

2023
2D Barcode Specifications for Form MO-1040

| Code Field | Form Line # | Description | Picture Clause | Maximum Size | Negative Values | Acceptable Values |
|--|-------------|---|----------------|--------------|-----------------|--|
| Important note for 2023 - if field 10 (Amended return) is checked, there must be information in fields 107-117. | | | | | | |
| *** Header Information *** | | | | | | |
| 1 | Header | Version Number | | | | (see notes below) |
| 2 | Header | Developer Code | | | | (T1 is current standard version) |
| 3 | Header | Jurisdiction (MO) | | | | MO |
| 4 | Header | Description (MO1040) and current tax year | | | | MO1040/2023 |
| 5 | Header | Specification Version (0 for current version) | | | | 0 |
| 6 | Header | Software/Form Version | | | | |
| *** MO 1040 *** | | | | | | |
| 7 | Top | Fiscal Year Beginning (Month) | PIC 9(2) | 2 | | 01 to 12 (Must be two digits) |
| 8 | Top | Fiscal Year Ending (Month) | PIC 9(2) | 2 | | 01 to 12 (Must be two digits) |
| 9 | Top | Year | PIC 9(4) | 4 | | Tax Year |
| 10 | Top | AMENDED RETURN — CHECK HERE | PIC X(1) | 1 | | X YES |
| 11 | Top | COMPOSITE RETURN — CHECK HERE | PIC X(1) | 1 | | X YES |
| 12 | Top | Approved Federal Extension -- CHECK HERE | PIC X(1) | 1 | | X YES |
| 13 | Top | Department of Social Services Application of Eligibility form attached — CHECK HERE | PIC X(1) | 1 | | X YES |
| 14 | Top | Federal return attached — CHECK HERE | PIC X(1) | 1 | | X YES - Federal Return is required for validating Line 44 Missouri Working Family Tax Credit. Check this box to indicate that you are attaching federal return prior to mailing Form MO-1040 |
| 15 | Top | Vendor Code | PIC 9(4) | 4 | | Software Vendor Code |
| 16 | NAME | Your Social Security Number | PIC 9(9) | 9 | | |
| 17 | NAME | Spouse's Social Security Number | PIC 9(9) | 9 | | |
| 18 | NAME | Your Last Name | PIC X(20) | 20 | | |
| 19 | NAME | Your First Name | PIC X(14) | 14 | | |
| 20 | NAME | Your Middle Initial | PIC X(1) | 1 | | |
| 21 | NAME | Yourself Title (JR,SR,etc) | PIC X(3) | 3 | | Title (JR,SR,etc) (No period after suffix) |
| 22 | NAME | Yourself Deceased in 2023 | PIC X(1) | 1 | | X YES |
| 23 | NAME | Spouse's Last Name | PIC X(20) | 20 | | |
| 24 | NAME | Spouse's First Name | PIC X(14) | 14 | | |
| 25 | NAME | Spouse's Middle Initial | PIC X(1) | 1 | | |
| 26 | NAME | Spouse's Title (JR, SR, etc) | PIC X(3) | 3 | | Spouse's Title (No period after suffix) |
| 27 | NAME | Spouse Deceased in 2023 | PIC X(1) | 1 | | X YES |
| 28 | NAME | In Care of Name | PIC X(30) | 30 | | |
| 29 | NAME | County of Residence | PIC X(4) | 4 | | Use 4 character county code |
| 30 | NAME | Present Address (include Apt. or Rural Route) | PIC X(35) | 35 | | |
| 31 | NAME | City, Town or Post Office | PIC X(23) | 23 | | |
| 32 | NAME | State | PIC X(2) | 2 | | |
| 33 | NAME | Zip Code | PIC X(9) | 9 | | 99999 or 999999999 |
| 34 | CHKBOX | Age 62 Through 64 Yourself | PIC X(1) | 1 | | X YES |
| 35 | CHKBOX | Age 62 Through 64 Spouse | PIC X(1) | 1 | | X YES |
| 36 | CHKBOX | Age 65 or Older Yourself | PIC X(1) | 1 | | X YES |
| 37 | CHKBOX | Age 65 or Older Spouse | PIC X(1) | 1 | | X YES |
| 38 | CHKBOX | Blind Yourself | PIC X(1) | 1 | | X YES |
| 39 | CHKBOX | Blind Spouse | PIC X(1) | 1 | | X YES |
| 40 | CHKBOX | 100% Disabled Yourself | PIC X(1) | 1 | | X YES |
| 41 | CHKBOX | 100% Disabled Spouse | PIC X(1) | 1 | | X YES |
| 42 | CHKBOX | Non-Obligated Spouse Yourself | PIC X(1) | 1 | | X YES |
| 43 | CHKBOX | Non-Obligated Spouse Spouse | PIC X(1) | 1 | | X YES |
| 44 | 1Y | Federal Adjusted Gross Income (Yourself) | PIC S9(9) | 9 | Y | |
| 45 | 1S | Federal Adjusted Gross Income (Spouse) | PIC S9(9) | 9 | Y | |
| 46 | 2Y | Total Additions (from Form MO-A, Part 1, Line 7) Yourself | PIC 9(9) | 9 | N | |
| 47 | 2S | Total Additions (from Form MO-A, Part 1, Line 7) Spouse | PIC 9(9) | 9 | N | |
| 48 | 4Y | Total Subtractions (From Form MO-A, Part 1, Line 18) Yourself | PIC 9(9) | 9 | N | |
| 49 | 4S | Total Subtractions (From Form MO-A, Part 1, Line 18) Spouse | PIC 9(9) | 9 | N | |
| 50 | 5Y | Missouri Adj Gross Income (Subtract Line 4 from Line 3) Yourself | PIC S9(9) | 9 | Y | |
| 51 | 5S | Missouri Adj Gross Income (Subtract Line 4 from Line 3) Spouse | PIC S9(9) | 9 | Y | |
