DO NOT file this claim if you are going to file a Missouri income tax return! See the instructions.

	MISSOURI DEPARTMENT PROPERTY TAX	Γ OF REVENUE	VEN COL	IDOR DE 006						
SO	CIAL SECURITY NO.	SPOUSE'S SOCIAL SECURIT		2- 000						
LAS	T NAME	FIRST NAME	INITIA	L JR, SR						
BIR	THDATE (MMDDYY)	TELEPHONE NUMBER	DE	ECEASED						
	/	()	[2014						
SPO	DUSE'S LAST NAME	FIRST NAME	INITIA	JR, SR						
BIR	THDATE (MMDDYY)		DE	ECEASED 2014	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REF	RESENTA	TIVE, ETC	2.)		
PRI	ESENT HOME ADDRESS		AF	PT. NUMBER	CITY, TOWN, OR POST OFFICE	ST	ATE	ZIP CODE		
SN	You must check a qualification to b	pe eligible for a credit.	Check only	one. REC	QUIRED COPIES OF LETTERS, FORMS, ETC.	, MUST	BE INC	LUDED WITH CLAI	M.	
САПО	A. 65 years of age or older (At			□ c.	100% Disabled (Attach a copy of the letter for Form SSA-1099.)	rom So	cial Sec	curity Administration	'n	
QUALIFICATIONS	(Attach a copy of the letter Affairs.)			☐ D.	60 years of age or older and received surviving Form SSA-1099.)	spouse	benefits	(Attach a copy of		
	<u> </u>	Married — Filing C	ombined [Marrie	ad — Living Separate for Entire Year	lf n	narried	I filing combined	,	
					CEIPT(S), FORMS 1099, W-2, ETC.) WILL RESULT I	-		eport both incom ELAY OF YOUR CLAI		
					our minor children before any deductions and the SSA-1099, RRB-1099, or SSI Statement		1		00	
	Enter the total amount of wage ATTACH Forms W-2, 1099, 1		2		00					
	3. Enter the amount of railroad re	tirement benefits (not ir	ncluded in Line	e 1) before	any deductions. ATTACH Form RRB-1099-R (T	ier II)	3		00	
Щ					ATTACH letter from Veterans Affairsfrom: public assistance, SSI, child support, Temp		4		00	
HOLISEHOLD INCOME	Assistance payments (TA and T	ΓANF). ATTACH copy	of Forms SSA	A-1099, a le	etter from the Social Security Administration and S Security 1099, if applicable.	ocial	5		00	
2	6. TOTAL household income —	Add Lines 1 through 5			Security 1099, ii applicable		6	i	00	
S	7. MARK THE BOX THAT APPL a. Enter \$0 if Single or Ma			unt.						
1 K	If Married and Filing Combir □ b. Enter \$2,000 if you rent									
Ę	- ω c. Linter φ+,000 ii you owii		7		00					
	 Net household income — Sub □ a. If you rented or did no 									
	If the total is greater tha ☐ b. If you owned and occ t									
	If the total is greater tha	8		00						
REAL ESTATE TAX /	If you owned your home, enter whichever is less. ATTACH a				home, less special assessments, or \$1,100, home is on more than five acres or you own					
ATE.	a mobile home, ATTACH Form	n 948, Assessor's Cer	tification				9		00	
EST	statement from your landlord.	NOTE: If you rent from	n a facility th	nat does n	whichever is less. ATTACH rent receipts or a sign of pay property tax, you are not eligible for a					
REAL	Property Tax Credit						10		00 00	
CREDITS	12. You must use the chart on p Apply amounts from Lines 8 a				roperty Tax Credit		12	(00	
DIRECT		b	. Account Nu	mber	nt, complete boxes a, b, and c below.			Checking Savin	_	
ļ	preparer (other than taxpayer) is based on all ireturn. I also declare under penalties of perjury	information of which he or sh that I employ no illegal or una	ne has any knowl authorized aliens	ledge. As pro- as defined un	and statements, and to the best of my knowledge and belie vided in Chapter 143, RSMo, a penalty of up to \$500 shall be der federal law and that I am not eligible for any tax exemption	e imposed	d on any i	ndividual who files a frivolent if I employ such aliens.		
TURE	I authorize the Director of Revenue or delegation with the preparer or any member of the preparer.			E-MAIL ADD	RESS		PREF	PARER'S PHONE)		
SIGNATURE	SIGNATURE	DATE	(MMDDYYYY)		PREPARER'S SIGNATURE		FEIN	, SSN, OR PTIN		
SIC	SPOUSE'S SIGNATURE (If filling combined, BOTH n	nust sign) DAY	//	<u></u>	PREPARER'S ADDRESS AND ZIP CODE		DATE (MMDDYYYY)			
	. , , , , , , , , , , , , , , , , , , ,	()					//		
П	Mail claim and attachm	ents to Missour	i Departm	ent of R	evenue, P.O. Box 3385, Jefferson	City, I	VIO 65	105-3385.	_	



