



MISSOURI DEPARTMENT OF REVENUE  
**PROPERTY TAX CREDIT**

**2013**  
FORM  
**MO-PTS**

Attachment Sequence No. 1040-07 and 1040P-01

**THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.**

<b>NAME</b>	LAST NAME	FIRST NAME	INITIAL	BIRTHDATE (MM/DD/YYYY) _ / _ / _ _	SOCIAL SECURITY NO. _ - - - -
	SPOUSE'S LAST NAME	FIRST NAME	INITIAL	BIRTHDATE (MM/DD/YYYY) _ / _ / _ _	SPOUSE'S SOCIAL SECURITY NO. _ - - - -

**You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc., must be included with claim.**

- QUALIFICATIONS**
- A. 65 years of age or older (**Attach a copy of Form SSA-1099.**)
- B. 100% Disabled Veteran as a result of military service (**Attach a copy of the letter from Department of Veterans Affairs.**)
- C. 100% Disabled (**Attach a copy of the letter from Social Security Administration or Form SSA-1099.**)
- D. 60 years of age or older and received surviving spouse benefits (**Attach a copy of Form SSA-1099.**)

**FILING STATUS**  Single  Married — Filing Combined  Married — Living Separate for Entire Year **If married filing combined, you must report both incomes.**

**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 your 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 <b>minor children</b> before any deductions and the amount of social security equivalent railroad retirement benefits. <b>ATTACH</b> a copy of Form(s) SSA-1099, RRB-1099, or SSI statement. ....	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 filing Form MO-1040). <b>ATTACH</b> 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. <b>ATTACH</b> 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. <b>ATTACH</b> letter from Veterans Affairs. ....	5		00
6. Enter the total amount received by you, your spouse, and your <b>minor children</b> from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). <b>ATTACH</b> 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 loss(es) in your household income (as a positive amount) here. ( <b>Include capital loss from Federal Form 1040, Line 13.</b> ) ....	7		00
8. <b>TOTAL</b> household income — Add Lines 1 through 7. Enter total here. ....	8		00
9. <b>MARK THE BOX THAT APPLIES</b> and enter the appropriate amount. <input type="checkbox"/> a. Enter \$0 if <b>Single or Married Living Separate</b> ; <b>If Married and Filing Combined</b> ; <input type="checkbox"/> b. Enter \$2,000 if you rented or did not own your home for the entire year; <input type="checkbox"/> 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; <b>MARK THE BOX THAT APPLIES</b> . <input type="checkbox"/> a. <b>If you rented or did not own and occupy your home for the entire year</b> , Line 10 cannot exceed \$27,500. If the total is greater than \$27,500, <b>STOP - no credit is allowed. Do not file this claim.</b> <input type="checkbox"/> b. <b>If you owned and occupied your home for the entire year</b> , Line 10 cannot exceed \$30,000. If the total is greater than \$30,000, <b>STOP - no credit is allowed. Do not file this claim.</b> .....	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. <b>ATTACH</b> a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, <b>ATTACH</b> 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. <b>ATTACH</b> rent receipts or a signed statement from your landlord. <b>NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.</b> .....	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 <b>must use the chart</b> 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 OR FORM MO-1040P.**



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 2013**

**2013**  
FORM  
**MO-CRP**

**FAILURE 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 YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
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. NUMBER
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) (____) _____ - _____	
5. RENTAL PERIOD DURING YEAR		FROM: MONTH	DAY	YEAR	TO: MONTH DAY YEAR
				<b>2013</b>	
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. <b>NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.....</b>					6 00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.) <input type="checkbox"/> 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. <b>Additional persons sharing rent/percentage to be entered:</b> <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 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

For Privacy Notice, see instructions.

MO-CRP (Revised 12-2013)



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 2013**

**2013**  
FORM  
**MO-CRP**

**FAILURE 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 YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
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. NUMBER
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) (____) _____ - _____	
5. RENTAL PERIOD DURING YEAR		FROM: MONTH	DAY	YEAR	TO: MONTH DAY YEAR
				<b>2013</b>	
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. <b>NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.....</b>					6 00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.) <input type="checkbox"/> 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. <b>Additional persons sharing rent/percentage to be entered:</b> <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 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

For Privacy Notice, see instructions.

MO-CRP (Revised 12-2013)