| 52 | 8 | Pension Exemption (From Form MO-A, Part 3) | PIC 9(9) | 9 | N | |
| 53 | CHKBOX | Single | PIC X(1) | 1 | | X YES |
| 54 | CHKBOX | Claimed as a dependent on another person's federal tax return | PIC X(1) | 1 | | X YES |
| 55 | CHKBOX | Married filing joint federal & combined Missouri | PIC X(1) | 1 | | X YES |
| 56 | CHKBOX | Married filing separate | PIC X(1) | 1 | | X YES |
| 57 | CHKBOX | Head of household | PIC X(1) | 1 | | X YES |
| 58 | CHKBOX | Qualifying widow(er) | PIC X(1) | 1 | | X YES |
| 59 | 9 | Tax from Federal Return | PIC 9(9) | 9 | N | |
| 60 | 10 | Other Tax from federal return. Attach copy of your federal return (pages 1 & 2). | PIC 9(9) | 9 | N | |
| 61 | 11 | Total Tax from federal return. Add lines 9 and 10. | PIC 9(9) | 9 | N | |
| 62 | 12 | Total Federal Tax percentage | PIC 9(2) | 2 | N | 35 for 35%, 25 for 25%, 15 for 15%, 5 for 5%, 0 for 0%. 35 is max. |
| 63 | 13 | Federal tax deduction. | PIC 9(9) | 9 | | Married — 10000, Single — 5000 max |
| 64 | 14 | Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS. | PIC 9(9) | 9 | N | |
| 65 | 15 | Additional Exemption for Head of Household and Qualified Widow(er) | PIC 9(9) | 9 | N | |
| 66 | 16 | Long-term care insurance deduction | PIC 9(9) | 9 | N | |
| 67 | 17 | Health care sharing ministry deduction | PIC 9(9) | 9 | N | |
| 68 | 18 | Active Duty Military income deduction | PIC 9(9) | 9 | N | |
| 69 | 19 | Inactive Duty Military income deduction | PIC 9(9) | 9 | N | |
| 70 | 20 | Bring jobs home deduction | PIC 9(9) | 9 | N | |
| 71 | 21 | Transportation Facilities Deduction - REMOVED | | | | |
| 72 | 21A | Farmland sold, rented, leased, or crop shared to a beginning farmer deduction | PIC 9(9) | 9 | N | Equals the sum of lines 21A, 21B, and 21C |
| 73 | 21B | Sold | PIC 9(9) | 9 | N | Cannot exceed \$4,000,000 |
| 74 | 21C | Rented/Leased | PIC 9(9) | 9 | N | Cannot exceed \$25,000 |
| 75 | 21C | Crop Shared | PIC 9(9) | 9 | N | Cannot exceed \$25,000 |
| 76 | 22 | First Time Home Buyer deduction A | PIC 9(9) | 9 | N | |
| 77 | 22 | First Time Home Buyer deduction B | PIC 9(9) | 9 | N | |
| 78 | 22 | First Time Home Buyer deduction | PIC 9(9) | 9 | N | |
| 79 | 23 | Long Term Dignity Savings Account Deduction | PIC 9(9) | 9 | N | |
| 80 | 24 | Foster Parent Tax Deduction | PIC 9(9) | 9 | N | |
| 81 | 25 | Total deductions--add Lines 8 and 13 through 24 | PIC 9(9) | 9 | N | |
| 82 | 26 | Subtotal — subtract Line 25 from Line 6 | PIC 9(9) | 9 | N | |
| 83 | 28Y | Enterprise zone or rural empowerment zone income modification. Yourself | PIC 9(9) | 9 | N | |
| 84 | 28S | Enterprise zone or rural empowerment zone income modification. Spouse | PIC 9(9) | 9 | N | |
| 85 | 30Y | Tax on Line 29 Yourself | PIC 9(9) | 9 | N | |
| 86 | 30S | Tax on Line 29 Spouse | PIC 9(9) | 9 | N | |
| 87 | 31Y | Resident Credit (Yourself) | PIC 9(9) | 9 | N | |
| 88 | 31S | Resident Credit (Spouse) | PIC 9(9) | 9 | N | |
| 89 | 32Y | MO income percentage (Yourself) | PIC 9(4) | 4 | | 100 for 100%, 67 for 67%. Default to 100. 100 is max. If below .5, include max. If below .5, include decimals to the right of the decimal point (acceptable) values for decimal points are .001 to .499 |
| 89 | 32S | MO income percentage (Spouse) | PIC 9(4) | 4 | | 100 for 100%, 67 for 67%. Default to 100. 100 is max. If below .5, include decimal point and up to 3 decimals to the right of the decimal point (acceptable) decimal values for points are .001 to .499 |
| 90 | 33Y | Balance (Yourself) | PIC 9(9) | 9 | N | |
| 91 | 33S | Balance (Spouse) | PIC 9(9) | 9 | N | |
| 92 | 34 | Other Taxes, Lump Sum distribution (Form 4972) | PIC X(1) | 1 | | X YES |
| 93 | 34 | Other Taxes, Recapture of low income housing credit (Form 8611) | PIC X(1) | 1 | | X YES |
| 94 | 34Y | Other Taxes (Yourself) | PIC 9(9) | 9 | N | |
| 95 | 34S | Other Taxes (Spouse) | PIC 9(9) | 9 | N | |
| 96 | 35Y | Subtotal — Add Lines 33 and 34 (Yourself) | PIC 9(9) | 9 | N | |
| 97 | 35S | Subtotal — Add Lines 33 and 34 (Spouse) | PIC 9(9) | 9 | N | |
| 98 | 37 | Missouri Tax withheld | PIC 9(9) | 9 | N | |
| 99 | 38 | 2023 Missouri estimated tax payments | PIC 9(9) | 9 | N | |
| 100 | 39 | Missouri tax withheld for nonresident partners or S corp shareholders | PIC 9(9) | 9 | N | |