2014 FORM MO-CRP FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

Marie	Manager 1	Ci	:KI	IFI	CA	IIO	NO	F K	ENI	PAI	DF	·UK	2014		M	O-CR	Р	DEN	IAL O	} DE	LAY OI	F YOU	IR CLAI	M.
1. 3	SOCIAL	SECU	RITY NI	JMBI	ER I	ı			SPOUSE	's soc	IAL SE	CURITY	/ NUMBER		ı	ARE YOU IF YES, E			YOUR LA	NDLOF	RD?,	YES 🗌	NO	
2.	NAME				'						'		3. LANDLOI	RD'S NA	AME, I	LAST 4 DIG	ITS O	F SSN, OI	R FEIN (M	UST BE	COMPLE	TED)		
PH	IYSICAL	ADDR	ESS OF	REN	TAL UN	IIT (P.C). BOX N	NOT AL	LOWED)		APT. N	UMBER	LANDLOF	RD'S AD	DRES	SS, CITY, S	TATE,	, AND ZIF	CODE (N	IUST BE	COMPLE	:TED)	APT. NUI	MBER
CIT	CITY, STATE, AND ZIP CODE													4. LANDLORD'S PHONE NUMBER (MUST B						MUST BE	COMPLET	ΓED)		
5.	REN1 Duri)	FROM	: M6	ОМТН		_	DA	Y	_	- 20	AR 114		TO:	MON	тн	_		DAY	_	20°	
6.	or co	oies o	cance	lled	check	s (fron	t and b	ack).	Íf you re	ceived	housi	ng ass	the entire ye istance, ent re not eligit	er the a	amou	unt of rent	YOU	paid.		6				00
7.		A. AP B. MC C. BC C. SK E. HC F. LO G. SH OI	ARTM DBILE DARDII CILLED DTEL II W INC IAREL R CHIL	HOI NG I OR ME OM DRE	F, HOUME HOME INTE als are E HOU ESIDEI	JSE, N T — 1 F/RES RMED inclu JSING NCE - NDER	MOBILI 100% SIDEN' DIATE (Ided, el G — 10 — If you 18), ch	E HOI TIAL (CARE nter – 10% (F u shai heck t	RENT C ed your he appr	DUPL - 50% ING Hen Othen ANNO rent wo	OME wise, of EXC	- 100% 45% enter - CEED latives and en	6	(OTHE tage.	R T		JR S	Pouse —	5%)	7				%
8.	Net re	ent pa	aid — I	Multi	iply Lir	ne 6 b	y the p	ercen	tage on	Line 7										8				00
9.	Multip	oly Lir	ne 8 by	/ 20°	%. Ent	er am	ount h	ere ar	d on Li	ne 10 d	of For	m MO-	-PTC or Lin	ne 12 o	f Fo	rm MO-P	TS			9				00
										F	or Pr	ivacy	Notice, se	e instr	ructio	ons.					Form I	MO-CRP	(Revised 12	2-2014)

