

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

Select Here for Amended Claim

Vendor Code

Department Use Only

0 0 6

Name

Social Security Number Deceased in 2019 Spouse's Social Security Number Deceased in 2019

Birthdate (MM/DD/YYYY) Spouse's Birthdate (MM/DD/YYYY)

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

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 following attachments will result in denial or delay of your claim:  
 Verification of Rent Paid (Form 5674), Form(s) 1099, W-2, etc.

Household Income

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) . . . . .   .
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 . . . . .   .
6. Total household income - Add Lines 1 through 5 and enter the total here . . . . .   .
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.

Real 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 2019 **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**) . . . . .   .
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 . .   .
11. Enter the total of Lines 9 and 10, or \$1,100, whichever is less . . . . .   .



Credit

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

a. Routing Number [ ] c.  Checking  Savings  
b. Account [ ]

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

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 claim and attachments with the preparer or any member of his or her firm, or if internally prepared, any member of the internal staff . . . . .  Yes  No

Department Use Only

A  K  R  U

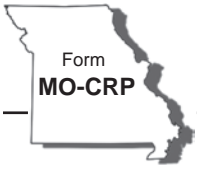
Mail to: Taxation Division  
P.O. Box 3385  
Jefferson City, MO 65105-3385

Phone: (573) 751-3505  
TTY: (800) 735-2966  
Fax: (573) 522-1762  
E-mail: [PropertyTaxCredit@dor.mo.gov](mailto:PropertyTaxCredit@dor.mo.gov)

Form MO-PTC (Revised 12-2019)



19344030001



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

Three boxes for Social Security Number with dashes.

Spouse's Social Security Number

Three boxes for Spouse's Social Security Number with dashes.

Select this box if related to your landlord. If so, explain.

Large empty box for explanation.

2. Name (First, Last)

Large empty box for Name (First, Last).

Physical Address of Rental Unit (P.O. Box Not Allowed)

Large empty box for Physical Address of Rental Unit.

Apartment Number

Small empty box for Apartment Number.

City

Large empty box for City.

State

Small empty box for State.

ZIP Code

Large empty box for ZIP Code.

3. Landlord's Name (First, Last)

Large empty box for Landlord's Name (First, Last).

Landlord's Last 4 Digits of Social Security Number

Small empty box for Landlord's Last 4 Digits of Social Security Number.

Landlord's Federal Employee Identification Number (FEIN) - if applicable

Large empty box for Landlord's Federal Employee Identification Number (FEIN).

Landlord's Street Address (Must be completed)

Large empty box for Landlord's Street Address.

Apartment Number

Small empty box for Apartment Number.

City

Large empty box for City.

State

Small empty box for State.

ZIP Code

Large empty box for ZIP Code.

4. Landlord's Phone Number (Must be completed)

Large empty box for Landlord's Phone Number.

From:

Three boxes for From: (MM/DD/YY).

To:

Three boxes for To: (MM/DD/YY).

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.

Box 6: Amount of rent paid.

7. Select the appropriate box below and enter the corresponding percentage on Line 7.

Box 7: Percentage.

- 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 persons sharing rent:
1 (50%) 2 (33%) 3 (25%)

8. Net rent paid - Multiply Line 6 by the percentage on Line 7.

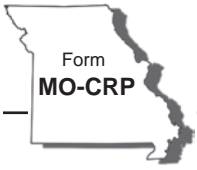
Box 8: Net rent paid.

9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.

Box 9: Amount after 20% multiplier.

For Privacy Notice, see instructions.





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

Three boxes for Social Security Number with dashes between them.

Spouse's Social Security Number

Three boxes for Spouse's Social Security Number with dashes between them.

Select this box if related to your landlord. If so, explain.

Large empty box for explanation.

2. Name (First, Last)

Large empty box for Name (First, Last).

Physical Address of Rental Unit (P.O. Box Not Allowed)

Large empty box for Physical Address of Rental Unit.

Apartment Number

Small empty box for Apartment Number.

City

Large empty box for City.

State

Small empty box for State.

ZIP Code

Large empty box for ZIP Code.

3. Landlord's Name (First, Last)

Large empty box for Landlord's Name (First, Last).

Landlord's Last 4 Digits of Social Security Number

Small empty box for Landlord's Last 4 Digits of Social Security Number.

Landlord's Federal Employer Identification Number (FEIN) - if applicable

Large empty box for Landlord's Federal Employer Identification Number (FEIN).

Landlord's Street Address (Must be completed)

Large empty box for Landlord's Street Address.

Apartment Number

Small empty box for Apartment Number.

City

Large empty box for City.

State

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ZIP Code

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4. Landlord's Phone Number (Must be completed)

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From:

Three boxes for From: (MM/DD/YY).

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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.

Box 6: Amount of rent paid (MM/DD/YY) with .00.

7. Select the appropriate box below and enter the corresponding percentage on Line 7.

Box 7: Percentage with % sign.

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 persons sharing rent:

Three boxes for Shared Residence: 1 (50%), 2 (33%), 3 (25%).

8. Net rent paid - Multiply Line 6 by the percentage on Line 7.

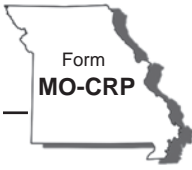
Box 8: Net rent paid with .00.

9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.

Box 9: Amount with .00.

For Privacy Notice, see instructions.





MISSOURI DEPARTMENT OF  
**REVENUE**  
 2019 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 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

City  State  ZIP Code

4. Landlord's Phone Number (Must be completed)

5. Rental Period During Year (MM/DD/YY) From:    To:

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%
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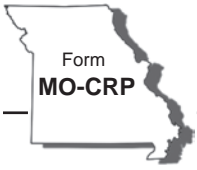
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Form MO-CRP (Revised 12-2019)





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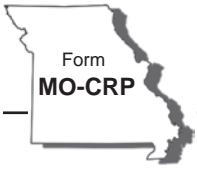
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