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| | | | | | | |
|-------------------|--------------------|---|-----------------------|---------------------|------------------------|--|
| 101 | 40 | Missouri Tax withheld for nonresident entertainers | PIC 9(9) | 9 | N | |
| 102 | 41 | Amount paid with Missouri extension of time to file (Form MO-60) | PIC 9(9) | 9 | N | |
| 103 | 42 | Miscellaneous tax credits (from Form MO-TC, Line 13) | PIC 9(9) | 9 | N | |
| 104 | 43 | Property tax credit. Attach Form MO-PTS | PIC 9(9) | 9 | N | |
| 105 | 44 | Missouri Working Family Tax Credit | PIC 9(9) | 9 | N | The Missouri Working Family Tax Credit cannot exceed the tax liability after all other credits. The sum of line 35y and 35S, minus Lines 42 and 43. |
| 106 | 45 | Total payments and credits Add Lines 37 through 44. | PIC 9(9) | 9 | N | |
| 107 | 46 | Amount paid on original return | PIC 9(9) | 9 | N | |
| 108 | 47 | Overpayment as shown (or adjusted) on original return | PIC 9(9) | 9 | N | |
| Code Field | Form Line # | Description | Picture Clause | Maximum Size | Negative Values | Acceptable Values |
| 109 | 47A | Federal Audit | PIC X(1) | 1 | | X YES |
| 110 | 47A | Enter date of IRS report | PIC 9(6) | 6 | | MMDDYY (example: 032115) |
| 111 | 47B | Net operating loss carryback | PIC X(1) | 1 | | X YES |
| 112 | 47B | Enter year of loss | PIC 9(2) | 2 | | YY |
| 113 | 47C | Investment tax credit carryback | PIC X(1) | 1 | | X YES |
| 114 | 47C | Enter year of credit | PIC 9(2) | 2 | | YY |
| 115 | 47D | Correction other than A,B or C | PIC X(1) | 1 | | X YES |
| 116 | 47D | Enter date of federal amended return, if filed | PIC 9(6) | 6 | | MMDDYY (example: 022315) |
| 117 | 48 | Amended Return — total payments and credits — add Line 46 to Line 45 or subtract Line 47 from | PIC 9(9) | 9 | N | |
| 118 | 49 | If Line 45, or if amended return, Line 48, is larger than Line 36, enter difference | PIC 9(9) | 9 | N | |
| 119 | 50 | Amount of Line 49 to be applied to your 2024 estimated tax | PIC 9(9) | 9 | N | |
| 120 | 51a | Children's Trust Fund | PIC 9(9) | 9 | N | |
| 121 | 51b | Veterans Trust Fund | PIC 9(9) | 9 | N | |
| 122 | 51c | Elderly Home Delivered Meals Trust Fund | PIC 9(9) | 9 | N | |
| 123 | 51d | Missouri National Guard Trust Fund | PIC 9(9) | 9 | N | |
| 124 | 51e | Workers' Memorial Trust Fund | PIC 9(9) | 9 | N | |
| 125 | 51f | Childhood Lead Testing Trust Fund | PIC 9(9) | 9 | N | |
| 126 | 51g | Missouri Military Family Relief Fund | PIC 9(9) | 9 | N | |
| 127 | 51h | General Revenue Fund | PIC 9(9) | 9 | N | |
| 128 | 51i | Organ Donor Trust Fund | PIC 9(9) | 9 | N | |
| 129 | 51j | Kansas City Regional Law Enforcement Memorial Foundation Fund | PIC 9(9) | 9 | N | |
| 130 | 51k | Soldiers Memorial Military Museum in St. Louis Fund | PIC 9(9) | 9 | N | |
| 131 | 51l | Medal of Honor Fund | PIC 9(9) | 9 | N | |
| 132 | 51m1 | Additional Trust Fund Code (2-Digit) | PIC 9(2) | 2 | | |
| 133 | 51m2 | Trust Fund Dollar Amount | PIC 9(9) | 9 | N | |
| 134 | 51n1 | Additional Trust Fund Code (2-Digit) | PIC 9(2) | 2 | | |
| 135 | 51n2 | Trust Fund Dollar Amount | PIC 9(9) | 9 | N | |
| 136 | 52 | MOST direct deposit from Form 5632 | PIC 9(9) | 9 | N | |
| 137 | 53 | Overpayment to be refunded to you | PIC 9(9) | 9 | N | |
| 138 | 54 | If Line 36 is larger than Line 45 or Line 48, enter the difference (amount of | PIC 9(9) | 9 | N | |
| 139 | 55 | Underpayment of estimated tax penalty. Attach Form MO-2210. | PIC 9(9) | 9 | N | |
| 140 | 56 | Total Amount Due | PIC 9(9) | 9 | N | |
| 141 | SIGN | I authorize the Director of Revenue to discuss my return and | PIC X(1) | 1 | | X YES |
| 142 | SIGN | Did you pay a tax return preparer to complete return, but they failed or | PIC X(1) | 1 | | REQUIRED - X YES, YES OR NO must be checked on return |
| 143 | SIGN | Electronic Signature | PIC X(1) | 1 | | X If electronic signature is present for taxpayer on single filer return or taxpayer and spouse on combined filing return |
| 144 | SIGN | Daytime Telephone | PIC 9(10) | 10 | | |
| 145 | SIGN | FEIN, SSN, PTIN | PIC X(9) | 9 | | |
| 146 | E10 | E10 Checkbox | PIC X(1) | 1 | | X YES if Code Field 12 - Approved Fed Extension is Checked YES |
| | | **** MO-A **** | | | | |
| | | **** MO-A Additions **** | | | | |
| 147 | 1Y | Interest on state and local obligations other than Missouri source (Yourself) | PIC 9(9) | 9 | N | |
| 148 | 1S | Interest on state and local obligations other than Missouri source (Spouse) | PIC 9(9) | 9 | N | |
| 149 | 2 | Partnership Check Box | PIC X(1) | 1 | | X YES |
