

FORM MO-1040

FOR CALENDAR YEAR JAN. 1–DEC. 31, 2008, OR FISCAL YEAR BEGINNING 2008, ENDING 20										20	
AMENDED RETURN — CHECK HERE									SOFTWARE VENDOR CODE (Assigned by DOR)		
S	SOC	IAL SECURITY NUMBER		SPOUSE'S SOCIA	AL SECURI -	TY NUMBER					
ADDRES	LAS	T NAME	— FIRST NA	FIRST NAME M. INI			M. INITIAL	NITIAL SUFFIX (JR, SI			etc.) DECEASED 2008
AND AD	SPO	USE'S LAST NAME	FIRST NA	FIRST NAME M. IN			M. INITIAL		SI	SUFFIX (JR, SR, etc.) DECEAS	
NAME AN	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE,			TC.) COUNTY OF RESIDENCE					SC	SCHOOL DISTRICT NO. (PG 42-43	
		PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE) CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE									
Yo tru a tru	ou ma ist fur descri ist fur	ny contribute to any one or all of the ods on Line 45. See pages 9–10 for iption of each trust fund, as well as did codes to enter on Line 45.			iu C		Childhood Lead Testing	M F	lissouri lilitary amily Relief	General Revenue	After School Retreat
		PLEASE CHECK THE APPROPRIATE E	BOXES THAT APPL	LY TO YOURS	ELF OR	YOUR SPOU	JSE AS OF	DECEN	/IBER	31, 2008.	
<u>A</u>	GE 62	2 THROUGH 64 AGE 65 OR OLDER	<u>BLIND</u>		1009	6 DISABLED		NON-	-OBLI	GATED SPOU	<u>ISE</u>
	YOU	JRSELF YOURSELF	☐ YOURS	SELF	YOURSELF			☐ YOU		RSELF	
	SPC	DUSE SPOUSE	☐ SPOUS	SE .		SPOUSE			POUSE		
						١	ourself			Spou	se
	1.	Federal adjusted gross income from your 2008 fe	ederal return (See w	orksheet on pa	ge 6.) .	1Y		00	1S		00
		Total additions (from Form MO-A, Part 1, Line 6)		· · · · · · · · · · · · · · · · · · ·		2Y		00	2S		00
삗		Total income — Add Lines 1 and 2				3Y		00	3S		00
INCOME		Total subtractions (from Form MO-A, Part 1, Line				4Y		00	4S		00
ΙĔ		Missouri adjusted gross income — Subtract Line				5Y		00	5S		00
	6.	Total Missouri adjusted gross income — Add colui	mns 5Y and 5S				6	•		(00
	7.	Income percentages — Divide columns 5Y and 5S	S by total on Line 6.	(Must equal 10	0%.)	7Y		%	7S		%
AND DEDUCTIONS	10. 11. 12.	Mark your filing status box below and enter the al A. Single — \$2,100 (See Box B before che B. Claimed as a dependent on another pers tax return — \$0.00 C. Married filing joint federal & combined Miss D. Married filing separate — \$2,100 Tax from federal return (Do not enter amount from Federal Form 1040, Line 56 minus Lines 45 and 6 Federal Form 1040A, Line 35 minus Line 40a and Federal Form 1040EZ, Line 11 minus Line 8a Other tax from federal return — Attach copy of yo Total tax from federal return — Add Lines 10 and Federal tax deduction — Enter amount from L	ecking.) con's federal couri — \$4,200 [n your Form W-2(s)- da; or alternative minimum our federal return (p	E. Married NOT fili F. Head o G. Qualifyi depend Do Not Enter tax on Line 28;	filing sepng) — \$4 f househing widow ent child Federal or 10 11 12	,200 slow (200 slow),200 slow),200 slow (200 slow),200 s	9				00
	13.	\$10,000 for combined filers.					13			C	00
EXEMPTIONS AND		Missouri standard deduction OR itemized deducti Household— \$8,000; Married Filing a Combined Rolder, blind, claimed as a dependent, or if you clain your federal return or page 7. If itemizing, see Form	ions. Single or Marr eturn or Qualifying W ned an additional sta n MO-A, Part 2	ried Filing Separ /idow(er) — \$10 ndard deduction	rate — \$5),900; If y	,450; Head of ou are age 65 federal return	of 5 or 1, see				00
EXEM		Number of dependents from Federal Form 1040 (DO NOT INCLUDE YOURSELF OR SPOUSE.)				X \$1,200 =	= 15			C	Do not include yourself
ľ		Number of dependents on Line 15 who are 65 ye receive Medicaid or state funding (DO NOT INCL	UDE YOURSELF (OR SPOUSE.)		X \$1,000 =					or spouse
		Long-term care insurance deduction									00
		Health care sharing ministry deduction									
		Total deductions — Add Lines 8, 9, 13, 14, 15, 16									00
		Subtotal — Subtract Line 19 from Line 6					20	100			00
		Multiply Line 20 by appropriate percentages (%)							21S		00
		Enterprise zone or rural empowerment zone inco							22S		00
١		Subtract Line 22 from Line 21. Enter here and or	n Line 24			23Y		00	23S		00
MO	୪60-10	094 (09-2008) For	Privacy Notice, s	ee page 44 of	tne insti	ructions.					

