

2013 FORM MO-1040

Think	D.C.	LINDIAD VEAD IAM 1 DEC 21 2012 OD EICCAL VEAD B				20		ENDI	VIC		VIIIII	20
FOR CALENDAR YEAR JAN. 1–DEC. 31, 2013, OR FISCAL YEAR BEGINNING 20, ENDING 20 SOFTWARE												
AMENDED RETURN — CHECK HERE												/ENDOR CODE ssigned by DOR)
O'ILON TIETE											· ·	000
(0	SOC	IAL SECURITY NUMBER		SPOUSE'S SOCI	AL SECU	JRITY NUMBER						
ESS			FIDOT NA				- M. INIT				TENY (ID. OD.)	VDECEACED.
DRI	LAST NAME			FIRST NAME M				IAL		SUF	FIX (JR, SR, etc	2013
ADI	SPO	USE'S LAST NAME	FIRST NAME M. II				M INIT	M. INITIAL SUFFIX (JR,				DECEASED
٩	0. 0		W.							(01., 01., 01.	2013	
NAME AND ADDRESS	IN C	N CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) COUNT						TY OF F	RESIDENC	E		
Ħ												
Z	PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE) CITY, TOWN, OR POST OFFICE, S						STATE,	AND ZIP	CODE			
V												
You may contribute to any one or all of the trust funds on Line 45. See pages 9–10				souri Workers	lorkers' lemorial	Childhood Lead		Missouri General Rev			After School	DONATE
You may contribute to any one or all of the trust funds on Line 45. See pages 9–10 for a description of each trust fund, as well as trust fund codes to enter on Line 45. Trust Fund Trust Fund					Testing Fund		/ Relief		Fund	Retreat Fund	Organ Donor Program Fund	
uo					SEI E			-	OE D	ECE	MRED 21	
PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2013. AGE 62 THROUGH 64 AGE 65 OR OLDER BLIND 100% DISABLED NON-OBLIGATED SPOUSE												
		RSELF YOURSELF	YOURS	SELF		YOURSELF			□ уо	URSEL	F	
	SPO	USE SPOUSE	SPOUS	SE .		SPOUSE			☐ SP	OUSE		
							Yourse	elf			Spouse	
		Federal adjusted gross income from your 2013 federal return	•						00	1S		00
Ш		Total additions (from Form MO-A, Part 1, Line 6)							00	2S		00
		Total subtractions (from Form MO-A, Part 1, Line 14)							00	3S 4S		00
NCOME		Missouri adjusted gross income — Subtract Line 4 from Line								5S		00
		Total Missouri adjusted gross income — Add columns 5Y and						6	; 00	00	00	
		Income percentages — Divide columns 5Y and 5S by total or							%	7S		%
		Pension and Social Security/Social Security Disability/Military					E)	8			00	1
		Mark your filing status box below and enter the appropriate		,		art o, occilori	∟.)	0			00	4
	□ A. Single — \$2,100 (See Box B before checking.) □ E. Married filing separate (spouse)											
		☐ B. Claimed as a dependent on another person's federal NOT filing) — \$4,200										
		tax return — \$0.00 C. Married filing joint federal & combined Missouri — \$4,2	00 [☐ F. Head of☐ G. Qualify		ehold — \$3,50	00				0.0	
		☐ D. Married filing separate — \$2,100				ld — \$3,500		9			00)
	10.	D. Tax from federal return (Do not enter federal income tax withheld.)										
		 Federal Form 1040, Line 55 minus Lines 45, 64a, 66, and amount from Form 8885 on Line 71 Federal Form 1040A, Line 35 minus Lines 38a and 40 and any alternative minimum tax included on Line 28 										
S		• Federal Form 1040EZ, Line 10 minus Line 8a										
NOI	11.	Other tax from federal return — Attach copy of your federal return (pages 1 and 2) 11 00										
CT	12.	2. Total tax from federal return — Add Lines 10 and 11.										
EDI	13.	3. Federal tax deduction — Enter amount from Line 12 not to exceed \$5,000 for individual filer;										
D D		\$10,000 for combined filers.						13			00)
AN	14.	Missouri standard deduction or itemized deductions. Single Head of Household— \$8,950; Married Filing a Combined Retu										
SN		If you are age 65 or older, blind, or claimed as a dependent,										
EXEMPTIONS AND DEDUCTIONS		If you are itemizing, see Form MO-A, Part 2						14			00	
	15.	Number of dependents from Federal Form 1040 or 1040A, I (DO NOT INCLUDE YOURSELF OR SPOUSE.)				X \$1,200	_	15			00	Do not include
X	16	Number of dependents on Line 15 who are 65 years of age			· -	A \$1,200						yourself
	10.	receive Medicaid or state funding (DO NOT INCLUDE YOU			. L	X \$1,000	=	16			00	spouse.
		Long-term care insurance deduction						17			00	_
		A. Health care sharing ministry deduction \$ B. New jobs deduction \$						18			00	
		$Total\ deductions \ Add\ Lines\ 8,\ 9,\ 13,\ 14,\ 15,\ 16,\ 17,\ and\ 3,\ 14,\ 15,\ 16,\ 17,\ 17,\ 18,\ 17,\ 18,\ 18,\ 18,\ 18,\ 18,\ 18,\ 18,\ 18$		3				19			00	_
		Subtotal — Subtract Line 19 from Line 6						20	: 00		00	
		Multiply Line 20 by appropriate percentages (%) on Lines 7							00			00
	22.	Enterprise zone or rural empowerment zone income modific Subtract Line 22 from Line 21. Enter here and on Line 24	ation			22Y			00			00
	20.	Oubtract Line 22 Hom Line 21. Linter Here and off Line 24.				· 23 Y			00	235		: 00

