



Missouri Department of Transportation
 Design Division – Right of Way Section
PRORATA REAL ESTATE TAX CLAIM

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

Note: Form 7.2.22C to be completed by property owner, this form to be completed by MoDOT staff and attached to the aforementioned form for processing.

County:		Route:		Parcel:		Job No.:	
Owner(s):							

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.					
5.	Total number of months remaining in current year after payment made.					
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 9, if amount is less than \$1.00, no payment will be made.					\$
Signature of Computed By:					Date:	
Payable To:						
Address:					Amount:	\$
Date department made payment to owner or escrow agent:						
<input type="checkbox"/> Paid tax receipts are attached to claim.						
<input type="checkbox"/> Computations on claim are correct.						

Preparer's Certification		
<p>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.</p>		
Signature	Title	Date
<input type="checkbox"/> I concur with this claim.		
<input type="checkbox"/> This claim is not approved for payment for the following reasons:		
District R/W Manager Signature		Date