, | is \$19 of Fori then t | m MO | -PTC | | | |
| 21,501 21,801 22,101 22,401 22,701 23,001 23,301 23,601 23,901 24,201 24,501 24,801 25,101 | 21,800 22,100 22,400 22,700 23,000 23,300 23,600 23,900 24,200 24,500 24,800 25,100 25,400 | 49 31 | 24 | 17 | | | | | | If Lii is | Line 8 ne 11 \$225, | is \$19 of Fori then t | m MO | -PTC | | | |
| 21,501 21,801 22,101 22,401 22,701 23,001 23,601 23,901 24,201 24,501 24,801 25,101 25,401 | 21,800 22,100 22,400 22,700 23,000 23,300 23,600 23,900 24,200 24,500 24,800 25,100 25,400 25,700 | 49 31 | 24 | 17 | | | | | | If Lii is | Line 8 ne 11 \$225, | is \$19 of Fori then t | m MO | -PTC | | | |
| 21,501 21,801 22,101 22,401 22,701 23,001 23,601 23,901 24,201 24,501 24,801 25,101 25,401 25,701 | 21,800 22,100 22,400 22,700 23,000 23,300 23,600 23,900 24,200 24,500 24,800 25,100 25,400 25,700 26,000 | 49 31 | 24 | 17 | | | | | | If Lii is | Line 8 ne 11 \$225, | is \$19 of Fori then t | m MO | -PTC | | | |
| 21,501 21,801 22,101 22,401 22,701 23,001 23,601 23,901 24,201 24,501 24,801 25,101 25,401 | 21,800 22,100 22,400 22,700 23,000 23,300 23,600 23,900 24,200 24,500 24,800 25,100 25,400 25,700 | 49 31 | 24 | 17 | | | | | | If Lii is | Line 8 ne 11 \$225, | is \$19 of Fori then t | m MO | -PTC | | | |
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PRSRT STD U.S. POSTAGE PAID Missouri Dept. of Revenue

Important Phone Numbers

Individuals with speech or hearing impairments may use TTY (800) 735-2966 or fax (573) 526-1881.

Download forms or check the status of your return on our website http://dor.mo.gov/personal/ptc/

Property Tax Credit e-mail: propertytaxcredit@dor.mo.gov

Taxpayer Bill of Rights (Form 3097) visit http://dor.mo.gov/personal/individual/

Federal Privacy Notice

The Federal Privacy Act requires the Missouri Department of Revenue (Department) to inform taxpayers of the Department's legal authority for requesting identifying information, including social security numbers, and to explain why the information is needed and how the information will be used.

Chapter 143 of the Missouri Revised Statutes authorizes the Department to request information necessary to carry out the tax laws of the state of Missouri. Federal law 42 U.S.C. Section 405 (c)(2)(C) authorizes the states to require taxpayers to provide social security numbers.

The Department uses your social security number to identify you and process your tax returns and other documents, to determine and collect the correct amount of tax, to ensure you are complying with the tax laws, and to exchange tax information with the Internal Revenue Service, other states, and the Multistate Tax Commission (Chapters 32 and 143, RSMo). In addition, statutorily provided non-tax uses are: (1) to provide information to the Department of Higher Education with respect to applicants for financial assistance under Chapter 173, RSMo and (2) to offset refunds against amounts due to a state agency by a person or entity (Chapter 143, RSMo). Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having the statutory right to obtain it [as indicated above]. In addition, information may be disclosed to the public regarding the name of a tax credit recipient and the amount issued to such recipient (Chapter 135, RSMo). (For the Department's authority to prescribe forms and to require furnishing of social security numbers, see Chapters 135, 143, and 144, RSMo.)

You are required to provide your social security number on your tax return. Failure to provide your social security number or providing a false social security number may result in criminal action against you.