Reset Form Print Form

Form **5674**

MISSOURI DEPARTMENT OF REVENUE

Verification of Rent Paid

Department Use Only (MM/DD/YY)

Landlord must complete this form each year.

Tax Year

Tenant and Rental Information

Tenant's Name

Social Security Number

Rental Address

City

State

ZIP Code

Rental Begin Date (MM/DD/YYYY)

Rental End Date (MM/DD/YYYY)

Gross Rent Paid for the Year 00

Did the tenant receive any housing assistance? . . . . . ☐ Yes ☐ No

If yes, how much rent was the tenant responsible for? 00

Did anyone reside at this dwelling with the above tenant? . . . . . ☐ Yes ☐ No

If yes, how many were over the age of 18? . . . . . .

Landlord Information

Landlord's Name

Landlord's Address

City

State

ZIP Code

Telephone Number (Home)

Telephone Number (Cell)

Telephone Number (Work)

Landlord's Signature

Taxation Division

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

Ever served on active duty in the United States Armed Forces?

If yes, visit **dor.mo.gov/military/** to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at **veteranbenefits.mo.gov/state-benefits/**.