

2014 FORM MO-PTS

Att	achment	Sequence	No.	1040-07	and	1040P-01
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	INIO-P13										
	THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM										
NAME	LAST NAME FIRST NAME INITIAL BIRTHDATE (MM/DD/YYYY)	S00	CIAL SECURITY NO.								
ż	SPOUSE'S LAST NAME FIRST NAME INITIAL BIRTHDATE (MM/DD/YYYY)	SPC	DUSE'S SOCIAL SECURITY NO.								
ş	You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc., n	nust b	be included with claim.								
CATIO	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										
QUALIFICATIONS	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 rece spouse benefits (Attach a copy										
FIL	ING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year	If ma	arried filing combined, ust 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 minor children before any deductions and the amount of social security equivalent railroad retirement benefits. ATTACH 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). 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.	randa a la	5	00								
6.		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. (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 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								



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

CERTIFICATION	N OF I	RENT PAID FOR	R 2014	MO-CRP		DELAY OF YOU		
1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELL IF YES, EXPLA	ELATED TO YOUR LANDLORD? YES NO LAIN.			
2. NAME			3. LANDLORD'S I	NAME, LAST 4 DIGITS OF	SSN, OR FEIN (MUS	ST BE COMPLETED)		
PHYSICAL ADDRESS OF RENTAL UNIT (F	P.O. BOX NOT	ALLOWED) APT. NUMBER	R LANDLORD'S A	DDRESS, CITY, STATE,	AND ZIP CODE (MU	ST BE COMPLETED)	APT. NUMBER	
CITY, STATE, AND ZIP CODE		^		74	4. LANDLORD'S PH	ONE NUMBER (MUST B	E COMPLETED)	
5. RENTAL PERIOD DURING YEAR	MONTH	— DAY	- 2014	TO: MON	тн —	DAY —	2014	
Enter your gross rent paid. Attack or copies of cancelled checks (fro NOTE: If you rent from a facilit	nt and back)	 If you received housing as: 	sistance, enter the	amount of rent YOU	paid.	6	00	
	ESIDENTIAI EDIATE CAF luded, enter IG — 100% — If you sh R 18), check	RE NURSING HOME — 45' r — 50%; Otherwise, enter (RENT CANNOT EXCEED	— 100% 0 40% OF TOTA s or friends (OTH enter percentage.	IER THAN YOUR S	(STATE OF TAXABLE)	7	%	
8. Net rent paid — Multiply Line 6	by the perce	entage on Line 7				8	00	
9. Multiply Line 8 by 20%. Enter a	mount here	and on Line 10 of Form MC	O-PTC or Line 12	of Form MO-PTS		9	00	
		For Privacy	Notice, see ins	tructions.		Form MO-CRP	(Revised 12-2014)	
		NT PAID FOR 20		2014 FORM MO-CRP	INFORMATION DENIAL OR	PROVIDE LANI ON WILL RESUL DELAY OF YOU	LT IN	
SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURIT	Y NUMBER	ARE YOU REL	ATED TO YOUR LAN IN.	DLORD? YES] NO	
2. NAME			3. LANDLORD'S I	NAME, LAST 4 DIGITS OF	SSN, OR FEIN (MUS	ST BE COMPLETED)		

MISSOURI DEPARTMENT OF REPORT OF THE PROPERTY		14	2014 FORM MO-CRP	INFORMATI	O PROVIDE LANI ON WILL RESUL DELAY OF YOU	LT IN	
1. SOCIAL SECURITY NUMBER	2002 TO 100 TO 1				NDLORD? YES NO		
2. NAME		3. LANDLORD'S NA	ME, LAST 4 DIGITS O	F SSN, OR FEIN (MU	ST BE COMPLETED)		
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT	ALLOWED) APT. NUMBER	LANDLORD'S ADD	DRESS, CITY, STATE	AND ZIP CODE (MU	JST BE COMPLETED)	APT. NUMBER	
CITY, STATE, AND ZIP CODE	1.	•	20	4. LANDLORD'S PH	HONE NUMBER (MUST B	E COMPLETED)	
5. RENTAL PERIOD DURING YEAR FROM: MONTH	DAY	- 2014	TO: MON	тн —	DAY	YEAR 2014	
Enter your gross rent paid. Attach rent receip or copies of cancelled checks (front and back NOTE: If you rent from a facility that does). If you received housing ass	istance, enter the a	mount of rent YOU	paid.	6	00	
7. Check the appropriate box and enter the country in the country	HOME, OR DUPLEX — 100% AL CARE — 50% RE NURSING HOME — 45% r — 50%; Otherwise, enter - 6 (RENT CANNOT EXCEED hared your rent with relatives k the appropriate box and er	% — 100% 40% OF TOTAL Is or friends (OTHE other percentage.	R THAN YOUR S	POUSE	7	%	
<u>Additional</u> persons sharing ren	50 (50) - 100 (100)	.2. 15	□ 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 10 of Form MO-	-PTC or Line 12 of	Form MO-PTS		9	00	