

| Department Use Only | | | |
|---------------------|--|--|--|
| (MM/DD/YY) | | | |

Attach to Form MO-1040. Attach your federal return. See information beginning on page 13 to assist you in completing this form.

| | Social Security Number | | | Spouse's Social Security Number | | | | | | | | |
|--|---|--|---------------|---------------------------------|----------------------|---------------|--|--|--|--|--|--|
| | | | | | | | | | | | | |
| Name | First Name | M.I. Last Name | | | | Suffix | | | | | | |
| Nai | | | | | | | | | | | | |
| | Spouse's First Name | M.I. Spouse's La | ast Name | | | Suffix | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Additions | | | Yourself (Y) | Spouse | e (S) | | | | | | |
| | Interest on state and local oblic | gations other than Missouri source | 1Y | 00 | 15 | . 00 | | | | | | |
| | | | | | | | | | | | | |
| | 2. Partnership Fig | duciary S Corporation | Business | Interest | | | | | | | | |
| | Net Operating Loss (Care | ryback/Carryforward) | | | 24340010001 | | | | | | | |
| | | | 2Y | | 28 | | | | | | | |
| a) | Other (description) 3. Nongualified distribution receive | ed from a qualified 529 plan not use | | . 00 | 23 | . 00 | | | | | | |
| Some | _ | | 3Y | . 00 | 3S | . 00 | | | | | | |
| Modifications to Federal Adjusted Gross Income | 4. Food Books and the first fool | A La Control Colored In A | 4Y | . 00 | 45 | . 00 | | | | | | |
| Gros | Food Pantry contributions inclu | ded on Federal Schedule A | | | | | | | | | | |
| ted (| 5. Nonresident Property Tax | | 5Y | . 00 | 5S | . 00 | | | | | | |
| djus | | ed from a qualified Achieving a Bet in not used for qualified expenses. | 0)/ | . 00 | 6S | . 00 | | | | | | |
| ral A | | nrough 6. Enter here and on Form | | | | | | | | | | |
| ede | MO-1040, Line 2 | | 7Y | . 00 | 7S | . 00 | | | | | | |
| to F | Subtractions | | | | | | | | | | | |
| tions | Interest from exempt federal ob | ligations included in federal adjuste | | | | | | | | | | |
| ifica | gross income - Attach a detailed | d list or all Federal Form(s) 1099 . | 8Y | . 00 | 8S | . 00 | | | | | | |
| Mod | Any state income tax refund incl | uded in federal adjusted gross inco | ome. 9Y | . 00 | 98 | . 00 | | | | | | |
| ouri | | | | | | | | | | | | |
| Niss | 10. Military Retirement Benefits (see | e Instructions on page 14) | 10Y | . 00 | 108 | . 00 | | | | | | |
| Part 1 - Missouri | 11. Partnership | Fiduciary S Corporati | on F | Railroad Retirement Benefit | s Military | (nonresident) | | | | | | |
| Part | | | | | | | | | | | | |
| | Combat Pay | Build America and Recovery Zone | Bond Interest | L MO Public-Private | e Transportation Act | | | | | | | |
| | Net Operating Loss | Business Interest | | | | | | | | | | |
| | 01/2 (4/2 (4/2) | | 11Y | . 00 | 118 | . 00 | | | | | | |
| | Other (description) | | | | | | | | | | | |
| | 12. Exempt contributions made to | | 12Y | . 00 | 128 | . 00 | | | | | | |
| | | miums - Attach the Qualified Heal | th | | | | | | | | | |
| | Insurance Premiums Worksheed documentation | | 13Y | . 00 | 13S | . 00 | | | | | | |

| | 14. | Missouri depreciation adjustment (Section 143.121, RSMo.) | | | | |
|--|-----|--|-------------------------------|--------|----------------------------|---------|
| Part 1 Continued | | Sold or disposed property previously taken as addition modification | 14Y | 00 | 148 | . 00 |
| | 15. | Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) | 15Y | 00 | 15S | . 00 |
| | 16. | Agriculture Disaster Relief | 16Y | 00 | 16S | . 00 |
| Part | 17. | Business Income Deduction – see worksheet on page 16 | 178 | . 00 | | |
| | 18. | Total Subtractions - Add Lines 8 through 17. Enter here and on | | | | |
| | | Form MO-1040, Line 4 | 18Y | 00 | 185 | . 00 |
| | Cor | mplete this section only if you itemize deductions on your federal return. A | ttach your Federal Form 1040 | (pages | 1 and 2) and Federal Sched | lule A. |
| | 1. | Total federal itemized deductions from Federal Form 1040 or Federal F | form 1040-SR, Line 12 | | 1 | . 00 |
| | 2. | 2023 Social security tax - (Yourself) | | | 2 | . 00 |
| suc | 3. | 2023 Social security tax - (Spouse) | 3 | . 00 | | |
| ductio | 4. | 2023 Railroad retirement tax - Tier I and Tier II (Yourself) | 4 | . 00 | | |
| zed De | 5. | 2023 Railroad retirement tax - Tier I and Tier II (Spouse) | | | 5 | . 00 |
| i Itemi | 6. | 2023 Medicare tax - Yourself and Spouse (see instructions on page 16 |) | | 6 | . 00 |
| - Missouri Itemized Deductions | 7. | 2023 Self-employment tax (see instructions on page 16) | | | 7 | . 00 |
| Part 2 - M | 8. | Total - Add Lines 1 through 7 | | | 8 | . 00 |
| Pai | 9. | State and local income taxes from Federal Schedule A, Line 5 or enter \$0 if completing worksheet below | 9 | 00 | | |
| | 10. | Earnings taxes included in Line 9 | 10 | 00 | | |
| | 11. | Net state income taxes - Subtract Line 10 from Line 9 or enter Line 7 from Line 9 or enter Line 9 or e | om worksheet below | | 11 | . 00 |
| | 12. | Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here | e and on Form MO-1040, Line | 14 | 12 | . 00 |
| Ξ | | emplete this worksheet only if your total state and local taxes | • | | ized deductions | |
| Line | (Fe | ederal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for m | narried filling separate file | ers). | | |
| axes, | 1. | Enter the sum of your state and local taxes on Federal Form 1040 or Fede Schedule A, Line 5d | | | 1 | . 00 |
| Come | 2. | State and local income taxes from Federal Form 1040 or Federal Form 104 | 0-SR, Schedule A, Line 5a | | 2 | . 00 |
| tate Inc | 3. | Earnings taxes included on Federal Form 1040 or Federal Form 1040-S | SR, Schedule A, Line 5a | | 3 | . 00 |
| Net Si | 4. | Subtract Line 3 from Line 2 | | | 4 | . 00 |
| Part 2 Worksheet - Net State Income Taxes, Line 11 | 5. | Divide Line 4 by Line 1 | | | 5 | % |
| Works | 6. | Enter \$10,000 (\$5,000 if married filing separately) | | | 6 | . 00 |
| Part 2 | 7 | Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Ite | mized Deductions | | | |



