2	Form REVENUE 5674 Verification of Rent Paid	Department Use Only (MM/DD/YY)	
L	Landlord must co	omplete this form each year.	
	Tenant's Name	Tax Year └ Social Security Number	
	Rental Address		
_			
atior	City	State	ZIP Code
orm			
l Inf	Rental Begin Date (MM/DD/YYYY) Rental Er	nd Date (MM/DD/YYYY)	
enta			
Tenant and Rental Information	Gross Rent Paid for the Year Did the tenant receive any housing assistance? If yes, how much rent was the tenant responsible for? Did anyone reside at this dwelling with the above tenant? If yes, how many were over the age of 18?	[. 00 . Yes No . 00 . 00 . 00 . 00 . 00 . 00
Ľ	Landlord's Address		
mation			
	City	State	ZIP Code
Landlord Infor			
olbu	Telephone Number (Home)	Telephone Number (Cell)	
La			
	Telephone Number (Work)	Landlord's Signature	

Form 5674 (Revised 12-2024)

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 <u>dor.mo.gov/military/</u> to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.