	OURI DEPARTMENT OF RE		_	14	1	2014 FORM D-CRP	INFORMATI	ON V	OVIDE LAND VILL RESUL .AY OF YOU	T IN				
1. SOCIAL SECURITY	NUMBER	SPOUSE'S SO	OCIAL SECURITY	NUMBER		ARE YOU REL	ATED TO YOUR LAI	NDLORD? YES NO						
2. NAME				3. LANDLORD'S I	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 A	DDRES	S, CITY, STATE,	, AND ZIP CODE (MI	JST BE	COMPLETED)	APT. NUMBER				
CITY, STATE, AND ZIF	CODE						4. LANDLORD'S PH	HONE N	IUMBER (MUST BE	COMPLETED)				
5. RENTAL PERI DURING YEAR			DAY	YEAR - 2014	-	TO: MON	тн —	С	AY	YEAR 2014				
or copies of car	rent paid. Attach rent receip celled checks (front and back ent from a facility that does). If you receive	ed housing assi	istance, enter the	amoui	nt of rent YOU	paid.	6		00				
A. APAR B. MOBIL C. BOAR D. SKILLI E. HOTEI F. LOW II	opriate box and enter the comment, HOUSE, MOBILE HE HOME LOT — 100% DING HOME / RESIDENTIAL OR INTERMEDIATE CAIL If meals are included, enter ICOME HOUSING — 100% ED RESIDENCE — If you shill DREN UNDER 18), checi	OME, OR DUI L CARE — 50 RE NURSING r — 50%; Othe (RENT CANN hared your ren	PLEX — 100% HOME — 45% erwise, enter – IOT EXCEED t with relatives	5 100% 40% OF TOTAI or friends (OTI										
<u>Addit</u>	<i>onal</i> persons sharing rent	/percentage t	o be entered:	1 (50%)		2 (33%)	3 (25%)	7		%				
8. Net rent paid -	- Multiply Line 6 by the perc	entage on Line	7					8		00				
9. Multiply Line 8	by 20%. Enter amount here	and on Line 1	0 of Form MO-	PTC or Line 12	of For	m MO-PTS		9		00				



2014 FORM MO-CRP FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

Marie	Manager 1	Ci	:KI	IFI	CA	IIO	NO	F K	ENI	PAI	DF	·UK	2014		M	O-CR	Р	DEN	IAL O	} DE	LAY OI	F YOU	IR CLAI	M.
1. 3	SOCIAL	SECU	RITY NI	JMBI	ER I	ı			SPOUSE	's soc	IAL SE	CURITY	/ NUMBER		ı	ARE YOU IF YES, E			YOUR LA	NDLOF	RD?,	YES 🗌	NO	
2.	NAME				'						'		3. LANDLOI	RD'S NA	AME, I	LAST 4 DIG	ITS O	F SSN, OI	R FEIN (M	UST BE	COMPLE	TED)		
PH	IYSICAL	ADDR	ESS OF	REN	TAL UN	IIT (P.C). BOX N	NOT AL	LOWED)		APT. N	UMBER	LANDLOF	RD'S AD	DRES	SS, CITY, S	TATE,	, AND ZIF	CODE (N	IUST BE	COMPLE	:TED)	APT. NUI	MBER
CIT	CITY, STATE, AND ZIP CODE													4. LANDLORD'S PHONE NUMBER (MUST B						MUST BE	COMPLET	ΓED)		
5.	REN1 Duri)	FROM	: M6	ОМТН		_	DA	Y	_	- 20	AR 114		TO:	MON	тн	_		DAY	_	20°	
6.	or co	oies o	cance	lled	check	s (fron	t and b	ack).	Íf you re	ceived	housi	ng ass	the entire ye istance, ent re not eligit	er the a	amou	unt of rent	YOU	paid.		6				00
7.		A. AP B. MC C. BC C. SK E. HC F. LO G. SH OI	ARTM DBILE DARDII CILLED DTEL II W INC IAREL R CHIL	HOI NG I OR ME OM DRE	F, HOUME HOME INTE als are E HOU ESIDEI	JSE, N T — 1 F/RES RMED inclu JSING NCE - NDER	MOBILI 100% SIDEN' DIATE (Ided, el G — 10 — If you 18), ch	E HOI TIAL (CARE nter – 10% (F u shai heck t	RENT C ed your he appr	DUPL - 50% ING Hen Othen ANNO rent wo	OME wise, of EXC	- 100% 45% enter - CEED latives and en	6	(OTHE tage.	R T		JR S	Pouse —	5%)	7				%
8.	Net re	ent pa	aid — I	Multi	iply Lir	ne 6 b	y the p	ercen	tage on	Line 7										8				00
9.	Multip	oly Lir	ne 8 by	/ 20°	%. Ent	er am	ount h	ere ar	d on Li	ne 10 d	of For	m MO-	-PTC or Lin	ne 12 o	f Fo	rm MO-P	TS			9				00
										F	or Pr	ivacy	Notice, se	e instr	ructio	ons.					Form I	MO-CRP	(Revised 12	2-2014)