| 150 | 2 | Fiduciary Check Box | PIC X(1) | 1 | | X YES |
| 151 | 2 | S Corporation Check Box | PIC X(1) | 1 | | X YES |
| 152 | 2 | Business Interest Check Box | PIC X(1) | 1 | | X YES |
| 153 | 2 | Net Operating Loss (Carryback/Carryforward) | PIC X(1) | 1 | | X YES |
| 154 | 2 | Other | PIC X(1) | 1 | | X YES |
| 155 | 2Y | Partnership; Fiduciary; S Corporation; Net operating Loss; (Yourself) | PIC 9(9) | 9 | N | |
| 156 | 2S | Partnership; Fiduciary; S Corporation; Net operating Loss; (Spouse) | PIC 9(9) | 9 | N | |
| 157 | 3Y | Nonqualified distribution received from qualified 529 plan (Yourself) | PIC 9(9) | 9 | N | |
| 158 | 3S | Nonqualified distribution received from qualified 529 plan (Spouse) | PIC 9(9) | 9 | N | |
| 159 | 4Y | Food Pantry contributions included on Federal Sched A | PIC 9(9) | 9 | N | |
| 160 | 4S | Food Pantry contributions included on Federal Sched A | PIC 9(9) | 9 | N | |
| 161 | 5Y | Nonresident Property Tax | PIC 9(9) | 9 | N | |
| 162 | 5S | Nonresident Property Tax | PIC 9(9) | 9 | N | |
| 163 | 6Y | ABLE distributions not used to pay for qualified expenses (Yourself) | PIC 9(9) | 9 | N | |
| 164 | 6S | ABLE distributions not used to pay for qualified expenses (Spouse) | PIC 9(9) | 9 | N | |
| | | **** MO-A Subtractions **** | | | | |
| 165 | 8Y | Interest from exempt federal obligations included in federal AGI (Yourself) | PIC 9(9) | 9 | N | |
| 166 | 8S | Interest from exempt federal obligations included in federal AGI (Spouse) | PIC 9(9) | 9 | N | |
| 167 | 9Y | Any state income tax refund included in federal AGI (Yourself) | PIC 9(9) | 9 | N | |
| 168 | 9S | Any state income tax refund included in federal AGI (Spouse) | PIC 9(9) | 9 | N | |
| 169 | 10Y | Military Retirement Benefits (Yourself) | PIC 9(9) | 9 | N | |
| 170 | 10S | Military Retirement Benefits (Spouse) | PIC 9(9) | 9 | N | |
| 171 | 11 | Partnership Check Box | PIC X(1) | 1 | | X YES |
| 172 | 11 | Fiduciary Check Box | PIC X(1) | 1 | | X YES |
| 173 | 11 | S Corporation Check Box | PIC X(1) | 1 | | X YES |
| 174 | 11 | Railroad Retirement Benefits Check Box | PIC X(1) | 1 | | X YES |
| 175 | 11 | Nonresident Military Check Box | PIC X(1) | 1 | | X YES |
| 176 | 11 | Combat Pay Check Box | PIC X(1) | 1 | | X YES |
| 177 | 11 | Build America and Recovery Zone Bond Interest Check Box | PIC X(1) | 1 | | X YES |
| 178 | 11 | MO Public-Private Transportation Act Check Box | PIC X(1) | 1 | | X YES |
| 179 | 11 | Net Operating Loss Check Box | PIC X(1) | 1 | | X YES |
| 180 | 11 | Business Interest Check Box | PIC X(1) | 1 | | X YES |
| 181 | 11 | Other | PIC X(1) | 1 | | X YES |
| 182 | 11Y | Partnership; Fiduciary; S Corporation; Railroad retirement (Yourself) | PIC 9(9) | 9 | N | |
| 183 | 11S | Partnership; Fiduciary; S Corporation; Railroad retirement (Spouse) | PIC 9(9) | 9 | N | |
| 184 | 12Y | Exempt contributions made to qualified 529 plan (Yourself) | PIC S(9) | 9 | N | \$16000 maximum for BOTH primary and secondary |
| 185 | 12S | Exempt contributions made to qualified 529 plan (Spouse) | PIC S(9) | 9 | N | \$16000 maximum for BOTH primary and secondary |
| 186 | 13Y | Qualified Health Insurance Premiums (Yourself) | PIC 9(9) | 9 | N | |
| 187 | 13S | Qualified Health Insurance Premiums (Spouse) | PIC 9(9) | 9 | N | |
| 188 | 14Y | Missouri depreciation adjustment (Yourself) | PIC 9(9) | 9 | N | |
| 189 | 14S | Missouri depreciation adjustment (Spouse) | PIC 9(9) | 9 | N | |
| 190 | 15Y | ABLE contributions (Yourself) | PIC 9(9) | 9 | N | |
| 191 | 15S | ABLE contributions (Spouse) | PIC 9(9) | 9 | N | |
| 192 | 16Y | Agriculture Disaster Deduction (Yourself) | PIC 9(9) | 9 | N | |
| 193 | 16S | Agriculture Disaster Deduction (Spouse) | PIC 9(9) | 9 | N | |
| 194 | 17Y | Business Income Deduction (Yourself) | PIC 9(9) | 9 | N | |
| 195 | 17S | Business Income Deduction (Spouse) | PIC 9(9) | 9 | N | |
| | | **** MO-A, Part 2, Missouri Itemized Deductions **** | | | | |
| 196 | 1 | Total federal itemized deductions from Federal Form 1040 or 1040-SR, Line 12 | PIC 9(9) | 9 | N | |
| 197 | 2 | 2023 (FICA) — yourself — Social security \$ Medicare \$ | PIC 9(9) | 9 | N | |
| 198 | 3 | 2023 (FICA) — spouse — Social security \$ Medicare \$ | PIC 9(9) | 9 | N | |
| 199 | 4 | 2023 Railroad retirement tax — yourself (Tier 1 and Tier II) \$ Medicare \$ | PIC 9(9) | 9 | N | |
| 200 | 5 | 2023 Railroad retirement tax — spouse (Tier 1 and Tier II) \$ Medicare \$ | PIC 9(9) | 9 | N | |
| 201 | 6 | 2023 Medicare Tax - Yourself and Spouse | PIC 9(9) | 9 | N | |
| 202 | 7 | 2023 Self-employment tax | PIC 9(9) | 9 | N | |

