2012 FORM MO-1040P MISSOURI DEPARTMENT OF REVENUE MISSOURI INDIVIDUAL INCOME TAX RETURN AND PROPERTY TAX CREDIT CLAIM/ PENSION EXEMPTION—SHORT FORM VENDOR CODE 002 SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER NAME (LAST) ASED 712 DECEAS IN 20 SPOUSE'S (LAST) (FIRST) JR. SR IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REP., ETC.) PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE) APT. NUMBER COUNTY OF RESIDENCE CITY, TOWN, OR POST OFFICE ZIP CODE PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE. AGE 62 THROUGH 64 AGE 65 OR OLDER BLIND 100% DISABLED NON-OBLIGATED SPOUSE YOURSELF YOURSELF YOURSELF YOURSELF YOURSELF SPOUSE SPOUSE ☐ SPOUSE □ SPOUSE ☐ SPOUSE You may contribute to any one or all of the trust funds that are listed to the 44 Elderly Home Deliver Childhood Missouri Workers' Missouri General Missoun National Guard LIFE (LEAD) Lead School Military Memorial Revenue right. Place the total amount contributed Testing Retreat Children's Fund Family Relief Fund Veterans Delivered Organ Donor on Line 24. See the instructions for a Trust Fund Meals Trust Fund Fund Program Fund list of Trust Fund Codes. Spouse 1. Federal Adjusted Gross Income from your 2012 federal return Yourself 00 1S 00 1Y 2Y 00 28 00 2. Any state income tax refund included in your 2012 federal adjusted gross income. NCOME 3Y = 00 38 = 00 00 4. TOTAL MISSOURI ADJUSTED GROSS INCOME — Add both numbers on Line 3 and enter here. 4 5. Income percentages — Divide Line 3 by Line 4 for both you and your spouse. % (The total of the two must equal 100%. Round to the nearest whole number.) 5Y % 5S 6. Mark your filing status box below and enter the appropriate exemption amount on Line 6. ☐ E. Married filing separate (spouse ☐ A. Single — \$2,100 (See Box B before checking.) **NOT** filing) — \$4,200 ☐ B. Claimed as a dependent on another person's federal tax return — \$0.00 ☐ F. Head of household — \$3,500 C. Married filing joint federal & combined Missouri — \$4,200 ☐ G. Qualifying widow(er) with ☐ D. Married filing separate — \$2,100 dependent child - \$3,500 00 6 7. Tax from federal return (Do not Single—maximum of \$5,000; INCOM enter amount from your Forms W-2 — Married filing combined—maximum **NOT** federal tax withheld.) 00 of \$10,000..... 7 00 See Page 6. Line 7. **DEDUCTIONS AND TAXABLE** 8. Missouri Standard or Itemized Deduction Taxpayers Under Age 65 Taxpayers Age 65 or Older If 65 or Single \$5,950 Single.....\$7,400 older or Married Filing Combined \$11,900 Married Filing Combined and YOU are Age blind the Married Filing Separate\$5,950 65 or Older.....\$13,050 appropriate Head of Household.....\$8,700 Married Filing Combined and You and Your boxes must Qualifying Widow(er).....\$11,900 Spouse are BOTH Age 65 or Older.....\$14,200 be checked Married Filing Separate.....\$7,100 above Head of Household\$10,150 Qualifying Widow(er).....\$13,050 If blind or claimed as a dependent, see your federal return or page 6 and 7 of the instructions. 00 If itemizing, see page 18 or 22 of the instructions. 8 Do not include 9. Number of dependents from Federal Form 1040 or 1040A, Line 6c yourself (DO NOT INCLUDE YOURSELF OR SPOUSE.) 9 00 x \$1,200 or your spouse. 10. Pension exemption (Complete worksheet on page 17 or 21 of the instructions.) Attach worksheet, a copy of federal return, Forms W-2P and 1099-R. 10 | + 00