						Yourself				Spouse			
	24.					24Y			24S			00	
	25.	5. Tax (See tax table on page 25 of the instructions.)						00	25S			00	
		Resident credit — Attach Form MO-CR and other states' income tax return(s).					$\overline{}$	00				00	
		Missouri income percentage — Enter 100% unless											
		Attach Form MO-NRI and a copy of your federal re			27Y			%	27S			%	
X	28.	Balance — Subtract Line 26 from Line 25; OR											
		Multiply Line 25 by percentage on Line	27		28Y			00	28S			00	
	29.	Other taxes (Check box and attach federal form i											
		Lump sum distribution (Form 4972)											
		Recapture of low income housing credit	(Form 8611)		. 29Y		_	00				00	
	30.	Subtotal — Add Lines 28 and 29			30Y			00	30S			00	
	31.	31. Total Tax — Add Lines 30Y and 30S.					31				00		
EDITS	32.	32. MISSOURI tax withheld — Attach Forms W-2 and 1099									00		
	33.	33. 2013 Missouri estimated tax payments (include overpayment from 2012 applied to 2013)									00		
CHE		4. Missouri tax payments for nonresident partners or S corporation shareholders — Attach Forms MO-2NR and MO-NRP									00		
2		5. Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT.					35				00		
E		6. Amount paid with Missouri extension of time to file (Form MO-60)					36				00		
MENTS /		7. Miscellaneous tax credits (from Form MO-TC, Line 13) — Attach Form MO-TC.					-				00		
S		38. Property tax credit — Attach Form MO-PTS.					38				00		
PAY		Total payments and credits — Add Lines 32 through					39				00		
		p Lines 40-42 if you are not filing an ame											
\mathbf{z}		Amount paid on original return					40				00		
RETURN		Overpayment as shown (or adjusted) on original					41				00		
ᇤ	71.	INDICATE REASON FOR AMENDING.				/ _I D , D _I Y , Y	7.						
		A. Federal audit	Enter da	ate of IRS report		<u> </u>							
ENDED		☐ B. Net operating loss carryback					-						
짋		C. Investment tax credit carryback Enter year of credit.					-						
W	D. Correction other than A, B, or C Enter date of federal amended return, if filed.						-						
	12					ine 30	42				00		
=	42. Amended Return — total payments and credits. Add Line 40 to Line 39 or subtract Line 41 from Line 39					74				00			
	43.	(amount of OVERPAYMENT) here.					43				00		
	11										00		
		Amount of Line 43 to be applied to your 2014 estimated tax					44				00		
9	70.	donation in the trust fund	Missouri	ers (LEAD)	Miss	General Revenue	3		LIFE	Additional Fund Code	Addit Fund	tional Code	
EFUN		Children's Veterans Eld	derly Home National Guard Works		Military	General A	fter Sch Retrea	1001	<i>Missowri</i> Organ Donor	(See Instr.)	(See	Instr.)	
盟			Trust Fund Delivered Meals Trust Fund Memorial Lead Testing Family Relief Revenue Fund Fund Fund Fund Fund						Program Fund		-		
		codes45. 00 00 00 00 00 00 00						00	00	0	0	00	
	46.	REFUND - Subtract Lines 44 and 45 from Line 43	3 and enter here. Sign be	low and mail retu	ırn to: [Department of							
		Revenue, PO Box 500, Jefferson City, MO 65106-0500.											
		Check the box if you want your refund issued on	a debit card. See instruct	ions for Line 46.		☐ Debit Card	46				00		
	47.	If Line 31 is larger than Line 39 or Line 42, enter	the difference (amount of	UNDERPAYMEI	NT) her	e and go to							
		instructions for Line 48.									00		
삙	48.	48. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here.					48				00		
믭		49. AMOUNT DUE - Add Lines 47 and 48 and enter here. Sign below and mail return and payment to:											
3	43.	Department of Revenue, PO Box 329, Jefferson City, MO 65107-0329. See instructions for Line 49					49				00		
AMOUNT DUE								otron	ically				
۷		If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.											
	Any returned oneth may be presented 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. 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 be imposed on any												
		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 any tax exemption,											
SIGNATURE	cred	credit or abatement if I employ such aliens.											
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm.							PREPARER'S TELEPHONE					
						C							
25	SIGNATURE DATE (MMDDYYYY) PREPARER'S SIGNATURE							FEIN, S	SSN, OR PTIN				
S	SPO	SPOUSE'S SIGNATURE (If filing combined, BOTH must sign) DAYTIME TELEPHONE PREPARER'S ADDRESS AND ZIP CODE								DATE /A	IMDDYYYY	Λ	
	SPO	POUSE'S SIGNATURE (If filing combined, BOTH must sign) DAYTIME TELEPHONE PREPARER'S ADDRESS AND ZIP CODE							DATE (IV	ן ז ז ו ט טוייי.	' /		
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