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| | | | | | | |
|--|--------------------|---|-----------------------|---------------------|------------------------|--|
| 203 | 9 | State and local income taxes — See instructions | PIC 9(9) | 9 | N | |
| 204 | 10 | Earnings taxes included in Line 9 | PIC 9(9) | 9 | N | |
| 205 | 11 | Net state income taxes | PIC 9(9) | 9 | N | |
| **** MO-A, Part 3, Section A, Public Pension Calculation **** | | | | | | |
| 206 | 1 | MO Adjusted Gross Income from MO-1040, Line 6 | PIC S9(9) | 9 | Y | |
| 207 | 2 | Taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b | PIC 9(9) | 9 | N | |
| 208 | 3 | Subtract Line 2 from Line 1 | PIC S9(9) | 9 | Y | |
| 209 | 4 | Filing status amount -MFC-\$100,000, S,HOH, MFS, QW -\$85,000 | PIC 9(9) | 9 | N | can't be 0 |
| 210 | 5 | Subtract Line 4 from Line 3 and enter on Line 5. If Line 4>Line 3, enter \$0 | PIC 9(9) | 9 | N | |
| 211 | 6Y | Taxable pension for each spouse from public sources from Federal Form 1040 or 1040-SR, Line 5b | PIC 9(9) | 9 | N | |
| 212 | 6S | Taxable pension for each spouse from public sources from Federal Form 1040 or 1040-SR, Line 5b | PIC 9(9) | 9 | N | |
| 213 | 7Y | If Line 6 > \$44,683, enter \$44,683. If <\$44,683, enter amt from Line 6 | PIC 9(9) | 9 | N | |
| 214 | 7S | If Line 6 > \$44,683, enter \$44,683. If <\$44,683, enter amt from Line 6 | PIC 9(9) | 9 | N | |
| 215 | 8Y | If you received taxable social security and are claiming a social security exemption, complete Lines 1 thru 8 of Part 3 of MO-A, Section C, and enter the amount from Line 6Y here. | PIC 9(9) | 9 | N | |
| 216 | 8S | If you received taxable social security and are claiming a social security exemption, complete Lines 1 thru 8 of Part 3 of MO-A, Section C, and enter the amount from Line 6S here. | PIC 9(9) | 9 | N | |
| 217 | 9Y | Subtract Line 8 from Line 7. If Line 8>Line 7, enter \$0 | PIC 9(9) | 9 | N | |
| 218 | 9S | Subtract Line 8 from Line 7. If Line 8>Line 7, enter \$0 | PIC 9(9) | 9 | N | |
| 219 | 10 | Add amounts on Line 9Y and 9S | PIC 9(9) | 9 | N | |
| 220 | 11 | Total Pension Exemption — subtract Line 5 from Line 10, enter here. If Line 5>Line 10, enter \$0 | PIC 9(9) | 9 | N | |
| Code Field | Form Line # | Description | Picture Clause | Maximum Size | Negative Values | Acceptable Values |
| **** MO-A, Part 3, Section B, Private Pension calculation **** | | | | | | |
| 221 | 1 | Enter Mo Adjusted Gross Income from Form MO-1040, Line 6 | PIC 9S(9) | 9 | Y | |
| 222 | 2 | Enter taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b | PIC 9(9) | 9 | N | |
| 223 | 3 | Subtract Line 2 from Line 1 | PIC 9S(9) | 9 | Y | |
| 224 | 4 | Enter appropriate filing status amount:MFC \$32,000; S,HOH,QW \$25,000;MFS \$16,000 | PIC 9(9) | 9 | N | can't be 0 |
| 225 | 5 | Subtract Line 4 from Line 3. If Line 4>\$0, enter 0 | PIC 9(9) | 9 | N | |
| 226 | 6Y | Taxable pension amount from private sources from Federal Form 1040 or 1040-SR, Line 4b and 5b (Yourself) | PIC 9(9) | 9 | N | |
| 227 | 6S | Taxable pension amount from private sources from Federal Form 1040 or 1040-SR, Line 4b and 5b (Spouse) | PIC 9(9) | 9 | N | |
| 228 | 7Y | Enter amounts from Line 6Y or \$6000, whichever is less | PIC 9(9) | 9 | N | |
| 229 | 7S | Enter amounts from Line 6S or \$6000, whichever is less | PIC 9(9) | 9 | N | |
| 230 | 8 | Add Lines 7Y and 7S | PIC 9(9) | 9 | N | |
| 231 | 9 | Total Private Pension Exemption-subtract Line 5 from Line 8. If Line 5> Line 8, enter \$0 | PIC 9(9) | 9 | N | |
| ****MO-A, Part 3, Section C, Social Security or Social Security Disability Calculation* | | | | | | |
| 232 | 1 | Enter Mo Adjusted Gross Income from Form MO-1040, Line 6 | PIC 9S(9) | 9 | Y | |
| 233 | 2 | Enter appropriate filing status amount; MFC \$100,000; S,HOH,MFS, QW \$85,000 | PIC 9(9) | 9 | N | can't be 0 |
| 234 | 3 | Subtract Line 2 from Line 1. If Line 2>Line 1, enter \$0 | PIC 9(9) | 9 | N | |
| 235 | 4Y | Enter taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b (Yourself) | PIC 9(9) | 9 | N | |
| 236 | 4S | Enter taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b (Spouse) | PIC 9(9) | 9 | N | |
| 237 | 5Y | Enter taxable social security disability benefits from Federal Form 1040 or 1040-SR, Line 6b (Yourself) | PIC 9(9) | 9 | N | |
| 238 | 5S | Enter taxable social security disability benefits from Federal Form 1040 or 1040-SR, Line 6b (Spouse) | PIC 9(9) | 9 | N | |
| 239 | 6Y | Amount from Line(s) 4Y and/or 5Y | PIC 9(9) | 9 | N | |
| 240 | 6S | Amount from Line(s) 4S and/or 5S | PIC 9(9) | 9 | N | |
| 241 | 7 | Add Lines 6Y and 6S | PIC 9(9) | 9 | N | |
| 242 | 8 | Enter total social security/social security disability-subtract Line 3 from Line 7, if Line 3>Line 7, enter \$0 | PIC 9(9) | 9 | N | |
| 243 | | **MO-A, Part 3, Section D, Total Pension and Soc Sec/Soc Sec Disab* Total Pension and Social Security/Social Security Disability Deduction | PIC 9(9) | 9 | N | |
| **** MO-TC **** | | | | | | |
| 244 | 1 | Benefit Number | PIC 9(6) | 6 | N | |
| 245 | 1 | Credit Code (3 Characters) see form | PIC X(3) | 3 | | |
| 246 | 1 | Y | PIX 9(9) | 9 | | |
| 247 | 1 | S | PIC 9(9) | 9 | | |
| 248 | 2 | Benefit Number | PIC 9(6) | 6 | N | |
| 249 | 2 | Credit Code (3 Characters) see form | PIC X(3) | 3 | | |
| 250 | 2 | Y | PIC X(9) | 9 | | |
| 251 | 2 | S | PIC 9(9) | 9 | | |
| 252 | 3 | Benefit Number | PIC 9(6) | 6 | N | |
| 253 | 3 | Credit Code (3 Characters) see form | PIX X(3) | 3 | | |
| 254 | 3 | Y | PIC 9(9) | 9 | | |
| 255 | 3 | S | PIC 9(9) | 9 | | |
| 256 | 4 | Benefit Number | PIC 9(6) | 6 | N | |
| 257 | 4 | Credit Code (3 Characters) see form | PIC X(3) | 3 | | |
| 258 | 4 | Y | PIC 9(9) | 9 | | |
| 259 | 4 | S | PIC 9(9) | 9 | | |
| 260 | 5 | Benefit Number | PIC 9(6) | 6 | N | |
| 261 | 5 | Credit Code (3 Characters) see form | PIC X(3) | 3 | | |
| 262 | 5 | Y | PIC 9(9) | 9 | | |
| 263 | 5 | S | PIC 9(9) | 9 | | |
| 264 | 6 | Benefit Number | PIC 9(6) | 6 | N | |
| 265 | 6 | Credit Code (3 Characters) see form | PIC X(3) | 3 | | |
| 266 | 6 | Y | PIC 9(9) | 9 | | |
| 267 | 6 | S | PIC 9(9) | 9 | | |
| 268 | 7 | Benefit Number | PIC 9(6) | 6 | N | |
| 269 | 7 | Credit Code (3 Characters) see form | PIC X(3) | 3 | | |
| 270 | 7 | Y | PIC 9(9) | 9 | | |
| 271 | 7 | S | PIC 9(9) | 9 | | |
| 272 | 8 | Benefit Number | PIC 9(6) | 6 | N | |
| 273 | 8 | Credit Code (3 Characters) see form | PIC X(3) | 3 | | |
| 274 | 8 | Y | PIC 9(9) | 9 | | |
| 275 | 8 | S | PIC 9(9) | 9 | | |
| 276 | 9 | Benefit Number | PIC 9(6) | 6 | N | |
| 277 | 9 | Credit Code (3 Characters) see form | PIC X(3) | 3 | | |
| 278 | 9 | Y | PIC 9(9) | 9 | | |
| 279 | 9 | S | PIC 9(9) | 9 | | |
| 280 | 10 | Benefit Number | PIC 9(6) | 6 | N | |
| 281 | 10 | Credit Code (3 Characters) see form | PIC X(3) | 3 | | |
| 282 | 10 | Y | PIC 9(9) | 9 | | |
| 283 | 10 | S | PIC 9(9) | 9 | | |
| **** MO-PTS **** | | | | | | |
| 284 | Name | Birthdate (Yourself) | PIC 9(8) | 8 | | MMDDYYYY (example: 03151937) **Total of 8 digits |
| 285 | Name | Birthdate (Spouse) Note: Name/Address information same as 1040 name/address information. | PIC 9(8) | 8 | | MMDDYYYY (example: 03151937) **Total of 8 digits |

