

## **2014** FORM MO-1040

FC	R CA	ALENDAR YEAR JAN. 1-	DEC. 31, 2014, OR	FISCAL Y	EAR BE	EGINNING			20	),	ENDIN	IG			20	
AMENDED RETURN OUTSK HERE											SOFTWARE ENDOR CODE signed by DOR)					
(O	SOC	IAL SECURITY NUMBER				SPOUS	SE'S SOCIAL	SECUR	ITY NUMBER							
ADDRESS	LAST NAME					FIRST NAME M.				M. INIT	M. INITIAL SUFFIX (JR, SR				DECEASED 2014	
	SPOUSE'S LAST NAME					FIRST NAME N				M. INIT	M. INITIAL SUFFIX (JR, SF				DECEASED 2014	
AME AND	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)							COUNTY OF RESIDENCE								
NAM	PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)  CITY, TOWN, OR POST OFFICE							OFFICE, S	STATE, A	AND ZIP	CODE					
Lir	ne 45.	y contribute to any one or all See pages 9–10 for a desc well as trust fund codes to ent	cription of each trust		Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missour National Guard Trust Fund	Wo	Workers' Memorial Fund	(LEAD)	Childhood Lead Festing Fund	Fam	Missouri Military ily Relief und	General Revenue Revenue	Organ Donor Program Fund	
YOURSELF YOURSELF						APPLY TO BLIND YOURSELF SPOUSE	100% DISABLE SELF YOURSELF							DBLIGATED SPOUSE RSELF		
INCOME										Yourse	lf			Spouse		
		Federal adjusted gross i										00	1S		00	
		Total additions (from For Total income — Add Lin										00	2S 3S		00	
		Total subtractions (from										00	4S		00	
		Missouri adjusted gross										00	5S		00	
	6.	Total Missouri adjusted g	gross income — Ado	d columns	5Y and	5S		,			6			00		
	7.	Income percentages — [	Divide columns 5Y a	and 5S by	total on	Line 6. (Must	equal 100%	6.)	7Y			%	7S		%	
EXEMPTIONS AND DEDUCTIONS	9. 10. 11. 12. 13. 14.	Pension and Social Secuments of Mark your filing status by A. Single — \$2,100 B. Claimed as a detax return — \$0. C. Married filing join D. Married filing setax from federal return (for Federal Form 1040, Line Federal Form 1040A, Line Federal Form 1040A, Line Federal Form 1040EZ, Other tax from federal return (for Federal tax deduction — \$10,000 for combined fill Missouri standard deduction Head of Household— \$9, If you are age 65 or olde If you are itemizing, see Number of dependents for CDO NOT INCLUDE YO Number of dependents for receive Medicaid or statistics.	ox below and enter of (See Box B before pendent on another on the pendent on another on the pendent of the pend	the approre checking rechecking reperson's dissouried Missouried Missouried States of Missour	priate eng.) federal - \$4,20 ax withl , 68, an 4, 45, ar ederal red Single ed Returndent, s 040A, L	exemption amo  E.  F.  G.  G.  held.)  d 69  nd any alternation  eturn (pages 1  exceed \$5,000 f  mor Qualifying ee your federal  ine 6c  or older and do	unt on Line Married fili NOT filing Head of h Qualifying dependen  ve minimun and 2) for individua g Separate Widow(er)	99.  ng sep  ) — \$2  ouseh  widov  t child  11  12  — \$6, — \$12  aage 7	parate (spous 4,200 hold — \$3,50 v(er) with — \$3,500 holuded on L	ine 28. 00 00 00 00 00 00 00 00	9 13 14 15 16			00 00 00 00	Do not include yourself or spouse.	
		Long-term care insurance	ce deduction								17			00		
		A. Health care sharing m	•			•				l l	18			00		
		Total deductions — Add								1	19			00		
		Subtotal — Subtract Line Multiply Line 20 by appr									20	00	21S	00	00	
	22	21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S.       21Y         22. Enterprise zone or rural empowerment zone income modification       22Y					22Y				21S 22S		00			
	23.	Subtract Line 22 from Line 21. Enter here and on Line 24.						23Y			00			00		

