$\textbf{DO NOT} \ \text{file this claim if you are going to file a Missouri income tax return!} \ \ \text{See the instructions}.$

	2012 FORM MO-P MISSOURI DEPARTMENT		DED CLAIM					
	PROPERTY TAX (VENDOR CODE 000					
SOC	CIAL SECURITY NO.	SPOUSE'S SOCIAL SECURITY NO.	•					
LAS	T NAME	FIRST NAME	INITIAL JR, SR					
BIR	THDATE (MMDDYY)	TELEPHONE NUMBER	DECEASED					
SPC	/	()	- D 2012 INITIAL JR, SR					
51.0	JUGE G EAGT WANTE	TINOTIVANIL	INTIAL OIT, SIT					
BIR [*]	THDATE (MMDDYY)/		DECEASED 2012	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REP	RESENTATI	VE, ETC.)		
PRE	ESENT HOME ADDRESS		APT. NUMBER	CITY, TOWN, OR POST OFFICE	STA	TE ZIP COI	DE	
Ş	You must check a qualification to b	pe eligible for a credit. Che	ck only one. RE	 QUIRED COPIES OF LETTERS, FORMS, ETC.,	MUST B	E INCLUDE	D WITH CLAIM.	
ATIO!	A. 65 years of age or older (Att	tach a copy of Form SSA-1		. 100% Disabled (Attach a copy of the letter fi				
QUALIFICATIONS	B. 100% Disabled Veteran as a (Attach a copy of the letter	result of military service from Department of Vetera	ans 🗆 D	or Form SSA-1099.) . 60 years of age or older and received surviving	spouse b	ouse benefits (Attach a copy of		
_	Affairs.)		. 🗆	Form SSA-1099.)	If ma	arried filing	combined,	
		Married — Filing Combi		ed — Living Separate for Entire Year CEIPT(S), FORMS 1099, W-2, ETC.) WILL RESULT II	you mu	ust report b	ooth incomes.	
.,	Enter the amount of social sec	curity benefits received by yo	ou, your spouse,	and your minor children before any deductions		ONDEDA		
				ttach Forms SSA-1099 and RRB-1099come, rental income, or other income.	1		00	
	Attach Forms W-2, 1099, 10			00				
	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.						00	
ME	4. Enter the amount of veteran's5. Enter the total amount received			00				
000	Assistance payments (TA and TANF). Attach 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						00	
	6. TOTAL household income —			and Employment Security 1099, II applicable	5 6		00	
HOUSEHOLD INCOME	7. Mark the box that applies and	d enter the appropriate amou	ınt.					
USE	a. Enter \$0 if filing statu							
윈	□ 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;						00	
	8. Net household income — Subtract Line 7 from Line 6 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 8 cannot exceed \$27,500. If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim.						00	
	☐ b. If you owned and or	ccupied your home for the	entire year, Line	e 8 cannot exceed \$30,000.				
_				not file this claim	8		00	
AX/	If you owned your home, ente whichever is less. Attach a co			Ir home, less special assessments, or \$1,100, r home is on more than five acres or you own				
	a mobile home, attach Form	948, Assessor's Certification	on	-			00	
ST	10. If you rented, enter the total an statement from your landlord.	mount from Form(s) MO-CRP • NOTE: If vou rent from a	, Line 9, or \$750, facility that doe s	whichever is less. Attach rent receipts or a signed s not pay property tax, you are not eligible for	.			
REAL ESTATE TAX/	a Property Tax Credit	-			10		00	
					11		00	
CREDITS	12. You must use the chart on p Apply amounts from Lines 8 a							
	,			ions for Line 12 Debit Car	d 12		00	
DIRECT	If you would like your refund depos	sited directly to your checking	g or savings acco	unt, complete boxes a, b, and c below.				
뚬			ount Number		C C	c. Checkir		
اسا	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 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 impose 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 a					ed on any individual who files a frivolous return.		
SIGNATURE	I authorize the Director of Revenue or delegate to discuss my claim and attachments E-MAIL ADDRESS					PREPARER'S PHONE		
됡	with the preparer or any member of the preparer's firm. YES NO DATE (MMDDYYYY) PREPARER'S SIGNATURE) FEIN, SSN, (OR PTIN	
Sigi	DATE (MINIDUTTITI) PREPAREN S SIGNATURE					I EIIN, SSIN, (OHEIM	
"	SPOUSE'S SIGNATURE (If filing combined, BOTH m	nust sign) DAYTIME	TELEPHONE) -	PREPARER'S ADDRESS AND ZIP CODE		DA	TE (MMDDYYYY)	
Н	Mail claim and attachm	nents to Missouri Dep	partment of F	− <u>।</u> Revenue, P.O. Box 3385, Jefferson (City, M	O 65105-3	 3385.	