11. Long-term care insurance deduction

12. TOTAL DEDUCTIONS — Add Lines 6 through 11......

13. Missouri Taxable Income — Subtract Line 12 (Total Deductions) from Line 4 (Total Missouri Income)

11 |

13

12 =

00

00

00

FORM MO-1040P

	14.	Total Missouri taxable income	amount from	Line 13						14			00	
	15.	Multiply Line 14 by the percent	ages vou det	ermined on	Line 5.				Yo	urse	elf		Spot	ıse
TAXES		Do this for you and your spous						. 15Y			00	158		00
TA	16.	Use the tax table on page 18 or 22 of the instructions to figure the tax on amounts from Line 15 for you and your spouse									00) 16S		00
	17	TOTAL TAXES — Add your ta	x and vour sr	nouse's tax	from Line 1	ĥ				17			00	
										17			00	
	18.	Missouri withholding for you ar Attach copies of Forms W-2								18			00	
TS														
RED	19.	Any Missouri estimated tax pay any amount of your 2011 over				uri tov rotu	urn)			19			00	
TS/C		any amount of your 2011 overp	aymem cred	iteu to your	2012 WIISSC	oun tax rett	<u>,</u>			19			00	
PAYMENTS/CREDITS	20.	PROPERTY TAX CREDIT —	Enter amount	from Form	MO-PTS,	CAUTIO		tach MO-PTS						
PA		Line 14. Attach Form MO-PT	S			Y .				20			00	
	21.	TOTAL PAYMENTS AND CR	EDITS											
		Add Lines 18, 19, and 20 and		here						21			00	
		If amount of TOTAL PAYMENT TOTAL TAXES (Line 17), enter	the difference	e here. You	have over	paid.								
		If not, enter the amount on Line	26							22			00	
		Enter the amount from Line 22	ou want app	lied to your	2013 estin	nated tax				23		I	00	
N N		Enter the amount of your donation in the trust fund boxes to Children's	Veterans	Elderly Home	Missouri	Workers	(LEAD)	Misso	uri G	eral	3	DONATE	Additional Fund Code (See Instr.)	
REFUND		the right. See instructions for trust		Delivered Meals Trust Fund	National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Military Fam Relief Fund		nue	After School Retreat Fund	Organ Donor Program Fund	l` , ′	
Γ		fund codes 24.		00	00	00	1 1		00	00	00	00		00
		REFUND - Subtract Lines 23 an mail to: Department of Reven Check the box if you want your r	ue, P.O. Box	3385, Jeffe	erson City,	MO 65105	-3385.			0.5			00	
		ou would like your refund depo									below.	: Che	00 cking	
	_	Routing Number			unt Numbe							☐ Sav		
AMOUNT DUE		AMOUNT DUE - If Line 21 is les Sign below and mail to: Depar	tment of Rev	renue, P.O.	Box 3395,	Jefferson	City, MO 65	105-33						
AMOU		See instructions for Line 26 bu pay by check, you authorize the								26 ned u	npaid may	be presente	00 Led again el	ectronically.
	Und	der penalties of perjury, I declare the rect, and complete. Declaration of p	at I have exam	ined this retu	ırn, including	accompany	ring schedules	and stat	ements, a	and to	the best of	my knowled	dge and be	lief it is true,
	pen	nalty of up to \$500 shall be imposed ined under federal law and that I am	on any individ	lual who files	á frivolous r	eturn. I also	declare unde	r penaltie	es of perj					
JRE		nthorize the Director of Revenue or deschments with the preparer or any me			and E-MAIL	ADDRESS						PREPARER	'S PHONE N	IUMBER
SIGNATURE	SIGN	YES NO		DATE (MMDI	DVVVV		PREPARER'S	SIGNIATI	DE			()) :IN, SSN, OF	
SIG	Sidi	WIGHE		DATE (INIMIDI	/		I HEFAMEN S	SIGNATU	· IL				v, 001v, UH	i IIIV
	SPO	USE'S SIGNATURE (If filing combined I	BOTH must sign)	DAYTIME TE	LEPHONE		PREPARER'S	ADDRES	S AND ZIP	CODE	<u> </u>	DA	ATE (MMDD)	YYYY)
).		. <u></u>							/	/ <u></u>

PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION

	PUE	BLIC PENSION CALCULATION — Pensions received from any federal, state, or local governme	ent.				Ļ
	1.	Missouri adjusted gross income from Form MO-1040P, Line 4	1				00
	2.	Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	2				00
	3.	Subtract Line 2 from Line 1	3				00
		Select the appropriate filing status and enter amount on Line 4. Married filing combined - \$100,000; Single, Head of Household, Married Filing Separate, and Qualifying Widow - \$85,000	4				00
	5.	Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5				00
4		•	6Y	Y - YOURSELF	6S	S - SPOUSE	00
SECTION		Taxable pension for each spouse from public sources from Federal Form 1040A, Line 12b or 1040, Line 16b	7Y	00	+	+	00
CI	8.	Amount from Line 7 or \$35,234 (maximum social security benefit), whichever is less	8Y	00	88		00
SE	9.	Amount from Line 6 or \$6,000, whichever is less	9Y	00	98		00
		Amount from Line 8 or Line 9, whichever is greater	10Y	00	105	S	00
	11.	If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than \$0	11Y	00	118	8	00
	12.	Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter \$0	12Y	00	128	8	00
	13.	Add amounts on Lines 12Y and 12S	13				00
	14.	Total public pension, subtract Line 5, from Line 13. If Line 5 is greater than Line 13, enter \$0	14				00
	PRI	VATE PENSION CALCULATION — Annuities, pensions, IRA'S, and 401(k) plans funded by a p	rivat	te source.			
	1.	Missouri adjusted gross income from Form MO-1040P, Line 4	1				00
	2.	Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	2				00
	3.	Subtract Line 2 from Line 1	3				00
SECTION B	4.	Select the appropriate filing status and enter the amount on Line 4: Married filing combined: \$32,000; Single, Head of Household and Qualifying Widower: \$25,000; Married Filing Separate: \$16,000	4				00
	5.	Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5				00
EC	6.	Taxable pension for each spouse from private sources from Federal Form 1040A, Lines 11b and 12b, or Federal	6Y	Y - YOURSELF	6S	S - SPOUSE	00
S	_	Form 1040, Lines 15b and 16b.	7Y	00	+		00
		Amounts from Line 6Y and 6S or \$6,000, whichever is less		100	/3		1
		Add Lines 7Y and 7S	8				00
		Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0	9				00
		CIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social so by December 31 and have marked the 62 and older box on Form MO-1040P. Age limit does not apply to so					f
	1.	Missouri adjusted gross income from Form MO-1040P, Line 4	1				00
	2.	Select the appropriate filing status and enter the amount on Line 2. Married filing combined - \$100,000 Single, Head of Household, Married Filing Separate, and Qualifying Widower - \$85,000	2				00
SECTION C	3.	Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0	3				00
<u></u>			4Y	Y - YOURSELF	48	S - SPOUSE	00
CT	_	Taxable social security benefits for each spouse from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b					+
SE(5.		5Y	00			00
0,	6.	Multiply Line 4 or Line 5 by 100%	6Y	00	6S		00
	7.	Add Lines 6Y and 6S	7				00
		Total social security/social security disability , subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0 ITARY PENSION CALCULATION	8				00
۵		Military retirement benefits included on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b	1				00
Z		Taxable public pension from Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b	2				00
SECTION D		Divide Line 1 by Line 2 (Round to whole number)	3				%
ည		Multiply Line 3 by Line 14 of Section A. If you are not claiming a public pension exemption, enter \$0	4				00
SE		Subtract Line 4 from Line 1	5				00
		Total military pension, multiply Line 5 by 45%.	6				00
Z	101	TAL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION					
SECTION E		Add Line 14 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D). Enter total amount here and on Form MO-1040P, Line 10		TOTAL EXEMPTION			00

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- Complete this section only if you itemized deductions on your federal return. (See the information on pages 6 and 7.)
- Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

1.	Total federal itemized deduction	 1	OC	
2.	2012 (FICA) — Yourself — Soci	al security		
	\$	+ Medicare \$	 2	00
3.	2012 (FICA) — Spouse — Socia	l security		
	\$	+ Medicare \$	 3	OC

 6. 2012 Self-employment tax — See instructions on page 11.
 6
 00

 7. TOTAL — Add Lines 1 through 6.
 7
 00

NOTE: IF LINE 11 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INFORMATION ON PAGES 6 & 7.

2012 TAX TABLE

If Missouri taxable income from Form MO-1040P, Line 15, is less than \$9,000, use the table to figure tax; if more than \$9,000, use worksheet below or use the online tax calculator at http://dor.mo.gov/personal/individual/.

