



MISSOURI DEPARTMENT OF REVENUE
PROPERTY TAX CREDIT SCHEDULE

2016 FORM MO-PTS	Attachment Sequence No. 1040-07 and 1040P-01
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THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.					
NAME	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. ____-____-____

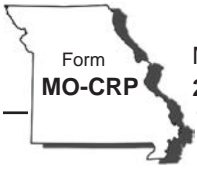
QUALIFICATIONS	You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc., must be included with claim.			
	<input type="checkbox"/> A. 65 years of age or older (You must be a full year resident. Attach a copy of Form SSA-1099.)	<input type="checkbox"/> B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.)	<input type="checkbox"/> C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.)	<input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.)

FILING STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married — Filing Combined <input type="checkbox"/> Married — Living Separate for Entire Year	If married filing combined, you must report both incomes.
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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 8 (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 10.....	4		00
5. Enter the amount of veterans payments or benefits before any deductions. ATTACH letter from Veterans Affairs.....	5		00
6. Enter the total amount received by you, your spouse, and your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). ATTACH 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. (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. <input type="checkbox"/> a. Enter \$0 if Single or Married Living Separate ; If Married and Filing Combined ; <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; MARK THE BOX THAT APPLIES . <input type="checkbox"/> 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. <input type="checkbox"/> 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 40 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
2016 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 (SSN) Spouse's SSN

Are you related to your landlord? Yes No If yes, explain

2. Name
 Physical Address of Rental Unit (P.O. Box Not Allowed) Apartment Number
 City State ZIP Code

3. Landlord's Name
 Landlord's Last 4 Digits of Social Security Number or Landlord's Federal Employee Identification Number (FEIN)
 Landlord's Street Address (Must be completed) Apartment Number
 City State ZIP Code

4. Landlord's Phone Number (Must be completed)
 5. Rental Period During Year (MM/DD/YY) From: To:

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%

B. Mobile Home Lot - 100%

C. Boarding Home or Residential Care - 50%

D. Skilled or Intermediate Care Nursing Home - 45%

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

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

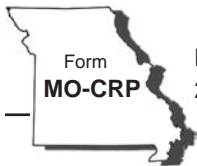
G. Shared Residence – If you shared your rent with relatives or friends (other than your spouse or children under 18), select the appropriate box based on the additional persons sharing rent:

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

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





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2016 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 (SSN) [boxes] Spouse's SSN [boxes]

Are you related to your landlord? [Yes] [No] If yes, explain [text box]

2. Name [text box]

Physical Address of Rental Unit (P.O. Box Not Allowed) [text box] Apartment Number [text box]

City [text box] State [boxes] ZIP Code [boxes]

3. Landlord's Name [text box]

Landlord's Last 4 Digits of Social Security Number [boxes] or Landlord's Federal Employee Identification Number (FEIN) [boxes]

Landlord's Street Address (Must be completed) [text box] Apartment Number [text box]

City [text box] State [boxes] ZIP Code [boxes]

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

5. Rental Period During Year From: [boxes] To: [boxes] (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). 6. [text box] . 00

7. Select the appropriate box below and enter the corresponding percentage on Line 7. 7. [text box] %

- A. Apartment, House, Mobile Home, or Duplex - 100%
B. Mobile Home Lot - 100%
C. Boarding Home or Residential Care - 50%
D. Skilled or Intermediate Care Nursing Home - 45%
E. Hotel, if meals are included, enter - 50%; Otherwise, enter - 100%
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), select the appropriate box based on the additional persons sharing rent:
[] 1 (50%) [] 2 (33%) [] 3 (25%)

8. Net rent paid - Multiply Line 6 by the percentage on Line 7. 8. [text box] . 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. [text box] . 00

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2016)

Taxation Division

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



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