2023
2D Barcode Specifications for Form MO-1040

| | | | | | | |
|---|--------------------|---|-----------------------|---------------------|------------------------|--|
| 286 | A | 65 years of age or older | PIC X(1) | 1 | | X YES |
| 287 | B | 100% Disabled Veteran | PIC X(1) | 1 | | X YES |
| 288 | C | 100% Disabled | PIC X(1) | 1 | | X YES |
| 289 | D | 60 years of age or older and received surviving spouse benefits | PIC X(1) | 1 | | X YES |
| 290 | Filing | Single | PIC X(1) | 1 | | X YES |
| 291 | Filing | Married — Filing Combined | PIC X(1) | 1 | | X YES |
| 292 | Filing | Married — Living Separate for Entire Year | PIC X(1) | 1 | | X YES |
| 293 | 1 | Enter the amount of income from MO-1040, Line 6, or Form MO-1040P, Line 4 | PIC S9(9) | 9 | Y | |
| 294 | 2 | Enter the amount of nontaxable social security benefits before any deductions | PIC 9(9) | 9 | N | |
| 295 | 3 | Enter the total amount of pensions, annuities, dividends, rental or interest income | PIC 9(9) | 9 | N | |
| 296 | 4 | Enter the amount of railroad retirement benefits before any deductions | PIC 9(9) | 9 | N | |
| 297 | 5 | Enter the amount of veteran's payments or benefits before any deductions | PIC 9(9) | 9 | N | |
| 298 | 6 | Enter the total amount received by you and/or your minor children from: | PIC 9(9) | 9 | N | |
| 299 | 7 | Enter the amount of nonbusiness loss(es). | PIC 9(9) | 9 | N | |
| 300 | 8 | Total household income — add Lines 1 through 7 | PIC S9(9) | 9 | Y | |
| 301 | 9 | Enter \$0, \$2000, or \$4000 based on filing and occupancy status | PIC 9(9) | 9 | N | |
| 302 | 10 | Net household income — (Subtract Line 9 from Line 8.) | PIC S9(9) | 9 | Y | |
| 303 | 11 | If you owned your home, enter total prop. tax less spec. assessments. | PIC 9(9) | 9 | N | |
| 304 | 12 | If you rented your home, enter amount from MO-CRP, Line 9 | PIC 9(9) | 9 | N | |
| 305 | 13 | Total tax and or rent—add Lines 11 and 12 and enter total (max \$750 or \$1100, depending on occupancy) | PIC 9(9) | 9 | N | |
| 306 | 14 | Property Tax Credit | PIC 9(9) | 9 | N | |
| *** Certification of Rent Paid *** 1 | | | | | | |
| 307 | 5-From | Rental Period during year, From Month, Day, Year | PIC 9(8) | 8 | | MMDDYY (example: 01012023) **Total of 8 digits |
| 308 | 5-To | Rental Period during year, To Month, Day, Year | PIC 9(8) | 8 | | MMDDYY (example: 12312023) **Total of 8 digits |
| 309 | 6 | Enter your gross rent paid. | PIC 9(9) | 9 | N | |
| 310 | 7 | A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% | PIC X(1) | 1 | | X YES |
| 311 | 7 | B. MOBILE HOME LOT — 100% | PIC X(1) | 1 | | X YES |
| 312 | 7 | C. BOARDING HOME / RESIDENTIAL CARE — 50% | PIC X(1) | 1 | | X YES |
| 313 | 7 | D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% | PIC X(1) | 1 | | X YES |
| 314 | 7 | E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100% | PIC X(1) | 1 | | X YES |
| 315 | 7 | F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income). | PIC X(1) | 1 | | X YES |
| 316 | 7 | G. SHARED RESIDENCE — If you shared your residence with relatives | PIC X(1) | 1 | | X YES |
| 317 | 7G1 | G1. Additional Persons sharing residence — 1 | PIC X(1) | 1 | | X YES (If this box is checked, enter 50% on Line 7.) |
| 318 | 7G2 | G2. Additional Persons sharing residence — 2 | PIC X(1) | 1 | | X YES (If this box is checked, enter 33% on Line 7.) |
| 319 | 7G3 | G3. Additional Persons sharing residence — 3 | PIC X(1) | 1 | | X YES (If this box is checked, enter 25% on Line 7.) |
| 320 | 7 | Check the appropriate box and enter the percentage on Line 7. | PIC 9(3) | 3 | | 100 for 100%, 67 for 67%. Never greater than 100. |
| 321 | 8 | Net rent paid. Multiply Line 6 by the percent on Line 7. | PIC 9(9) | 9 | N | |
| 322 | 9 | CRP total (see 20% of line 8) | PIC 9(9) | 9 | N | |
| *** Certification of Rent Paid *** 2 | | | | | | |
| 323 | 5-From | Rental Period during year, From Month, Day, Year | PIC 9(8) | 8 | | MMDDYY (example: 01012023) **Total of 8 digits |
| 324 | 5-To | Rental Period during year, To Month, Day, Year | PIC 9(8) | 8 | | MMDDYY (example: 12312023) **Total of 8 digits |
| 325 | 6 | Enter your gross rent paid. | PIC 9(9) | 9 | N | |
| 326 | 7 | A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% | PIC X(1) | 1 | | X YES |
| 327 | 7 | B. MOBILE HOME LOT — 100% | PIC X(1) | 1 | | X YES |
| 328 | 7 | C. BOARDING HOME / RESIDENTIAL CARE — 50% | PIC X(1) | 1 | | X YES |
| 329 | 7 | D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% | PIC X(1) | 1 | | X YES |
| 330 | 7 | E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100% | PIC X(1) | 1 | | X YES |
| 331 | 7 | F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income). | PIC X(1) | 1 | | X YES |
| 332 | 7 | G. SHARED RESIDENCE — If you shared your residence with relatives | PIC X(1) | 1 | | X YES |
| 333 | 7G1 | G1. Additional Persons sharing residence — 1 | PIC X(1) | 1 | | X YES (If this box is checked, enter 50% on Line 7.) |
| 334 | 7G2 | G2. Additional Persons sharing residence — 2 | PIC X(1) | 1 | | X YES (If this box is checked, enter 33% on Line 7.) |
| 335 | 7G3 | G3. Additional Persons sharing residence — 3 | PIC X(1) | 1 | | X YES (If this box is checked, enter 25% on Line 7.) |
| 336 | 7 | Check the appropriate box and enter the percentage on Line 7. | PIC 9(3) | 3 | | 100 for 100%, 67 for 67%. Never greater than 100. |