If Line 1	5 is																
At least	But less than	Your tax is															
0	100	\$ 0	1,500	1,600	\$ 26	3,000	3,100	\$ 62	4,500	4,600	\$109	6,000	6,100	\$167	7,500	7,600	\$238
100	200	2	1,600	1,700	28	3,100	3,200	65	4,600	4,700	113	6,100	6,200	172	7,600	7,700	243
200	300	4	1,700	1,800	30	3,200	3,300	68	4,700	4,800	116	6,200	6,300	176	7,700	7,800	248
300	400	5	1,800	1,900	32	3,300	3,400	71	4,800	4,900	120	6,300	6,400	181	7,800	7,900	253
400	500	7	1,900	2,000	34	3,400	3,500	74	4,900	5,000	123	6,400	6,500	185	7,900	8,000	258
500	600	8	2,000	2,100	36	3,500	3,600	77	5,000	5,100	127	6,500	6,600	190	8,000	8,100	263
600	700	10	2,100	2,200	39	3,600	3,700	80	5,100	5,200	131	6,600	6,700	194	8,100	8,200	268
700	800	11	2,200	2,300	41	3,700	3,800	83	5,200	5,300	135	6,700	6,800	199	8,200	8,300	274
800	900	13	2,300	2,400	44	3,800	3,900	86	5,300	5,400	139	6,800	6,900	203	8,300	8,400	279
900	1,000	14	2,400	2,500	46	3,900	4,000	89	5,400	5,500	143	6,900	7,000	208	8,400	8,500	285
1,000	1,100	16	2,500	2,600	49	4,000	4,100	92	5,500	5,600	147	7,000	7,100	213	8,500	8,600	290
1,100	1,200	18	2,600	2,700	51	4,100	4,200	95	5,600	5,700	151	7,100	7,200	218	8,600	8,700	296
1,200	1,300	20	2,700	2,800	54	4,200	4,300	99	5,700	5,800	155	7,200	7,300	223	8,700	8,800	301
1,300	1,400	22	2,800	2,900	56	4,300	4,400	102	5,800	5,900	159	7,300	7,400	228	8,800	8,900	307
1,400	1,500	24	2,900	3,000	59	4,400	4,500	106	5,900	6,000	163	7,400	7,500	233	8,900	9,000	312
			•				Yours	elf/Spou	ise	Е	xample				9,000		315

Missouri taxable income (Line 15) 12.000 If more than \$9,000, Subtract \$9,000 - \$ 9.000 - \$ 9,000 tax is \$315 PLUS 6 Difference = \$ 3,000 percent of excess 6% Multiply by 6%..... 6% over \$9,000. Tax on income over \$9,000 = \$ = \$ 180 Add \$315 (tax on first \$9,000) + \$ 315 315 Round to nearest whole dollar and enter on TOTAL MISSOURI TAX = \$ front of form, Line 16. 495



2012 FORM 10-PTS Attachment Sequence No. 1040-07 and 1040P-01

hum	PROPERTY TAX CREDIT MO-PTS			
	THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM I	MO	-1040P.	
AME	LAST NAME FIRST NAME INITIAL BIRTHDATE (MM/DD/YYYY) //	SOCI	AL SECURITY NO.	
2 5	SPOUSE'S LAST NAME FIRST NAME INITIAL BIRTHDATE (MM/DD/YYYY) //	SPO	USE'S SOCIAL SECURITY N	0.
o l	You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc., mi	ust b	e included with cla	im.
ATIONS	A. 65 years of age or older (Attach a copy of Form SSA-1099.) C. 100% Disabled (Attach a copy of Security Administration or Form			
QUALIFIC	B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) D. 60 years of age or older and receive spouse benefits (Attach a copy of the letter from Department of veterans Affairs.)		•	
FILI	ING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year yo	If ma	rried filing combined st report both incon	d, nes.
	Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), Forms 1099, W-2, etc.) will result in denial or delay of you	our	claim.	
1.	Enter the amount of income from Form MO-1040, Line 6, or Form MO-1040P, Line 4	1		00
2.	Enter the amount of nontaxable social security benefits received by you, your spouse, and your minor children before any deductions and the amount of social security equivalent railroad retirement benefits. Attach a copy of Form SSA-1099 and RRB-1099.	2		00
3.	Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 7 (if filling Form MO-1040). Attach Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc.	3		00
4.	Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. Attach Form RRB-1099-R (Tier II). If filing Form MO-1040, refer to Form MO-A, Part 1, Line 9.	4		00
5.	Enter the amount of veterans payments or benefits before any deductions. Attach letter from Veterans Affairs	5		00
6.	Enter the total amount received by you, your spouse, and your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). Attach a copy of Forms SSA-1099, a letter from the Social Security Administration and Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable.	6		00
7.	Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.)	7		00
8.	TOTAL household income — Add Lines 1 through 7. Enter total here	8		00
9.	Mark the box that applies and enter the appropriate amount. □ a. Enter \$0 if filing status is Single or Married Living Separate; If married and filing combined; □ b. Enter \$2,000 if you rented or did not own your home for the entire year; □ c. Enter \$4,000 if you owned and occupied your home for the entire year;	9	_	00
10.	Net household income — Subtract Line 9 from Line 8 and enter the amount; mark the box that applies. a. If you rented or did not own and occupy your home for the entire year, Line 10 cannot exceed \$27,500. If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. b. If you owned and occupied your home for the entire year, Line 10 cannot exceed \$30,000. If the total is greater than \$30,000, STOP - no credit is allowed. Do not file this claim.	10		00
11.	If you owned your home, enter the total amount of property tax paid for your home, less special assessments, or \$1,100, whichever is less. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 948, Assessor's Certification	11		00
12.	If you rented, enter the total amount from Form(s) MO-CRP, Line 9, or \$750, whichever is less. Attach rent receipts or a signed statement from your landlord. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.	12		00
13.	Enter the total of Lines 11 and 12, or \$1,100, whichever is less	13		00
14.	Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 41-43 or MO-1040P, pages 29-31 to figure your Property Tax Credit. You must use the chart to see how much credit you are allowed. Enter this amount on Form MO-1040, Line 38 or Form MO-1040P, Line 20.	14		00
	THIS FORM MUST BE ATTACHED TO FORM MO-1040 <u>OR</u> FORM MO-104	10P.		



