





Renter/Unit Information

Shreya		Mehra			Electronic Cert	Electronic Certificate Number (ECN)		
Renter First Name and Initial		Renter Last Name		10-117		01/01/2020 03/31/2020 Rented from (MM/DD/YYYY) to (MM/DD/YYYY)		
10000 45th Ave N #117				Unit	Rented from (
Rental Unit Address Plymouth	MN	55442		Hennepin	3	2		
City	State	ZIP Code	2	County	Total Months	Rented Total Adults Living in Uni		
Lity								
Property Information								
Place an X if the property is:								
Place an X ii the property is.					12-118-22	12-118-22 44 0004		
(1) Adult Foster Care (2) Assisted Living		(3) Intermediate Care Facility		Property ID or	Parcel Number			
					322			
(4) Nursing Home (5) Mobile Home (6) Mob			(6) Mobile	e Home Lot	Number of Ur	Number of Units on This Property		
Rent Details					No If yes, enter amount	. Δ ■		
A. Was any rent paid by medical assis	tance (see in	structions)?		(A) Yes -	No 11 yes, enter amount			
. Did the renter receive Minnesota H		/6	CDHI/coo in	ctructions)? (B) Yes	No If yes, enter amount	:В 🔳		
Did the renter receive Minnesota H	ousing Supp	ort (formerly	Quullace III	structions).	3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
. Did the rementation			-					
otal Rent						2,138.00		
otal Rent						1 =		
otal Rent Renter's share of rent paid (see	instructions	5)				1 = 2,138.00 2 = 0.00		
Renter's share of rent paid (see	instructions	5)				2 • 0.00		
otal Rent Renter's share of rent paid (see Caretaker rent reduction (see in	instructions	5)				0.00		
otal Rent Renter's share of rent paid (see Caretaker rent reduction (see in	instructions	5)				2 • 0.00		
otal Rent Renter's share of rent paid (see Caretaker rent reduction (see in	instructions	5)				2 • 0.00		
otal Rent Renter's share of rent paid (see Caretaker rent reduction (see in Total rent (Add lines 1 and 2)	instructions	5)				2 • 0.00		
otal Rent Renter's share of rent paid (see Caretaker rent reduction (see in Total rent (Add lines 1 and 2) roperty Owner	instructions	5)			(763) 553	2 ■ 0.00 3 ■ 2,138.00		
otal Rent Renter's share of rent paid (see Caretaker rent reduction (see in Total rent (Add lines 1 and 2) roperty Owner Shadow Hills	instructions	5)			Daytime Phon	2		
otal Rent Renter's share of rent paid (see Caretaker rent reduction (see in Total rent (Add lines 1 and 2) roperty Owner Shadow Hills roperty Owner Name	instructions	5)			Daytime Phon	2 ■ 0.00 2,138.00 1-0600 ee		
otal Rent Renter's share of rent paid (see Caretaker rent reduction (see in Total rent (Add lines 1 and 2) roperty Owner Shadow Hills roperty Owner Name 4540 Nathan Lane N	instructions	5)			Daytime Phon	2		
Cotal Rent Renter's share of rent paid (see Caretaker rent reduction (see in Total rent (Add lines 1 and 2) Property Owner Shadow Hills Property Owner Name 4540 Nathan Lane N	instructions	5)		Plymouth	Daytime Phon	2 ■ 0.00 2,138.00 1-0600 ee		
Caretaker rent reduction (see in Total rent (Add lines 1 and 2) roperty Owner Shadow Hills roperty Owner Name 4540 Nathan Lane N Property Owner Address Sign Here	instructions structions)	;)		Plymouth City	Daytime Phon	2 ■ 0.00 2,138.00 1-0600 ee		
Cotal Rent Renter's share of rent paid (see Caretaker rent reduction (see in Total rent (Add lines 1 and 2) Property Owner Shadow Hills Property Owner Name 4540 Nathan Lane N Property Owner Address Sign Here	instructions structions)	;)		Plymouth City	Daytime Phon	2 ■ 0.00 2,138.00 1-0600 ee		
Caretaker rent reduction (see in Total rent (Add lines 1 and 2) Troperty Owner Shadow Hills Property Owner Name 4540 Nathan Lane N Property Owner Address Sign Here I declare that this certificate is correct	instructions structions)	;)		Plymouth City	Daytime Phon MN 5 State Zi	2		
Cotal Rent Renter's share of rent paid (see Caretaker rent reduction (see in Total rent (Add lines 1 and 2) Property Owner Shadow Hills Property Owner Name 4540 Nathan Lane N Property Owner Address Sign Here I declare that this certificate is correct	instructions structions)	;)		Plymouth City	Daytime Phon	2		
Caretaker rent reduction (see in Total rent (Add lines 1 and 2) Troperty Owner Shadow Hills Troperty Owner Name 4540 Nathan Lane N Property Owner Address Sign Here I declare that this certificate is correct Ben Londy Owner or Agent Signature	instructions structions)	;)		Plymouth City	Daytime Phon MN 5 State ZI 01/18/202 Date (MM/DD	2		
Cotal Rent Renter's share of rent paid (see Caretaker rent reduction (see in Total rent (Add lines 1 and 2) Property Owner Shadow Hills Property Owner Name 4540 Nathan Lane N Property Owner Address Sign Here I declare that this certificate is correct	instructions structions)	;)		Plymouth City	Daytime Phon	2		