	OURI DEPARTMENT OF RE		_	14	1	2014 FORM D-CRP	INFORMATI	ON V	OVIDE LAND VILL RESUL .AY OF YOU	T IN				
1. SOCIAL SECURITY	NUMBER	SPOUSE'S SO	OCIAL SECURITY	NUMBER		ARE YOU REL	ATED TO YOUR LAI	NDLORD? YES NO						
2. NAME				3. LANDLORD'S I	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 A	DDRES	S, CITY, STATE,	, AND ZIP CODE (MI	JST BE	COMPLETED)	APT. NUMBER				
CITY, STATE, AND ZIF	CODE						4. LANDLORD'S PH	HONE N	IUMBER (MUST BE	COMPLETED)				
5. RENTAL PERI DURING YEAR			DAY	YEAR - 2014	-	TO: MON	тн —	С	AY	YEAR 2014				
or copies of car	rent paid. Attach rent receip celled checks (front and back ent from a facility that does). If you receive	ed housing assi	istance, enter the	amoui	nt of rent YOU	paid.	6		00				
A. APAR B. MOBIL C. BOAR D. SKILLI E. HOTEI F. LOW II	opriate box and enter the comment, HOUSE, MOBILE HE HOME LOT — 100% DING HOME / RESIDENTIAL OR INTERMEDIATE CAIL If meals are included, enter ICOME HOUSING — 100% ED RESIDENCE — If you shill DREN UNDER 18), checi	OME, OR DUI L CARE — 50 RE NURSING r — 50%; Othe (RENT CANN hared your ren	PLEX — 100% HOME — 45% erwise, enter – IOT EXCEED t with relatives	5 100% 40% OF TOTAI or friends (OTI										
<u>Addit</u>	<i>onal</i> persons sharing rent	/percentage t	o be entered:	1 (50%)		2 (33%)	3 (25%)	7		%				
8. Net rent paid -	- Multiply Line 6 by the perc	entage on Line	7					8		00				
9. Multiply Line 8	by 20%. Enter amount here	and on Line 1	0 of Form MO-	PTC or Line 12	of For	m MO-PTS		9		00				



2014 FORM

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

1. \$	SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECU	JRITY NUMBER	ARE YOU RELA	TED TO YOUR LANI N.	DLORD? YES	NO				
2. 1	NAME		3. LANDLORD'S NAME	3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)							
PH	YSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT A	ALLOWED) APT. NUM	MBER LANDLORD'S ADDRE	ESS, CITY, STATE, A	AND ZIP CODE (MUS	ST BE COMPLETED)	APT. NUMBER				
CIT	TY, STATE, AND ZIP CODE		•	4	1. LANDLORD'S PHO	ONE NUMBER (MUST BE	COMPLETED)				
5.	RENTAL PERIOD FROM: MONTH DURING YEAR	DAY	— 2014	TO: MONT	н —	DAY	YEAR 2014				
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 it	If you received housing	assistance, enter the amo	ount of rent YOU p	oaid.	6	00				
7.	Check the appropriate box and enter the cor A. APARTMENT, HOUSE, MOBILE HO B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDENTIAL D. SKILLED OR INTERMEDIATE CAR E. HOTEL If meals are included, enter F. LOW INCOME HOUSING — 100% G. SHARED RESIDENCE — If you shad OR CHILDREN UNDER 18), check Additional persons sharing rent/	OME, OR DUPLEX — 1 CARE — 50% E NURSING HOME — — 50%; Otherwise, en (RENT CANNOT EXCE ared your rent with relat the appropriate box an	- 45% hter — 100% EED 40% OF TOTAL HO tives or friends (OTHER 1 hd enter percentage.	THAN YOUR SP	, ,	7	, %				
8.	Net rent paid — Multiply Line 6 by the perce	ntage 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 Fo	orm MO-PTS		9	00				