DURING YEAR

☐ B. MOBILE HOME LOT — 100%

2012 **FORM**

FAILURE TO PROVIDE LANDLORD **INFORMATION WILL RESULT IN**

Manual	ATTOM OF INE		_	MO-CKE	DENIAL OR	DELAT OF IC	OUR CLAIM.
1. SOCIAL SECURITY NUMBER	ER I I I	SPOUSE'S SOCIAL SECURITY	NUMBER	ARE YOU REI	LATED TO YOUR LAN AIN.	NDLORD? YES	□ NO
2. NAME			3. LANDLORD'S NAM	E, LAST 4 DIGITS C	OF SSN, OR FEIN (MU	ST BE COMPLETED)	
PHYSICAL ADDRESS OF REN	TAL UNIT (P.O. BOX NOT A	APT. NUMBER	LANDLORD'S ADDI	RESS, CITY, STATE	E, AND ZIP CODE (MU	JST BE COMPLETED)	APT. NUMBER
CITY, STATE, AND ZIP CODE					4. LANDLORD'S PH	HONE NUMBER (MUST	Γ BE COMPLETED)
5. RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY	YEAR - 2012	TO: MON	NTH	DAY	— YEAR 2012
or copies of cancelled NOTE: If you rent fro	checks (front and back). m a facility that does r	(s) for each rent payment for the first of t	stance, enter the an e not eligible for a	nount of rent YOL	J paid.	6	00
B. MOBILE HON C. BOARDING H D. SKILLED OR E. HOTEL IF med F. LOW INCOMI	ME LOT — 100% HOME / RESIDENTIAL INTERMEDIATE CAR als are included, enter E HOUSING — 100% (SIDENCE — If you sha	OME, OR DUPLEX — 100% CARE — 50% E NURSING HOME — 45% — 50%; Otherwise, enter — (RENT CANNOT EXCEED ared your rent with relatives the appropriate box and en	6 – 100% 40% OF TOTAL H or friends (OTHEF		,		
Additional	persons sharing rent/	percentage to be entered:	1 (50%)	2 (33%)	3 (25%)	7	%
8. Net rent paid — Multi	ply Line 6 by the perce	ntage on Line 7				8	00
9. Multiply Line 8 by 209	%. Enter amount here a	and on Line 10 of Form MO-	PTC or Line 12 of	Form MO-PTS		9	00
MISSOURI	DEPARTMENT OF	F REVENUE		2012 FORM		O PROVIDE LA ON WILL RESI	
CERTIFIC	CATION OF RE	NT PAID FOR 201	2	MO-CRP		DELAY OF YO	
SOCIAL SECURITY NUMBER	ER I I I	SPOUSE'S SOCIAL SECURITY	NUMBER	ARE YOU REI	LATED TO YOUR LAN AIN.	NDLORD? YES	□ NO
2. NAME			3. LANDLORD'S NAM	E, LAST 4 DIGITS C	DF SSN, OR FEIN (MU	ST BE COMPLETED)	
PHYSICAL ADDRESS OF REN	TAL UNIT (P.O. BOX NOT A	APT. NUMBER	LANDLORD'S ADDI	RESS, CITY, STATE	E, AND ZIP CODE (MU	JST BE COMPLETED)	APT. NUMBER
CITY, STATE, AND ZIP CODE		1			4. LANDLORD'S PH	HONE NUMBER (MUST	Γ BE COMPLETED)
5. RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY	YEAR 2012	TO: MON	NTH	DAY	YEAR 2012