Use this certificate to complete Form M1PR, Homestead Credit Refund (for Homeowners) and Renter's Property Tax Refund. When you file Form M1PR, you must attach all CRPs used to determine your refund. Keep copies of Form M1PR and all CRPs for your records.

Note: The property owner or managing agent must give each renter living in a unit a separate CRP showing that they paid an equal portion of the rent, regardless of the portion actually paid.

For forms and tax-related information, go to our website at www.revenue.state.mn.us or call 651-296-3781 or 1-800-652-9094 (toll-free).

DEPARTMENT OF REVENUE 2020 CRP, Certificate of Rent Paid



Renter/Unit Information	1				* 2 0 5 2 3 1 *		
ihreya	Mehra	Mehra			N/A		
enter First Name and Initial	Renter La	Renter Last Name		Electronic Certificate Number (ECN)			
7150 Cahill Rd Apt 120			120	10/16/2020	12/31/2020		
ental Unit Address Edina			Unit		(MM/DD/YYYY) to (MM/DD/YYYY) 2		
	MN 55439-20	041	Hennepin County	3			
City	State ZIPCode		County	Total Months	Rented Total Adults Living in Unit		
roperty Information							
ace an X if the property is:							
(1) Adult Forster Care	(2) Assisted Living	(3) Intermed	liate Care Facility	08-116-2	or Parcel Number		
			والمنافر والمنافر المنافر المنافر والمنافر والمن	, iopen,			
(4) Nursing Home	(5) Mobile Home	(6) Mobile H	lomeLot	115	Inits on This Property		
				Number of	Number of Units on This Property		
ent Details							
Was any rent paid by medical as:	sistance (see instructions)?		(A) Yes	lo Ifyes, enteramount	:A ■		
		DUN		lo Ifyes, enter amount	- R		
Did the renter receive Minnesot	a Housing Support (formerly G	RH)(see instructio	ns)? (B) Yes	io iryes, enteramount			
tal Rent							
enter's share of rent paid (see in	nstructions)			1	\$1,874.50		
					4 000		
Caretaker rent reduction (see in.	structions)				\$ 0.00		
					\$1.974.50		
Total rent (Add lines 1 and 2)					\$1,874.50		
operty Owner				612.874.1102			
operty Owner Name	3 1 1	-		Daytime Pho			
550 E 46th St Apt 120			Minneapolis	MN 5	5406-3965		
**************************************			City		P Code		
operty Owner Address			City	State 2	r Code		
ign Here							
declare that this certificate is a	correct and complete to the b	est of my knowle	dge and belief.				
Jenrofes Hall				01/19/2021	Contract to the contract of the contract of the		
		5 Xt	the state of the s	Date (MM/DD	(MYYY)		
wner or Agent Signature Jennifer Hall		612.630.5945					
		Daytime Phor					
lanaging Agent Name, If Applica	ble (please print)			Daytimernor			
enter Instructions							
e this certificate to complet	e FormM1PR. Homestead	Credit Refund (f	or Homeowners) and Rente	's Property Tax Refur	d. WhenyoufileFormM1PR, you		
tach all CRPs used to determi	ne your refund. Keep copies	of Form M1PR a	nd all CRPs for your records.				
					ortion of the rent regardless of the		
	naging agent must give each r	renter living in a u	nit a separate CKP snowing th	at they paid an equal p	ortion of the rent, regardless of th		
ortion actually paid.							
or forms and tax-related info	rmation, go to our website	at www.revenu	e.state.mn.us or call 651-29	96-3781 or 1-800-652	2-9094 (toll-free).		
	X						
			1003	*			