		Yourse							Spouse				
	24.	1. Taxable income amount from Lines 23Y and 23S							24S			00	
	25.	Tax (See tax chart on page 25 of the instructions.)						00	25S			00	
	26.	Resident credit — Attach Form MO-CR and other states' income tax return(s).						00	26S			00	
	27.	Missouri income percentage — Enter 100% unless	s you are completing Form	MO-NRI.									
		Attach Form MO-NRI and a copy of your federal return if less than 100%							27S			%	
Ž	28.	28. Balance — Subtract Line 26 from Line 25; OR  Multiply Line 25 by percentage on Line 27											
								00	28S			00	
	29.	Other taxes (Check box and attach federal form i	ndicated.)										
		Lump sum distribution (Form 4972)											
		Recapture of low income housing credit (Form 8611)							29S			00	
			Subtotal — Add Lines 28 and 29.						308		00		
	31.	31. Total Tax — Add Lines 30Y and 30S.									00		
DITS	32. MISSOURI tax withheld — Attach Forms W-2 and 1099										00		
	33.	3. 2014 Missouri estimated tax payments (include overpayment from 2013 applied to 2014)									00		
CREDI	34.	Missouri tax payments for nonresident partners or S corporation shareholders — Attach Forms MO-2NR and MO-NRP.									00		
0		Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT.									00		
PAYMENTS /		6. Amount paid with Missouri extension of time to file (Form MO-60)									00		
卣		37. Miscellaneous tax credits (from Form MO-TC, Line 13) — Attach Form MO-TC.									00		
		38. Property tax credit — Attach Form MO-PTS.									00		
4		Total payments and credits — Add Lines 32 throu									00		
	Skip Lines 40–42 if you are not filing an amended return.												
		40. Amount paid on original return								-	00		
ETURN		Overpayment as shown (or adjusted) on original									00		
팂	41.	INDICATE REASON FOR AMENDING.	ictuiii			1 <sub>1</sub> D <sub>1</sub> D <sub>1</sub> Y <sub>1</sub> Y	_				00		
$\alpha$			Entor de	ata of IDC roport		<u>'                                      </u>							
<b>AMENDED</b>		□ A. Federal auditEnter date of IRS report.      □ B. Net operating loss carrybackEnter year of loss.											
볾	D. Investment tax credit carryback												
晜	D. Correction other than A, B, or C Enter date of federal amended return, if filed.												
								Г		:	00		
		42. Amended Return — total payments and credits. Add Line 40 to Line 39 or subtract Line 41 from Line 39									00		
	43. If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference										00		
		(amount of OVERPAYMENT) here.  44. Amount of Line 43 to be applied to your 2015 estimated tax									00		
	44.										00		
9	15	Enter the amount of your		Workers	(LEAD)	7	General	7	DONATE	Additional	Addit	ional	
EFUND	45.		Missouri Missouri					->	nissouri	Fund Code (See Instr.)	Fund (See I		
끪		to the right. See instructions for	rust Fund Delivered Meals Trust F	und Memorial	Lead Testi	ng Family Relief	General Reven	ue	Organ Donor Program Fund		_		
		trust fund codes45	00 00	Fund OO	Fund	00 Fund	Fund	00	00	0		00	
	40	trust fund codes45							:00		<u> </u>	100	
	46.			46				00					
		Department of Revenue, PO Box 500, Jefferson City, MO 65106-0500.									00		
AMOUNT DUE	47. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here and go to												
		instructions for Line 48.									00		
	48	. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here									00		
5	49.	49. AMOUNT DUE - Add Lines 47 and 48 and enter here. Sign below and mail return and payment to:									00		
8		Department of Revenue, PO Box 329, Jefferson City, MO 65107-0329. See instructions for Line 49								i	00		
⋖	If you pay by check, you authorize the Department of Revenue to process the check electronically.												
	Any returned check may be presented again electronically.												
	7 my rotatnoù oncok may be presenteù again electronically.												
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.												
SIGNATURE	Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall I individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for												
	credit or abatement if I employ such aliens.									,		r · · · /	
		I authorize the Director of Revenue or delegate to discuss my return and attachments  E-MAIL ADDRESS								PREPARER'S TELEPHONE			
	with	with the preparer or any member of the preparer's firm.							(	_)			
<u>5</u>	SIGN	SIGNATURE DATE (MMDDYYYY) PREPARER'S SIGNATURE						FEIN, SSN, OR PTIN					
S													
	SPO	POUSE'S SIGNATURE (If filing combined, BOTH must sign)  DAYTIME TELEPHONE  PREPARER'S ADDRESS AND ZIP CODE							<u> </u>	DATE (M	MDDYYYY	′)	
			()				//						