6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit......

L 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

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

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

2 (33%)

OR CHILDREN UNDER 18), check the appropriate box and enter percentage.

Additional persons sharing rent/percentage to be entered: 1 (50%)

7. Check the appropriate box and enter the corresponding percentage on Line 7. ☐ A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%

☐ D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% ☐ E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100%

☐ C. BOARDING HOME / RESIDENTIAL CARE — **50%**

7

8

00

%

00

00



SPOUSE'S SOCIAL SECURITY NUMBER

1. SOCIAL SECURITY NUMBER

2012 **FORM** MO-CRP

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

	BER	SPOUSE'S SOCIAL SECURITY	Y NUMBER	ARE YOU REL	ATED TO YOUR LAN	IDLORD? YES	s 🗌 NO
				·			
2. NAME			3. LANDLORD'S NAME	E, LAST 4 DIGITS O	F SSN, OR FEIN (MU:	ST BE COMPLETED	0)
PHYSICAL ADDRESS OF RE	NITAL LINIT (B.O. BOY NOT	ALLOWED) APT. NUMBER	I ANDI ORD'S ADDR	ECC CITY STATE	, AND ZIP CODE (MU	IST DE COMBI ETEI	D) APT. NUMBER
PHI SICAL ADDRESS OF RE	NTAL ONT (P.O. BOX NOT)	ALLOWED) APT. NOWIDER	LANDLORD 3 ADDR	(E33, GITT, STATE	, AND ZIP CODE (MO	31 BE COMPLETE	AFT. NOWIDER
CITY, STATE, AND ZIP COD	 E		<u> </u>		4. LANDLORD'S PH	IONE NUMBER (MU	ST BE COMPLETED)
					()_		
5. RENTAL PERIOD	FROM: MONTH	DAY	YEAR	TO: MON	ITH .	DAY	YEAR
DURING YEAR			- 2012				<u> </u>
or copies of cancelled NOTE: If you rent for	d checks (front and back) rom a facility that does	e(s) for each rent payment for . If you received housing assinot pay property tax, you ar	istance, enter the am re not eligible for a l	ount of rent YOL	J paid.	6	00
A. APARTMEN B. MOBILE HC C. BOARDING D. SKILLED O E. HOTEL If m F. LOW INCOM	IT, HOUSE, MOBILE HO DME LOT — 100% HOME / RESIDENTIAL R INTERMEDIATE CAP eals are included, enter ME HOUSING — 100% ESIDENCE — If you sh	RE NURSING HOME — 45% — 50%; Otherwise, enter - (RENT CANNOT EXCEED ared your rent with relatives	% — 100% 40% OF TOTAL HO cor friends (OTHER		,		
	•	the appropriate box and en percentage to be entered:	<u>.</u> .	2 (33%)	☐ 3 (25%)	7	%
			` '	` ,	, ,		
8. Net rent paid — Mul	tiply Line 6 by the perce	entage on Line 7				8	00
9. Multiply Line 8 by 20	0%. Enter amount here a	and on Line 10 of Form MO-	-PTC or Line 12 of F	orm MO-PTS		9	00
