2012 FORM MO-1040P MISSOURI DEPARTMENT OF REVENUE MISSOURI INDIVIDUAL INCOME TAX RETURN AND PROPERTY TAX CREDIT CLAIM/ PENSION EXEMPTION—SHORT FORM VENDOR CODE 002 SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER NAME (LAST) ASED 712 DECEAS IN 20 SPOUSE'S (LAST) (FIRST) JR. SR IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REP., ETC.) PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE) APT. NUMBER COUNTY OF RESIDENCE CITY, TOWN, OR POST OFFICE ZIP CODE PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE. AGE 62 THROUGH 64 AGE 65 OR OLDER BLIND 100% DISABLED NON-OBLIGATED SPOUSE YOURSELF YOURSELF YOURSELF YOURSELF YOURSELF SPOUSE SPOUSE ☐ SPOUSE □ SPOUSE ☐ SPOUSE You may contribute to any one or all of the trust funds that are listed to the 44 Elderly Home Deliver Childhood Missouri Workers' Missouri General Missoun National Guard LIFE (LEAD) Lead School Military Memorial Revenue right. Place the total amount contributed Testing Retreat Children's Fund Family Relief Fund Veterans Delivered Organ Donor on Line 24. See the instructions for a Trust Fund Meals Trust Fund Fund Program Fund list of Trust Fund Codes. Spouse 1. Federal Adjusted Gross Income from your 2012 federal return Yourself 00 1S 00 1Y 2Y 00 28 00 2. Any state income tax refund included in your 2012 federal adjusted gross income. NCOME 3Y = 00 38 = 00 00 4. TOTAL MISSOURI ADJUSTED GROSS INCOME — Add both numbers on Line 3 and enter here. 4 5. Income percentages — Divide Line 3 by Line 4 for both you and your spouse. % (The total of the two must equal 100%. Round to the nearest whole number.) 5Y % 5S 6. Mark your filing status box below and enter the appropriate exemption amount on Line 6. ☐ E. Married filing separate (spouse ☐ A. Single — \$2,100 (See Box B before checking.) **NOT** filing) — \$4,200 ☐ B. Claimed as a dependent on another person's federal tax return — \$0.00 ☐ F. Head of household — \$3,500 C. Married filing joint federal & combined Missouri — \$4,200 ☐ G. Qualifying widow(er) with ☐ D. Married filing separate — \$2,100 dependent child - \$3,500 00 6 7. Tax from federal return (Do not Single—maximum of \$5,000; INCOM enter amount from your Forms W-2 — Married filing combined—maximum **NOT** federal tax withheld.) 00 of \$10,000..... 7 00 See Page 6. Line 7. **DEDUCTIONS AND TAXABLE** 8. Missouri Standard or Itemized Deduction Taxpayers Under Age 65 Taxpayers Age 65 or Older If 65 or Single \$5,950 Single.....\$7,400 older or Married Filing Combined \$11,900 Married Filing Combined and YOU are Age blind the Married Filing Separate\$5,950 65 or Older.....\$13,050 appropriate Head of Household.....\$8,700 Married Filing Combined and You and Your boxes must Qualifying Widow(er).....\$11,900 Spouse are BOTH Age 65 or Older.....\$14,200 be checked Married Filing Separate.....\$7,100 above Head of Household\$10,150 Qualifying Widow(er).....\$13,050 If blind or claimed as a dependent, see your federal return or page 6 and 7 of the instructions. 00 If itemizing, see page 18 or 22 of the instructions. 8 Do not include 9. Number of dependents from Federal Form 1040 or 1040A, Line 6c yourself (DO NOT INCLUDE YOURSELF OR SPOUSE.) 9 00 x \$1,200 or your spouse. 10. Pension exemption (Complete worksheet on page 17 or 21 of the instructions.) Attach worksheet, a copy of federal return, Forms W-2P and 1099-R. 10 | + 00 00 11. Long-term care insurance deduction 11 | 00 12. TOTAL DEDUCTIONS — Add Lines 6 through 11...... 12 =