| 337 | 8 | Net rent paid. Multiply Line 6 by the percent on Line 7. | PIC 9(9) | 9 | N | |
| 338 | 9 | CRP total (see 20% of Line 8) | PIC 9(9) | 9 | N | |
| *** Certification of Rent Paid *** 3 | | | | | | |
| 339 | 5-From | Rental Period during year, From Month, Day, Year | PIC 9(8) | 8 | | MMDDYY (example: 01012023) **Total of 8 digits |
| 340 | 5-To | Rental Period during year, To Month, Day, Year | PIC 9(8) | 8 | | MMDDYY (example: 12312023) **Total of 8 digits |
| 341 | 6 | Enter your gross rent paid. | PIC 9(9) | 9 | N | |
| 342 | 7 | A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% | PIC X(1) | 1 | | X YES |
| 343 | 7 | B. MOBILE HOME LOT — 100% | PIC X(1) | 1 | | X YES |
| 344 | 7 | C. BOARDING HOME / RESIDENTIAL CARE — 50% | PIC X(1) | 1 | | X YES |
| 345 | 7 | D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% | PIC X(1) | 1 | | X YES |
| 346 | 7 | E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100% | PIC X(1) | 1 | | X YES |
| 347 | 7 | F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income). | PIC X(1) | 1 | | X YES |
| 348 | 7 | G. SHARED RESIDENCE — If you shared your residence with relatives | PIC X(1) | 1 | | X YES |
| 349 | 7G1 | G1. Additional Persons sharing residence — 1 | PIC X(1) | 1 | | X YES (If this box is checked, enter 50% on Line 7.) |
| 350 | 7G2 | G2. Additional Persons sharing residence — 2 | PIC X(1) | 1 | | X YES (If this box is checked, enter 33% on Line 7.) |
| 351 | 7G3 | G3. Additional Persons sharing residence — 3 | PIC X(1) | 1 | | X YES (If this box is checked, enter 25% on Line 7.) |
| 352 | 7 | Check the appropriate box and enter the percentage on Line 7. | PIC 9(3) | 3 | | 100 for 100%, 67 for 67%. Never greater than 100. |
| 353 | 8 | Net rent paid. Multiply Line 6 by the percent on Line 7. | PIC 9(9) | 9 | N | |
| 354 | 9 | CRP total (see 20% of Line 8) | PIC 9(9) | 9 | N | |
| Code Field | Form Line # | Description | Picture Clause | Maximum Size | Negative Values | Acceptable Values |
| *** Certification of Rent Paid *** 4 | | | | | | |
| 355 | 5-From | Rental Period during year, From Month, Day, Year | PIC 9(8) | 8 | | MMDDYY (example: 01012023) **Total of 8 digits |
| 356 | 5-To | Rental Period during year, To Month, Day, Year | PIC 9(8) | 8 | | MMDDYY (example: 12312023) **Total of 8 digits |
| 357 | 6 | Enter your gross rent paid. | PIC 9(9) | 9 | N | |
| 358 | 7 | A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% | PIC X(1) | 1 | | X YES |
| 359 | 7 | B. MOBILE HOME LOT — 100% | PIC X(1) | 1 | | X YES |
| 360 | 7 | C. BOARDING HOME / RESIDENTIAL CARE — 50% | PIC X(1) | 1 | | X YES |
| 361 | 7 | D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% | PIC X(1) | 1 | | X YES |
| 362 | 7 | E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100% | PIC X(1) | 1 | | X YES |
| 363 | 7 | F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income). | PIC X(1) | 1 | | X YES |
| 364 | 7 | G. SHARED RESIDENCE — If you shared your residence with relatives | PIC X(1) | 1 | | X YES |
| 365 | 7G1 | G1. Additional Persons sharing residence — 1 | PIC X(1) | 1 | | X YES (If this box is checked, enter 50% on Line 7.) |
| 366 | 7G2 | G2. Additional Persons sharing residence — 2 | PIC X(1) | 1 | | X YES (If this box is checked, enter 33% on Line 7.) |
| 367 | 7G3 | G3. Additional Persons sharing residence — 3 | PIC X(1) | 1 | | X YES (If this box is checked, enter 25% on Line 7.) |
| 368 | 7 | Check the appropriate box and enter the percentage on Line 7. | PIC 9(3) | 3 | | 100 for 100%, 67 for 67%. Never greater than 100. |
| 369 | 8 | Net rent paid. Multiply Line 6 by the percent on Line 7. | PIC 9(9) | 9 | N | |
| 370 | 9 | CRP total (see 20% of Line 8) | PIC 9(9) | 9 | N | |
| *** Certification of Rent Paid *** 5 | | | | | | |
| 371 | 5-From | Rental Period during year, From Month, Day, Year | PIC 9(8) | 8 | | MMDDYY (example: 01012023) **Total of 8 digits |
| 372 | 5-To | Rental Period during year, To Month, Day, Year | PIC 9(8) | 8 | | MMDDYY (example: 12312023) **Total of 8 digits |
| 373 | 6 | Enter your gross rent paid. | PIC 9(9) | 9 | N | |
| 374 | 7 | A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% | PIC X(1) | 1 | | X YES |
| 375 | 7 | B. MOBILE HOME LOT — 100% | PIC X(1) | 1 | | X YES |
| 376 | 7 | C. BOARDING HOME / RESIDENTIAL CARE — 50% | PIC X(1) | 1 | | X YES |
| 377 | 7 | D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% | PIC X(1) | 1 | | X YES |
| 378 | 7 | E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100% | PIC X(1) | 1 | | X YES |
| 379 | 7 | F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income). | PIC X(1) | 1 | | X YES |
| 380 | 7 | G. SHARED RESIDENCE — If you shared your residence with relatives | PIC X(1) | 1 | | X YES |
| 381 | 7G1 | G1. Additional Persons sharing residence — 1 | PIC X(1) | 1 | | X YES (If this box is checked, enter 50% on Line 7.) |
| 382 | 7G2 | G2. Additional Persons sharing residence — 2 | PIC X(1) | 1 | | X YES (If this box is checked, enter 33% on Line 7.) |
| 383 | 7G3 | G3. Additional Persons sharing residence — 3 | PIC X(1) | 1 | | X YES (If this box is checked, enter 25% on Line 7.) |
| 384 | 7 | Check the appropriate box and enter the percentage on Line 7. | PIC 9(3) | 3 | | 100 for 100%, 67 for 67%. Never greater than 100. |
| 385 | 8 | Net rent paid. Multiply Line 6 by the percent on Line 7. | PIC 9(9) | 9 | N | |
| 386 | 9 | CRP total (see 20% of Line 8) | PIC 9(9) | 9 | N | |

