



MISSOURI DEPARTMENT OF TRANSPORTATION
RIGHT OF WAY DIVISION
PRORATA REAL ESTATE TAX CLAIM

MEMBER: Claims must be made within six months after the city or county tax delinquent date. Delinquent tax payments are not reimbursable.

JOB NUMBER

COUNTY	ROUTE	PARCEL	FEDERAL NUMBER
OWNER (S)			DATE OF CLAIM

OWNER'S CURRENT ADDRESS

ATTACHED HERETO ARE COPIES OF PAID TAX RECEIPTS
FOR COMPUTATION OF A PRORATA TAX CLAIM

OWNER'S CERTIFICATION

The undersigned certifies paid tax receipts submitted herewith have been examined and are true, correct, and complete, and understand falsification of any information submitted herewith may result in forfeiture of the entire claim.

OWNER'S SIGNATURE (S)

TO BE COMPUTED BY THE MISSOURI DEPARTMENT OF TRANSPORTATION

If **Entire Taking** is involved, complete lines 1 through 7 and 10. If **Partial Taking** is involved, complete lines 1 through 10.

1. Total city real estate tax paid for year on property owned.			\$
2. Total county real estate tax paid for year on property owned.			\$
3. Total current real estate tax paid on property owned.			\$
4. Date R/W payment was delivered to owner or escrow agent or the date the Commissioners' Award paid into court.		DATE	
5. Total number of full months remaining in current year after payment made.		MONTHS	
6. Total taxes paid (line 3)		\$	divided by 12 = \$
7. Total from line 6	\$	X number of months remaining in year (line 5)	= \$
8. Percentage of total tax payment applicable to R/W acquired by State		%	
9. Total from line 7	\$	X percentage as shown on line 8	% = \$
10. Total due from line 7 or 9 (whichever is applicable). If amount is less than \$1.00, no payment will be made.			\$

COMPUTED BY	DATE
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PAYABLE TO

ADDRESS

AMOUNT

\$

TO BE COMPLETED BY THE DISTRICT RIGHT OF WAY UNIT

TO BE COMPLETED BY THE BBS DIVISION

LINE	FIXED ASSET	QUANTITY	FUND	AGENCY	ORG.	APPR. UNIT
01						
02						
LINE	OBJECT	SUB-OBJ	ACTIVITY	FUNCTION	AMOUNT	
01						
02						
LINE	PROJECT/JOB NO. REPORTING CATEGORY	COMMODITY CODE				
01						
02						

- Name of Payee is same as on document
- Distribution on code block is correct
- Document is certified
- Amount is same as on document
- Parcel number entered to PVQ document

CHECKED BY


TO BE COMPLETED BY DISTRICT R/W UNIT

Date department made payment to owner or escrow agent--whichever was first _____

- Paid tax receipts were attached to claim
- Computations on claim are correct

PREPARER'S CERTIFICATION

The total sum of \$ _____ is approved for payment under this claim.
 I certify the above information has been checked against this district's records and it is a just and correct payment. I further certify I have no direct or indirect present or contemplated personal interest in the transaction and I will not derive any benefit from the payment of the above claim.

 SIGNATURE	TITLE	DATE
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THIS CLAIM IS NOT APPROVED FOR PAYMENT FOR THE FOLLOWING REASONS

 SIGNATURE	TITLE	DATE
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I CONCUR	DISTRICT R/W MANAGER	DATE
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