2012 FORM FAILURE TO PROVIDE LANDLORD
INFORMATION WILL RESULT IN
DENIAL OR DELAY OF YOUR CLAIM

CERTIFICAT	ION OF RE	NI PAID	FUR 201	12	MO-CRP	DENIAL OF	R DELAY OF YO	UR CLAIM.		
SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY				NUMBER	ARE YOU RELATED TO YOUR LANDLORD? YES NO					
2. NAME				3. LANDLORD'S N	L L AME, LAST 4 DIGITS	OF SSN, OR FEIN (MU	JST BE COMPLETED)			
PHYSICAL ADDRESS OF RENTAL UI	NIT (P.O. BOX NOT A	ALLOWED)	APT. NUMBER	LANDLORD'S AD	DDRESS, CITY, STAT	TE, AND ZIP CODE (M	UST BE COMPLETED)	APT. NUMBER		
CITY, STATE, AND ZIP CODE						4. LANDLORD'S P	HONE NUMBER (MUST E	BE COMPLETED)		
5. RENTAL PERIOD DURING YEAR	M: MONTH		DAY	YEAR 2012	TO: MO	ONTH	DAY	YEAR 2012		
Enter your gross rent paid. or copies of cancelled check NOTE: If you rent from a f Check the appropriate box	s (front and back). acility that does r	If you receive not pay prope	d housing assi	stance, enter the e not eligible for	amount of rent YC	OU paid.	6	00		
B. MOBILE HOME LC C. BOARDING HOME D. SKILLED OR INTE E. HOTEL If meals ar F. LOW INCOME HO G. SHARED RESIDE OR CHILDREN U Additional perso	E / RESIDENTIAL RMEDIATE CAR e included, enter USING — 100% (NCE — If you sha NDER 18), check	E NURSING I — 50%; Othe (RENT CANN ared your rent the appropria	HOME — 45% erwise, enter – OT EXCEED with relatives te box and en	 100% 40% OF TOTAL or friends (OTHI ter percentage. 		,	7	%		
8. Net rent paid — Multiply Li				` ,	,	, ,	8	00		
9. Multiply Line 8 by 20%. En		•					9	00		
								MO-CRP (12-2012		
MISSOURI DEF		NT PAID	FOR 201		2012 FORM MO-CRP	INFORMATI DENIAL OR	O PROVIDE LAN ION WILL RESU R DELAY OF YO	LT IN		
SOCIAL SECURITY NUMBER	1 1 1	SPOUSE'S SO	CIAL SECURITY	NUMBER	ARE YOU RI IF YES, EXP	ELATED TO YOUR LA LAIN.	NDLORD? YES	Ои		
2. NAME				3. LANDLORD'S N	AME, LAST 4 DIGITS	OF SSN, OR FEIN (MU	JST BE COMPLETED)			
PHYSICAL ADDRESS OF RENTAL U	NIT (P.O. BOX NOT A	ALLOWED)	APT. NUMBER	LANDLORD'S AE	DDRESS, CITY, STAT	TE, AND ZIP CODE (M	UST BE COMPLETED)	APT. NUMBER		

CITY, STATE, AND ZIP CODE 4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) 5. RENTAL PERIOD FROM: MONTH DAY YEAR TO: MONTH DAY YEAR 2012 2012 **DURING YEAR** 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..... 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% 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 **OR CHILDREN UNDER 18)**, check the appropriate box and enter percentage. % Additional persons sharing rent/percentage to be entered: 1 (50%) **2** (33%) 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...... 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	NO NO
 							