Line 11, above.....

Part 3 - Pension and Social Security/Social Security Disability (Instructions for Part 3 begin on page 16)

| | Pu | blic Pension Calculation - Pensions received from any federal, | state, c | or lo | cal gov | ernmen | t. | | | | |
|--------------------|-----|--|----------|-------|---------|-----------|---------|------|-----|--|----|
| | 1. | Taxable pension for each spouse from public sources from Federal Form 1040 or Federal Form 1040-SR, Line 5b | 1Y | | | | | 00 | 18 | | 00 |
| ction A | 2. | Amount from Line 1 or \$46,381 (maximum social security benefit), whichever is less | 2Y | | | | | 00 | 28 | | 00 |
| Part 3 - Section A | 3. | If you received taxable social security, complete Form MO-A, Lines 1 through 4 of Section C, and enter the amount(s) from Line(s) 3Y and 3S | зү | | | | [| 00 | 38 | | 00 |
| | 4. | Subtract Line 3 from Line 2. If Line 3 is greater than Line 2, enter \$0. | 4Y | | | | [| 00 | 48 | | 00 |
| | 5. | Total public pension. Add amounts on Lines 4Y and 4S | | | | | | | 5 | | 00 |
| | Pri | ivate Pension Calculation - Annuities, pensions, IRAs, and 4010 | k) plan | s fu | nded b | y a priva | ate sou | rce. | W | | |
| | 1. | Missouri adjusted gross income from Form MO-1040, Line 6 | | .). | | | | | 1 | | 00 |
| | 2. | Taxable social security benefits from Federal Form 1040 or Federal Form | rm 104 | 40-S | R, Line | e 6b | | | 2 | | 00 |
| | 3. | Subtract Line 2 from Line 1 | | | | | | | 3 | | 00 |
| Part 3 - Section B | 4. | Select the appropriate filing status and enter the amount on Line 4. • Married Filing Combined (joint federal) - \$32,000 • Single, Head of Household, and Qualifying Widow(er) - \$25,000 • Married Filing Separate - \$16,000 | | | | . | | | 4 | | 00 |
| Part 3 | 5. | Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0 | | | | | | | 5 | | 00 |
| | 6. | Taxable pension for each spouse from private sources from Federal Form 1040 or Federal Form 1040-SR, Line 4b and 5b | 6Y | | | |].[| 00 | 6S | | 00 |
| | 7. | Amounts from Line 6Y and 6S or \$6,000, whichever is less | 7Y | | | |]. | 00 | 7S | | 00 |
| | 8. | Add Lines 7Y and 7S | | | | | | | . 8 | | 00 |
| | 9. | Total private pension, subtract Line 5 from Line 8. If Line 5 is greater the | nan Lin | e 8, | enter (| \$0 | | | . 9 | | 00 |
| | | ocial Security or Social Security Disability Calculation - Tocember 31 and have selected the 62 and older box on page 1 of Form Mo | | | | | | | | | |
| ction C | 1. | Taxable social security benefits for each spouse from Federal Form1040 or Federal Form 1040-SR, Line 6b | 1Y | | | | | 00 | 18 | | 00 |
| Part 3 - Section C | 2. | Taxable social security disability benefits for each spouse from Federal Form 1040 or 1040-SR, Line 6b | 2Y | | | | | 00 | 28 | | 00 |
| 4 | 3. | Amount from Line(s) 1Y or 2Y, and 1S or 2S | 3Y | | | | | 00 | 3S | | 00 |
| | 4. | Total social security/social security disability. Add Lines 3Y and 3S | | | | | | | 4 | | 00 |
| ٥ | | tal Pension and Social Security/Social Security Disab | | | | | | | | | |
| art 3 - Section D | | d Line 5 (Section A), Line 9 (Section B), and Line 4 (Section C) from Forer total amount here and on Form MO-1040, Line 8 | | | | | | | | | 00 |

Ever served on active duty in the United States Armed Forces?

If yes, visit <u>dor.mo.gov/military/</u> to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at <u>veteranbenefits.mo.gov/state-benefits/</u>.

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