13. Missouri Taxable Income — Subtract Line 12 (Total Deductions) from Line 4 (Total Missouri Income)

00

13

FORM MO-1040P

	14.	Total Missouri taxable income an	nount from	Line 13						14			00	
	15.	Multiply Line 14 by the percentage	ies vou dete	ermined on	Line 5.				Yo	urse	elf		Spot	ıse
TAXES		Do this for you and your spouse.						. 15Y			00	158		00
TA	16.	Use the tax table on page 18 or 2 tax on amounts from Line 15 for						. 16Y			00	168	· F	00
	17.	TOTAL TAXES — Add your tax	and vour sp	ouse's tax	from Line 16	ô				17			00	
	18.	Missouri withholding for you and Attach copies of Forms W-2 an								18			00	
STIC														
CREC	19.	Any Missouri estimated tax paymany amount of your 2011 overpa				ouri tax retu	urn.)			19			00	
NTS/						CAUTIO		tach						
PAYMENTS/CREDITS	20.	PROPERTY TAX CREDIT — En Line 14. Attach Form MO-PTS.				CAUTIO	Form I	MO-PTS		20			00	
ΙΔ		Line 14. Attach I offi Mo-1 15.								20			00	
	21.	TOTAL PAYMENTS AND CRED Add Lines 18, 19, and 20 and en		horo						21			00	
	22.									21			00	
		22. If amount of TOTAL PAYMENTS AND CREDITS (Line 21) is larger than amount of TOTAL TAXES (Line 17), enter the difference here. You have overpaid. If not, enter the amount on Line 26.							22			00		
	23									23			00	
	24.	Enter the amount of	a want appl	401		Workers		<u> </u>	Gen	ral	0	DONATE	Additional	Additional
REFUND		your donation in the trust fund boxes to the right. See Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals	Missouri National Guard Trust Fund	Workers' Memorial	Childhood Lead Testing	Misso Military Fam	ily Gene	eral	After School Retreat	Drissouhi Organ Donor	Fund Code (See Instr.)	
REI		instructions for trust fund codes 24.	00	Trust Fund	1 rust Fund	Fund	Fund :	Relief Fun	Fur		Fund	Program Fund	0	0 00
	25. F	REFUND - Subtract Lines 23 and 2 mail to: Department of Revenue	24 from Line	e 22 and en	ter here. T	his is your	refund. Sigi		-		, 00	, , , ,	Ĭ	0
		Check the box if you want your refu	and issued	on a debit ca	ard. See ins	structions f	or Line 25						00	
	ĺ	ou would like your refund deposite Routing Number	ed directly t	•	cking or sa unt Numbe		ount, comple	te boxe	s a, b, a	nd c	below. (c. ∐ Che ☐ Savi	cking ngs	
r DUE		AMOUNT DUE - If Line 21 is less Sign below and mail to: Departm							95.					
AMOUNT DUE		See instructions for Line 26								26	nnaid may	ho procento	00 L	octronically
A	Unc	der penalties of perjury, I declare that	I have exami	ined this retu	ırn, including	accompany	ring schedules	and stat	ements, a	and to	the best of	my knowled	dge and be	lief it is true,
	pen	rect, and complete. Declaration of pre lalty of up to \$500 shall be imposed o ined under federal law and that I am no	n any individ	lual who files	a frivolous r	eturn. I also	declare unde	r penaltie	es of perj					
IRE	lau	athorize the Director of Revenue or dele	gate to discus	ss my return a	·	ADDRESS						PREPARER	S PHONE N	IUMBER
SIGNATURE		YES NO					·					()		
SIG	SIGN	NATURE		DATE (MMDI	עראין)		PREPARER'S	SIGNATU	KE			FE	IN, SSN, OF	PIIN
	SPO	USE'S SIGNATURE (If filing combined BO	TH must sign)	DAYTIME TE	LEPHONE		PREPARER'S	ADDRES	S AND ZIP	CODE	<u> </u>	DA	TE (MMDD)	(YYY)
						<u> </u>						_		/

PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION

	PUE	BLIC PENSION CALCULATION — Pensions received from any federal, state, or local governme	ent.				
	1.	Missouri adjusted gross income from Form MO-1040P, Line 4	1				00
	2.	Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	2				00
	3.	Subtract Line 2 from Line 1	3				00
		Select the appropriate filing status and enter amount on Line 4. Married filing combined - \$100,000; Single, Head of Household, Married Filing Separate, and Qualifying Widow - \$85,000	4				00
	5.	Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5				00
Y N		Taxable pension for each spouse from public sources from Federal Form 1040A, Line 12b or 1040, Line 16b	6Y	Y - YOURSELF	6S	S - SPOUSE	00
SECTION		Multiply Line 6 by 100%	7Y	00	+		00
		Amount from Line 7 or \$35,234 (maximum social security benefit), whichever is less.	8Y	00	88		00
)Ä		Amount from Line 6 or \$6,000, whichever is less	9Y	00	98		00
0,		Amount from Line 8 or Line 9, whichever is greater	10Y	00	108		00
	11.	If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than \$0	11Y	00	118		00
	12.	Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter \$0	12Y	00	128		00
		Add amounts on Lines 12Y and 12S	13			•	00
	14.	Total public pension, subtract Line 5, from Line 13. If Line 5 is greater than Line 13, enter \$0	14				00
	PRI	VATE PENSION CALCULATION — Annuities, pensions, IRA'S, and 401(k) plans funded by a p	rivat	e source.			
	1.	Missouri adjusted gross income from Form MO-1040P, Line 4	1				00
	2.	Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	2				00
	3.	Subtract Line 2 from Line 1	3				00
N B	4.	Select the appropriate filing status and enter the amount on Line 4: Married filing combined: \$32,000; Single, Head of Household and Qualifying Widower: \$25,000; Married Filing Separate: \$16,000	4				00
ĭ	5.	Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5				00
SECTION	6.	Taxable pension for each spouse from private sources from Federal Form 1040A, Lines 11b and 12b, or Federal Form 1040, Lines 15b and 16b.	6Y	Y - YOURSELF	68	S - SPOUSE	00
0,	7.	Amounts from Line 6Y and 6S or \$6,000, whichever is less	7Y	00	7S		00
		Add Lines 7Y and 7S	8				00
		Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0	9				00
	soc	CIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social se	curit	y deduction you r	nust	be 62 years of	
	age	by December 31 and have marked the 62 and older box on Form MO-1040P. Age limit does not apply to so	ocial	security disability	ded	uction.	
	1.	Missouri adjusted gross income from Form MO-1040P, Line 4	1				00
O	2.	Select the appropriate filing status and enter the amount on Line 2. Married filing combined - \$100,000 Single, Head of Household, Married Filing Separate, and Qualifying Widower - \$85,000	2				00
z	3.	Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0	3	V VOLIDOFI F		0. 0001105	00
SECTION C	1	Taxable social security benefits for each spouse from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	4Y	Y - YOURSELF	48	S - SPOUSE	00
CT	 . 5.		5Y	00	58		00
SE	6.		6Y	00			00
			7	100	1 00		+
		Add Lines 6Y and 6S					00
		Total social security/social security disability , subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0	8				00
		Military retirement benefits included on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b	1				00
۵		Taxable public pension from Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b	2				00
		Divide Line 1 by Line 2 (Round to whole number)	3				
SECTION D		Multiply Line 3 by Line 14 of Section A. If you are not claiming a public pension exemption, enter \$0	4				00
EC		Subtract Line 4 from Line 1	5				00
S		Total military pension, multiply Line 5 by 45%.	6				+
		TAL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION					00
SECTION E	ا ت	Add Line 14 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D). Enter total amount here and on Form MO-1040P, Line 10.		TOTAL EXEMPTION			00

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MISSOI	URI ITEN	ліины	וונובונ	
				CHONS

- Complete this section only if you itemized deductions on your federal return. (See the information on pages 6 and 7.)
- Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

1.	Total federal itemized deduction	s from Federal Form 1040, Line 40	 1		00
2.	2012 (FICA) — Yourself — Soci	al security			
	\$	+ Medicare \$	 2	ľ	00
3.	2012 (FICA) — Spouse — Socia	al security			
	\$	+ Medicare \$	 3		00

 6. 2012 Self-employment tax — See instructions on page 11.
 6
 00

 7. TOTAL — Add Lines 1 through 6.
 7
 00

NOTE: IF LINE 11 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INFORMATION ON PAGES 6 & 7.

2012 TAX TABLE

If Missouri taxable income from Form MO-1040P, Line 15, is less than \$9,000, use the table to figure tax; if more than \$9,000, use worksheet below or use the online tax calculator at http://dor.mo.gov/personal/individual/.

If Line 1	5 is																
At least	But less than	Your tax is															
0	100	\$ 0	1,500	1,600	\$ 26	3,000	3,100	\$ 62	4,500	4,600	\$109	6,000	6,100	\$167	7,500	7,600	\$238
100	200	2	1,600	1,700	28	3,100	3,200	65	4,600	4,700	113	6,100	6,200	172	7,600	7,700	243
200	300	4	1,700	1,800	30	3,200	3,300	68	4,700	4,800	116	6,200	6,300	176	7,700	7,800	248
300	400	5	1,800	1,900	32	3,300	3,400	71	4,800	4,900	120	6,300	6,400	181	7,800	7,900	253
400	500	7	1,900	2,000	34	3,400	3,500	74	4,900	5,000	123	6,400	6,500	185	7,900	8,000	258
500	600	8	2,000	2,100	36	3,500	3,600	77	5,000	5,100	127	6,500	6,600	190	8,000	8,100	263
600	700	10	2,100	2,200	39	3,600	3,700	80	5,100	5,200	131	6,600	6,700	194	8,100	8,200	268
700	800	11	2,200	2,300	41	3,700	3,800	83	5,200	5,300	135	6,700	6,800	199	8,200	8,300	274
800	900	13	2,300	2,400	44	3,800	3,900	86	5,300	5,400	139	6,800	6,900	203	8,300	8,400	279
900	1,000	14	2,400	2,500	46	3,900	4,000	89	5,400	5,500	143	6,900	7,000	208	8,400	8,500	285
1,000	1,100	16	2,500	2,600	49	4,000	4,100	92	5,500	5,600	147	7,000	7,100	213	8,500	8,600	290
1,100	1,200	18	2,600	2,700	51	4,100	4,200	95	5,600	5,700	151	7,100	7,200	218	8,600	8,700	296
1,200	1,300	20	2,700	2,800	54	4,200	4,300	99	5,700	5,800	155	7,200	7,300	223	8,700	8,800	301
1,300	1,400	22	2,800	2,900	56	4,300	4,400	102	5,800	5,900	159	7,300	7,400	228	8,800	8,900	307
1,400	1,500	24	2,900	3,000	59	4,400	4,500	106	5,900	6,000	163	7,400	7,500	233	8,900	9,000	312
			1			1	Yours	elf/Spou	ise	Е	xample	1			9.000		315

