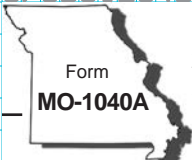


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Missouri Department of Revenue
2018 Individual Income Tax Return
Single/Married (One Income)

Print in BLACK ink only and DO NOT STAPLE.
For Privacy Notice, see Instructions.

Vendor Code: 006
Department Use Only: [Redacted]

Filing Status: [] Single [] Claimed as a Dependent [] Married Filing Combined [] Married Filing Separately [] Head of Household [] Qualifying Widower

Select the appropriate boxes that apply.
Age 65 or Older: Yourself [] Spouse []
Blind: Yourself [] Spouse []
100% Disabled: Yourself [] Spouse []
Non-Obligated Spouse: Yourself [] Spouse []

Name Section:
Social Security Number: [Redacted] - [Redacted] - [Redacted] Deceased in 2018 []
Spouse's Social Security Number: [Redacted] - [Redacted] - [Redacted] Deceased in 2018 []
First Name: [Redacted] M.I.: [Redacted] Last Name: [Redacted] Suffix: [Redacted]
Spouse's First Name: [Redacted] M.I.: [Redacted] Spouse's Last Name: [Redacted] Suffix: [Redacted]
In Care Of Name (Attorney, Executor, Personal Representative, etc.) Attach form if applicable.
[Redacted]

Address Section:
Present Address (Include Apartment Number or Rural Route): [Redacted]
City, Town, or Post Office: [Redacted] State: [Redacted] ZIP Code: [Redacted]
County of Residence: [Redacted]

You may contribute to any one or all of the trust funds on Line 15. See instructions for more trust fund information.

| | | | | | | | | |
|-----------------------|---------------------|---|------------------------------------|------------------------|-----------------------------|--------------------------------------|----------------------|--------------------------|
| Children's Trust Fund | Veterans Trust Fund | Elderly Home Delivered Meals Trust Fund | Missouri National Guard Trust Fund | Workers' Memorial Fund | Childhood Lead Testing Fund | Missouri Military Family Relief Fund | General Revenue Fund | Organ Donor Program Fund |
|-----------------------|---------------------|---|------------------------------------|------------------------|-----------------------------|--------------------------------------|----------------------|--------------------------|



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12345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345

Income

1. Federal adjusted gross income from federal return (see page 5 of the instructions) 1 [] .00
2. Any state income tax refund included in federal adjusted gross income..... 2 [] .00
3. Total Missouri adjusted gross income - Subtract Line 2 from Line 1 3 [] .00

Deductions

4. Tax from federal return. Enter this amount on Line 4, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers 4 [] .00
Do not enter federal income tax withheld. [] .00 →
5. Missouri standard deduction or itemized deductions.
• Single or Married Filing Separate - \$12,000
• Head of Household - \$18,000
• Married Filing Combined or Qualifying Widow(er) - \$24,000
If age 65 or older, blind, or claimed as a dependent, see federal return or page 6.
If itemizing, see back of the form. 5 [] .00
6. Long-term care insurance deduction 6 [] .00
7. Total Deductions - Add Lines 4 through 6 7 [] .00

Tax

8. Missouri Taxable Income - Subtract Line 7 from Line 3 8 [] .00
9. Tax - Use the tax chart on page 9 to figure the tax 9 [] .00
10. Missouri tax withheld from Form(s) W-2 and 1099.
Attach copies of Form(s) W-2 and 1099 10 [] .00
11. Missouri estimated tax payments made for 2018.
Include overpayment from 2017 applied to 2018 11 [] .00
12. Total Payments - Add Lines 10 and 11 12 [] .00
13. If Line 12 is more than Line 9, enter the difference. This is your overpayment.
If Line 12 is less than Line 9, skip to Line 18 13 [] .00
14. Amount from Line 13 that you want applied to your 2019 estimated tax 14 [] .00

Refund

15. Enter the amount of your donation in the trust fund boxes below (see instructions for trust fund codes.)
15a. Children's Trust Fund [] .00 15b. Veterans Trust Fund [] .00 15c. Elderly Home Delivered Meals Trust Fund [] .00
15d. Missouri National Guard Trust Fund [] .00 15e. Workers' Memorial Fund [] .00 15f. Childhood Lead Testing Fund [] .00
15g. Missouri Military Family Relief Fund [] .00 15h. General Revenue Fund [] .00 15i. Organ Donor Program Fund [] .00
15j. Additional Fund Code [] Additional Fund Amount [] .00 15k. Additional Fund Code [] Additional Fund Amount [] .00
Total Donation - Add amounts from Boxes 15a through 15k and enter here 15 [] .00



04 16. Amount from Line 13 to be deposited into a Missouri 529 Education Savings Plan (MOST) 16 .00
05 account. Enter amount from Line E of Form 5632.....
06
07 17. **REFUND** - Subtract Lines 14, 15, and 16 from Line 13 and enter here..... 17 .00
08 If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below:
09 a. Routing Number c. Checking Savings
10
11 b. Account Number

14 **Amount Due**
15 18. **AMOUNT DUE** - If Line 12 is less than Line 9, enter the difference here..... 18 .00
16
17 If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.
18

19 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best
20 of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing
21 the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration of preparer (other than taxpayer) is
22 based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be
23 imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or
24 unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such
25 aliens.
26

27 **Signature**
28 Signature Date (MM/DD/YY)
29
30 Spouse's Signature (If filing combined, BOTH must sign) Date (MM/DD/YY)
31
32 E-mail Address Daytime Telephone
33
34 Preparer's Signature Date (MM/DD/YY)
35
36 Preparer's FEIN, SSN, or PTIN Preparer's Telephone
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38 Preparer's Address State ZIP Code
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47 I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer
48 or any member of the preparer's firm..... Yes No
49
50

51 **Department Use Only**
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