



Missouri Department of Revenue
2017 Certification of Rent Paid

One Form MO-CRP must be provided for each rental location in which you resided. Failure to provide landlord information will result in denial or delay of your claim.

1. Social Security Number

Three input boxes for Social Security Number with hyphens

Spouse's Social Security Number

Three input boxes for Spouse's Social Security Number with hyphens

Select this box if related to your landlord. If so, explain.

Long horizontal input box for explanation

2. Name (First, Last)

Long horizontal input box for Name

Physical Address of Rental Unit (P.O. Box Not Allowed)

Apartment Number

Physical Address input box

Apartment Number input box

City

State

ZIP Code

City input box

State input box

ZIP Code input box

3. Landlord's Name (First, Last)

Long horizontal input box for Landlord's Name

Landlord's Last 4 Digits of Social Security Number

Landlord's Federal Employee Identification Number (FEIN) - if applicable

Last 4 Digits of Social Security Number input box

FEIN input box

Landlord's Street Address (Must be completed)

Apartment Number

Landlord's Street Address input box

Apartment Number input box

City

State

ZIP Code

City input box

State input box

ZIP Code input box

4. Landlord's Phone Number (Must be completed)

Long horizontal input box for Phone Number

From:

Three input boxes for From: MM/DD/YY

To:

Three input boxes for To: MM/DD/YY

5. Rental Period During Year (MM/DD/YY)

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 canceled 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

6 [] .00

7. Select the appropriate box below and enter the corresponding percentage on Line 7

7 [] %

A. Apartment, House, Mobile Home, or Duplex - 100%

F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)

B. Mobile Home Lot - 100%

G. Shared Residence - If you shared your rent with relatives or friends (other than your spouse or children under 18), select the appropriate box based on the additional persons sharing rent:

C. Boarding Home or Residential Care - 50%

1 (50%) 2 (33%) 3 (25%)

D. Skilled or Intermediate Care Nursing Home - 45%

E. Hotel - 100%; if meals are included - 50%

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.

Form MO-CRP (Revised 12-2017)

Taxation Division

Attach to Form MO-PTC or MO-PTS and mail to the Missouri Department of Revenue.



17315010001