2023
2D Barcode Specifications for Form MO-1040

| ***Direct Deposit*** | | | | | |
|--------------------------------------|-----------------------|------------|----|---|---|
| 387 | Account Type | PIC X(1) | 1 | | "C" for checking, "S" for savings, or blank |
| 388 | Routing Number | PIC 9(9) | 9 | N | |
| 389 | Account Number | PIC 17(17) | 17 | N | |
| ***MO-5632*** | | | | | |
| 390 | A MOST Account Number | PIC 9(11) | 11 | | |
| 391 | A Deposit Amount | PIC 9(9) | 9 | N | |
| 392 | B MOST Account Number | PIC 9(11) | 11 | | |
| 393 | B Deposit Amount | PIC 9(9) | 9 | N | |
| 394 | C MOST Account Number | PIC 9(11) | 11 | | |
| 395 | C Deposit Amount | PIC 9(9) | 9 | N | |
| 396 | D MOST Account Number | PIC 9(11) | 11 | | |
| 397 | D Deposit Amount | PIC 9(9) | 9 | N | |
| 398 | *EOD* | | | | |
| 2,518 calculated # characters | | | | | |

General Information

For blank fields, use a carriage return

County of Residence, field 25, must contain the four digit county code. If out-of-state, enter NONR.

All alpha characters should be in capital letters (A-Z).

Numeric fields aren't zero filled.

Refer to the "Acceptable Values" column for clarification of acceptable field values.

Negative amounts will have a leading minus sign.

Check boxes, an X indicates Yes, nothing is No (see Acceptable Values Column)

Only whole dollar amounts should be entered on the MO-1040 return. When entering amounts (such as W-2s) where multiple amounts may need to be entered as a total, add the amounts together then round and enter.

Any fields which can be negative are noted above. The picture clause should have a S (example: PIC S9(9)). A negative sign must be included in the field (example: -90, -1000) and precede the first number in the field.

The intended use of the Description Column is to cross reference the barcode field number, form line number, and form line wording. The description may not be exact due to limitations of space. Please refer to the tax form and instructions for the exact line wording.

Trailer: The last field in the barcode data stream is the trailer. The trailer is used to indicate the end of data has been reached. A static String of "**EOD**" is used as the trailer value. If a trailer is not found, this indicates a data overflow condition has occurred.

Header Information: There is information generic to all barcodes that should be placed first in the barcode data stream. The first six fields in the barcode comprise the official header. The fields in the official header are variable length and therefore can contain as much or as little data as is necessary. This information must be consistent among all barcodes and is defined below.

(Note: The symbol <CR> is used to represent a single carriage return character.)

Header Version Number: will be incremented each time the standards group alters the physical structure of the barcodes that were created using multiple header formats. This value is static for all barcodes and is currently T1.

Developer Code: A four-digit code used to identify the Software Developer whose application produced the barcode. The purpose of this field is to allow forms to be traced to the vendor producing them.

Jurisdiction: An alphanumeric identifier indicating the taxing jurisdiction. Use the US Postal Service's official state abbreviations.

Description: An alphanumeric identifier used to describe the form being processed. The identifier can be used to route the barcode information to the correct system for further processing. For Missouri, use MO1040.

Specification Version: A number that identifies the version of the specifications used to produce the form barcode. These specifications are provided by the jurisdiction processing the form and describe the data layout in the barcode. Draft versions of the specifications are not assigned version numbers. The final version shall be "0", revision thereafter will increase numerically.

Software/Form Version: A vendor defined version number that reflects the software and form revision used to produce the barcode.

Example

Header Version Number "T1"
Developer Code:"9999"
Jurisdiction: "MO"
Description: "MO1040"
Specification Version: "0"
Software/Form Version: "1.0"

Raw Header

T1<CR>9999<CR>MO<CR>MO1040<CR>0<CR>1.0<CR>

End of Data

***EOD* must be printed in Field 398**

Trust Funds

Additional TRUST FUND CODES for Form MO-1040, Lines 50m and 50n

- 01 American Cancer Society
- 02 American Diabetes Association
- 03 American Heart Association
- 05 Amyotrophic Lateral Sclerosis (ALS—Lou Gehrig's Disease)
- 07 Muscular Dystrophy Association
- 08 March of Dimes
- 09 Arthritis Foundation Fund
- 10 National Multiple Sclerosis Society Fund
- 14 Foster Care and Adoptive Parents Recruitment and Retention Fund
- 18 Pediatric Cancer Research Trust Fund
- 19 Missouri National Guard Trust Fund

Please be sure to make this a two digit number. If it is a single digit number, add the zero on the left to make it a two digit number. (1=01; 2=02, etc.)

Missouri encourages you to default the 2-D barcode to "ON" when your software is released. It is highly preferred that we receive returns with a 2-D barcode. Please make every effort to print a 2-D barcode on all your returns.

ADDRESS ISSUE:

*It is preferred that you print only the 2-D barcode mailing address on the form, if your company is implementing 2-D barcode. If your company is not implementing 2-D barcode, please print only the non-2-D barcode address. If this doesn't work for your company, please print both addresses or refer your clients to the instructions.

REFUND:

DEPARTMENT OF REVENUE, PO BOX 500, JEFFERSON CITY, MO 65106-0500.
(*2-D Barcode ONLY—DOR, PO BOX 3222, JEFFERSON CITY, MO 65105-3222)

AMOUNT YOU OWE:

DEPARTMENT OF REVENUE, PO BOX 329, JEFFERSON CITY, MO 65107-0329.
(*2-D Barcode ONLY—DOR, PO BOX 3370, JEFFERSON CITY, MO 65105-3370).

2-D barcode testing should be complete within two months of releasing the 2-D barcode packet.