					Yourself			Spouse			
TAX	24.	Taxable income amount from Lines 23Y and 23S			24Y	0	0 24	S		00	
	25.	Tax. (See tax table on page 38 of the instructions	:.)		25Y	0	0 25	is		00	
	26.	Resident credit — Attach Form MO-CR and other	states' income tax retu	ırn(s). OR	26Y	0	0 26	S		00	
	27.	Missouri income percentage — Enter 100% unless Attach Form MO-NRI and a copy of your federal if you or your spouse is a professional entertainer of YOURSELF SPOUSE	return if less than 100°	%. Check the box ional athletic team.		0	6 27	'S		%	
٦	28.	Balance — Subtract Line 26 from Line 25; OR Multiply Line 25 by percentage on Line					0 28			00	
	29.	Other taxes (Check box and attach federal form in					<u> </u>				
		Lump sum distribution (Form 4972)									
		Recapture of low income housing credit (Form 8611)		29Y	0	0 29	s		00	
	30.	Subtotal — Add Lines 28 and 29.					0 30			00	
		Total Tax — Add Lines 30Y and 30S.				31	0 100		00	100	
\neg		MISSOURI tax withheld — Attach Form W-2(s) an				32			00		
				33			00				
띪		2008 Missouri estimated tax payments (include overpayment from 2007 applied to 2008)							00		
_			•			34			00		
PAYMENTS /		5. Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT.							00		
긺		Amount paid with Missouri extension of time to file (Form MO-60) Miscellaneous tax credits (from Form MO-TC, Line 13) — Attach Form MO-TC.							00		
Ę۱		Property tax credit — Attach Form MO-PTS.				37			00		
ΔI		Total payments and credits — Add Lines 32 throu				39			00		
┪		p Lines 40–42 if you are not filing an amer				39			: 00		
\mathbf{z}		Amount paid on original return				40			00		
띩		Overpayment as shown (or adjusted) on original i				41			00		
딦	71.	INDICATE REASON(S) FOR AMENDING.	Ctum		$M_1M_1D_1D_1Y_1Y_1$	71			- 100		
<u>"</u>	A. Federal audit					1					
핅		B. Net operating loss carryback				1					
		C. Investment tax credit carryback									
<u>AMENDED RETURN</u>		D. Correction other than A, B, or C En		•							
	42.	Amended Return — total payments and credits.				42			00		
╗		If Line 39, or if amended return, Line 42, is larger t			HOME EMO GO						
	+ ∪.	(amount of OVERPAYMENT) here	43			00					
		Amount of Line 43 to be applied to your 2009 estimated tax									
	44.								00		
T DUE	45.	trust fund boxes to the	Elderly Home Delivered Meals Missouri National Guard	Workers' Memorial	Childhood Lead Missouri Military Family Relief Revenue	General Revenue	9	After School Retreat (S	and Code Fun	I. Trust d Code e Instr.)	
죍		right. See instructions for trust fund codes. 45 00 00	00 00	00	00 00	00		00	00	00	
REFUND OR AMOUNT DUE	46. Overpayment to be refunded to you. Subtract Lines 44 and 45 from Line 43 and enter here. Sign below and mail return to: Department of Revenue, PO Box 500, Jefferson City, MO 65106-0500						•	10 01	00		
밁	47. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here								00		
낆						47			00		
牊	48. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here										
	49.	Department of Revenue, PO Box 329, Jefferso Please write your social security number(s) and don your check or money order (U.S. funds only).	n City, MO 65107-0329 laytime phone number Make payable to								
		Missouri Department of Revenue							00		
4		If you pay by check, you authorize the Department	· · · · · · · · · · · · · · · · · · ·		-		_			_	
w	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 comple (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who file 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 any tax exemption, credit or abatement if I employ such I authorize the Director of Revenue or delegate to discuss my return and attachments E-MAIL ADDRESS PREPARER'S TELEPHONE							dual who files a mploy such alie	frivolous return		
SIGNATURE	with	the preparer or any member of the preparer's firm.	YES NO			()				
	SIGN	ATURE	DATE	PREPARER'S SIGNATUR	E			FEIN, SSN, O	R PTIN		
	SPOL	SE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE ()	PREPARER'S ADDRESS	AND ZIP CODE				DATE		