3:1 WESS 1:8	I DEPARTMENT OF		12	2012 FORM	INFORMATION	PROVIDE LA	SULT IN
3:1 WESS 1:8	CATION OF RE	F REVENUE ENT PAID FOR 201 SPOUSE'S SOCIAL SECURITY		FORM MO-CRP	INFORMATION	ON WILL RES	SULT IN OUR CLAIM.
CERTIFI	CATION OF RE	NT PAID FOR 201		FORM MO-CRP	INFORMATION DENIAL OR	ON WILL RES	SULT IN
CERTIFI	CATION OF RE	NT PAID FOR 201		FORM MO-CRP ARE YOU REL IF YES, EXPL	INFORMATION DENIAL OR LANAIN.	ON WILL RES	SULT IN YOUR CLAIM.
1. SOCIAL SECURITY NUMI	CATION OF RE	SPOUSE'S SOCIAL SECURITY	/ NUMBER	FORM MO-CRP ARE YOU REL IF YES, EXPL E, LAST 4 DIGITS O	INFORMATION DENIAL OR LANAIN.	ON WILL RES DELAY OF Y IDLORD? YES	SULT IN YOUR CLAIM. NO D)
1. SOCIAL SECURITY NUMBER 2. NAME	CATION OF REBER NTAL UNIT (P.O. BOX NOT A	SPOUSE'S SOCIAL SECURITY	/ NUMBER	FORM MO-CRP ARE YOU REL IF YES, EXPL E, LAST 4 DIGITS O	INFORMATION DENIAL OR LANGUAGE TO YOUR LANGUAGE. F SSN, OR FEIN (MUST), AND ZIP CODE (MU	ON WILL RES DELAY OF Y IDLORD? YES ST BE COMPLETED IST BE COMPLETED	SULT IN YOUR CLAIM. NO D)
1. SOCIAL SECURITY NUMI 2. NAME PHYSICAL ADDRESS OF RE	CATION OF REBER NTAL UNIT (P.O. BOX NOT A	SPOUSE'S SOCIAL SECURITY	/ NUMBER	FORM MO-CRP ARE YOU REL IF YES, EXPL E, LAST 4 DIGITS O	INFORMATION DENIAL OR ATED TO YOUR LANAIN. F SSN, OR FEIN (MUST) , AND ZIP CODE (MUST) 4. LANDLORD'S PH	ON WILL RES DELAY OF Y IDLORD? YES ST BE COMPLETED IST BE COMPLETED	SULT IN OUR CLAIM. NO D) APT. NUMBER
1. SOCIAL SECURITY NUMI 2. NAME PHYSICAL ADDRESS OF RE CITY, STATE, AND ZIP COD 5. RENTAL PERIOD DURING YEAR 6. Enter your gross rent or copies of cancelled	CATION OF REBER NTAL UNIT (P.O. BOX NOT A FROM: MONTH paid. Attach rent receipt dichecks (front and back)	SPOUSE'S SOCIAL SECURITY ALLOWED) APT. NUMBER	NUMBER 3. LANDLORD'S NAME LANDLORD'S ADDR YEAR 2012 the entire year, a signistance, enter the am	FORM MO-CRP ARE YOU REL IF YES, EXPL E, LAST 4 DIGITS O RESS, CITY, STATE TO: MON ned statement from the count of rent YOU	INFORMATION DENIAL OR ATED TO YOUR LANAIN. F SSN, OR FEIN (MUST) AND ZIP CODE (MUST) 4. LANDLORD'S PH () STH Dom your landlord, J paid.	ON WILL RES DELAY OF Y IDLORD? YES ST BE COMPLETED ST BE COMPLETED ONE NUMBER (MUST ONE NUMBER (M	O) APT. NUMBER ST BE COMPLETED) YEAR

2 (33%)

3 (25%).....

8

Additional persons sharing rent/percentage to be entered: 1 (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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2012 **FORM**

FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN MO-CRP DENIAL OR DELAY OF YOUR CLAIM.

