MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2012			2012 FORMFAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.			
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY		NUMBER	ARE YOU RELATED TO YOUF			
2. NAME	3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)					
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED) APT. NUMBER		LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED) APT. NUME				
CITY, STATE, AND ZIP CODE		4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED)				
5. RENTAL PERIOD DURING YEAR	DAY	- 2012	TO: MON	лтн <u>——</u>	DAY	- 2012
 Enter your gross rent paid. Attach rent receipt or copies of cancelled checks (front and back). NOTE: If you rent from a facility that does not be a set of the set	6	00				
 7. Check the appropriate box and enter the corresponding percentage on Line 7. A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDENTIAL CARE — 50% D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% 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), check the appropriate box and enter percentage.						
Additional persons sharing rent/percentage to be entered: 1 (50%) 2 (33%) 3 (25%)					7	%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.					8	00
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS					9	00
<u></u>					1 1	MO-CRP (12-2012)

MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2012			2012 FORMFAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.					
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY		NUMBER	ARE YOU REL IF YES, EXPLA	ATED TO YOUR LAN	NDLORD? YES	NO		
2. NAME		3. LANDLORD'S NA	ME, LAST 4 DIGITS O	F SSN, OR FEIN (MU	IST BE COMPLETED)			
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT A	ALLOWED) APT. NUMBER	LANDLORD'S ADI	DRESS, CITY, STATE	, AND ZIP CODE (M l	JST BE COMPLETED)	APT. NUMBER		
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PH	HONE NUMBER (MUST BE	COMPLETED)		
5. RENTAL PERIOD DURING YEAR	DAY	- 2012	TO: MON	лтн 	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								
Additional persons sharing rent/percentage to be entered: 1 (50%) 2 (33%) 3 (25%)				7				
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.					8	00		
9. Multiply Line 8 by 20%. Enter amount here a	and on Line 10 of Form MO-	PTC or Line 12 of	f Form MO-PTS		9	00		