2. NAME			3. LANDLORD'S NAME	, LAST 4 DIGITS O	F SSN, OR FEIN (MU:	ST BE COMPLETED	D)
PHYSICAL ADDRESS OF RE	NITAL LINIT (B.O. BOY NOT	ALLOWED) APT. NUMBER	I ANDI ODD'S ADDR	ECC CITY STATE	, AND ZIP CODE (MU	IST DE COMDI ETEI	D) APT. NUMBER
PHI SICAL ADDRESS OF RE	NTAL ONT (P.O. BOX NOT)	ALLOWED) APT. NOWIDER	LANDLORD 3 ADDR	E33, CII I, 31A1E	, AND ZIP CODE (INIO	31 BE COMPLETED	D) AFT. NOWIDER
CITY, STATE, AND ZIP COD	 E				4. LANDLORD'S PH	ONE NUMBER (MUS	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	(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 f	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 HC corfriends (OTHER		,		
	•	the appropriate box and en percentage to be entered:		☐ 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
MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2012 MO-CRP FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.							
3:1 WESS 1:8			12	FORM	INFORMATION	ON WILL RES	SULT IN
3:1 WESS 1:8	CATION OF RE			FORM 10-CRP	INFORMATION	ON WILL RES	OUR CLAIM.
CERTIFI	CATION OF RE	NT PAID FOR 201		FORM 10-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 ATED TO YOUR LANAIN.	ON WILL RES	SULT IN OUR 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 ATED TO YOUR LANAIN.	ON WILL RES DELAY OF Y NDLORD? YES ST BE COMPLETED	OULT IN YOUR CLAIM.
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 ATED TO YOUR LANAIN. F SSN, OR FEIN (MUST, AND ZIP CODE (MU	ON WILL RES DELAY OF Y NULLORD? YES ST BE COMPLETED IST BE COMPLETED	OULT IN YOUR CLAIM.
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,	ON WILL RES DELAY OF Y NULLORD? YES ST BE COMPLETED IST BE COMPLETED	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 ESS, CITY, STATE TO: MON ned statement frount of rent YOU	INFORMATIC DENIAL OR ATED TO YOUR LANAIN. F SSN, OR FEIN (MU: , AND ZIP CODE (MU 4. LANDLORD'S PH ()_ ITH om your landlord, J paid.	ON WILL RES DELAY OF Y IDLORD? YES ST BE COMPLETED IST BE COMPLETED IONE NUMBER (MUS	OUR CLAIM. OUR CLAIM. OUR CLAIM. APT. NUMBER ST BE COMPLETED) YEAR

2 (33%)

3 (25%).....

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......

%

00

00



2012 **FORM**

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

-					<u> </u>				
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECUR			Y NUMBER ARE YOU RELATED TO YOUR LA IF YES, EXPLAIN.			NDLORI	D? YES I	NO	
2. I	NAME		3. LANDLORD'S NA	ME, LA	AST 4 DIGITS O	F SSN, OR FEIN (MU	ST BE	COMPLETED)	
PH	YSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT	ALLOWED) APT. NUMBER	LANDLORD'S ADI	DRESS	S, CITY, STATE	, AND ZIP CODE (MU	JST BE	COMPLETED)	APT. NUMBER
CIT	TY, STATE, AND ZIP CODE					4. LANDLORD'S PH	HONE N	UMBER (MUST BE	COMPLETED)
5.	RENTAL PERIOD FROM: MONTH DURING YEAR	DAY	YEAR 2012	Т	TO: MON	ІТН <u>—</u>	D	AY	YEAR 2012
6.	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	. If you received housing assi	stance, enter the a	amour	nt of rent YOL	J paid.	6		00
7.	Check the appropriate box and enter the co A. APARTMENT, HOUSE, MOBILE HOW BE HOUSE, MOBILE HOW BE HOUSE, MOBILE HOW BE HOUSENT AND BE HOUSENT AND BE HOUSENG — 100% G. SHARED RESIDENCE — If you sh OR CHILDREN UNDER 18), check Additional persons sharing rental services and services are services and services are services and services are ser	OME, OR DUPLEX — 100% CARE — 50% RE NURSING HOME — 45% — 50%; Otherwise, enter — (RENT CANNOT EXCEED ared your rent with relatives the appropriate box and en	6 – 100% 40% OF TOTAL I or friends (OTHE ter percentage.	R TH	AN YOUR S	•	7		%
	-				` ,	, ,	/		- /0
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 of Form MO-	PTC or Line 12 of	f Forn	n MO-PTS		9		00