1. S	SOCIAL SECURITY NUMBER		SPOUSE'S SOC	IAL SECURITY	NUMBER		ARE YOU REL	LATED TO YOUR LAI AIN.	NDLOR	O? YES I	NO
							,				
2. N	NAME				3. LANDLORD'S N	AME, L	AST 4 DIGITS C	OF SSN, OR FEIN (M U	IST BE	COMPLETED)	
PHY	YSICAL ADDRESS OF RENTAI	L UNIT (P.O. BOX NOT	ALLOWED)	APT. NUMBER	LANDLORD'S A	DDRES	S, CITY, STATE	E, AND ZIP CODE (MU	JST BE	COMPLETED)	APT. NUMBER
CIT	Y, STATE, AND ZIP CODE							4. LANDLORD'S PH	HONE N	UMBER (MUST BE	COMPLETED)
	RENTAL PERIOD FF DURING YEAR	ROM: MONTH	DA	Y	YEAR 2012		TO: MON	NTH	D	AY	YEAR 2012
6.	Enter your gross rent paid or copies of cancelled che NOTE: If you rent from	ecks (front and back)	. If you received	housing assi	stance, enter the	amou	nt of rent YOL	J paid.	6		00
7.		HOUSE, MOBILE HOUSE, MOBILE HOUSE, MOBILE HOUSE, MOBILE HOUSE, MOBILE HOUSING — 100%	OME, OR DUPL CARE — 50% RE NURSING HO 50%; Othen (RENT CANNO) ared your rent w the appropriate	OME — 45% wise, enter – T EXCEED with relatives box and en	- - 100% 40% OF TOTAL or friends (OTH ter percentage.	ER TH	IAN YOUR S	•	7		%
	<u>Additional</u> per	rsons snaring rent	percentage to	be enterea:	□ 1 (50%)	Ш	2 (33%)	□ 3 (25%)	/		- 70
8.	Net rent paid — Multiply	Line 6 by the perce	entage on Line 7	·					8		00
9.	Multiply Line 8 by 20%.	Enter amount here	and on Line 10 o	of Form MO-	PTC or Line 12	of For	m MO-PTS		9		00

WORKSHEET FOR LINE 1, MO-1040P

Missouri law requires a combined return for married couples filing together. A combined return means taxpayers are required to split their total federal adjusted gross income (including other state income) between spouses when beginning the Missouri return.

Splitting the income can be as easy as adding up your separate Forms W-2 and 1099. Or it may require allocating to each spouse the percentage of ownership in jointly held property, such as businesses, farm operations, dividends, interest, rent, and capital gains or losses. State refunds should be split based on each spouse's 2011 Missouri tax withheld, less each spouse's 2011 tax liability. The result should be each spouse's portion of

the 2011 refund. Taxable social security benefits must be allocated by each spouse's share of the benefits received for the year.

The worksheet below lists income that is included on your federal return, along with federal line references. Find the lines that apply to your federal return, split the income between you and your spouse, and enter the amounts on the worksheet. When you have completed the worksheet, transfer the amounts from Line 18 to Form MO-1040P, Lines 1Y and 1S.

Note: Remember, the incomes listed separately on Line 18 of this worksheet must equal your total federal adjusted gross income when added together.

Adjusted Gross Income Worksheet for Combined Return	Federal Form 1040EZ Line Number		Federal Form 1040 Line Number		Y — Yourself		S — Spouse
1. Wages, salaries, tips, etc	1	7	7	1	00	1	00
2. Taxable interest income	2	8a	8a	2	00	2	00
3. Dividend income	none	9a	9a	3	00	3	00
4. State and local income tax refunds	none	none	10	4	00	4	00
5. Alimony received	none	none	11	5	00	5	00
6. Business income or (loss)	none	none	12	6	00	6	00
7. Capital gain or (loss)	none	10	13	7	00	7	00
8. Other gains or (losses)	none	none	14	8	00	8	00
9. Taxable IRA distributions	none	11b	15b	9	00	9	00
10. Taxable pensions and annuities	none	12b	16b	10	00	10	00
11. Rents, royalties, partnerships, S corporations, trusts, etc	none	none	17	11	00	11	00
12. Farm income or (loss)	none	none	18	12	00	12	00
13. Unemployment compensation	3	13	19	13	00	13	00
14. Taxable social security benefits	none	14b	20b	14	00	14	00
15. Other income	none	none	21	15	00	15	00
16. Total (add Lines 1 through 15)	4	15	22	16	00	16	00
17. Less: federal adjustments to income	none	20	36	17	00	17	00
18. Federal adjusted gross income (Line 16 less Line 17)							
Enter amounts here and on Line 1 of Form MO-1040P	4	21	37	18	00	18	00

Worksheet for Long-Term Care Insurance Deduction								
A. Enter the amount paid for qualified long-term care insurance policy	A) \$							
B. Enter the amount from Federal Schedule A, Line 4.	B) \$							
C. Enter the amount from Federal Schedule A, Line 1.	C) \$							
D. Enter the amount of qualified long-term care included on Line C	D) \$							
E. Subtract Line D from Line C	E) \$							
F. Subtract Line E from Line B. If amount is less than zero, enter "0"	F) \$							
G. Subtract Line F from Line A	G) \$							
H. Enter Line G (or Line A if you did not have to complete Lines B through G) on Form MO-1040P, Line 11								
Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A (if	you itemized your deductions).							