Missouri taxable income (Line 15) 12.000 If more than \$9,000, Subtract \$9,000 - \$ 9.000 9,000 tax is \$315 PLUS 6 Difference = \$ 3,000 percent of excess 6% Multiply by 6%..... 6% over \$9,000. Tax on income over \$9,000 = \$ = \$ 180 Add \$315 (tax on first \$9,000) 315 \$ 315 Round to nearest whole dollar and enter on TOTAL MISSOURI TAX = \$ front of form, Line 16. 495



Attachment Sequence No. 1040-07 and 1040P-01	Attachment Sec	quence No.	1040-07	and	1040P-01
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2012	71110
2012	
FORM	
MO-PTS	

Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), Forms 1099, W-2, etc.) will result in denial or delay of your claim. 1. Enter the amount of income from Form MO-1040, Line 6, or Form MO-1040P, Line 4		THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM	/I MO	-1040P.	
You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc., must be included with claid of a copy of Form SSA-1099.) A 65 years of age or older (Attach a copy of Form SSA-1099.) B 1,00% Disabled (Veteran as a result of military service (Attach a copy of the letter from Department of Security Administration or Form SSA-1099.) B 1,00% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) B 1,00% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) B 1,00% Disabled (Attach a copy of the letter from Department of Veterans Affairs.) Single	AME	LAST NAME FIRST NAME INITIAL BIRTHDATE (MM/DD/YYYY) //	_ SOC	CIAL SECURITY NO.	
A . 65 years of age or older (Attach a copy of Form SSA-1099.) B. 1,00% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) B. 1,00% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) FILING STATUS Single Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined Married Living Separate for Entire Year Married Filing Combined	-	SPOUSE'S LAST NAME FIRST NAME INITIAL BIRTHDATE (MM/DD/YYYY) ///	SPO	USE'S SOCIAL SECURITY N	NO.
SSA-1099.) Security Administration or Form SSA-1099.) B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) FILING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year you must report both incom Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), Forms 1099, W.2, etc.) will result in denial or delay of your claim. Enter the amount of income from MO-1040, Line 6, or Form MO-1040P, Line 4	S	You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc.,	must l	e included with cla	im.
Married — Filling Combined Married — Living Separate for Entire Year you must report both incom Failture to provide the attachments listed below (rent receipt(s), tax receipt(s), Forms 1099, W-2, etc), will result in denial or delay of your claim.	QUALIFICATION	SSA-1099.) B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Spouse benefits (Attach a copy)	rm SS/ eived s y of Fo	A-1099.) surviving rm SSA-1099.)	
(rent receipt(s), tax receipt(s), Forms 1099, W-2, etc.) will result in denial or delay of your claim. 1. Enter the amount of income from Form MO-1040, Line 6, or Form MO-1040P, Line 4	FIL	ING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year	If ma	arried filing combine ust report both incor	d, nes.
2. Enter the amount of nontaxable social security benefits received by you, your spouse, and your minor children before any deductions and the amount of social security equivalent railroad retirement benefits. Attach a copy of Form SSA-1099 and RRB-1099. 3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 7 (if filing Form MO-1040). Attach Forms W-2, 1099, 1099-RI, 1099-BIN, 1099-INI, 1099-INISC, etc	ı		your	claim.	
before any deductions and the amount of social security equivalent railroad retirement benefits. Attach a copy of Form SSA-1099 and RRB-1099. 3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 7 (if filing Form MO-1040). Attach Forms W-2, 1099, 1099-R, 1099-NI, 1099-NINT, 1099-MISC, etc. 4. Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. Attach Form RRB-1099-R (Tier II). If filing Form MO-1040, refer to Form MO-A, Part 1, Line 9. 5. Enter the amount of veterans payments or benefits before any deductions. Attach letter from Veterans Affairs. 6. Enter the total amount received by you, your spouse, and your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). Attach a copy of Forms SSA-1099, a letter from the Social Security Administration and Social Services that includes the total amount of assistance received and Employment Security 1099 if applicable. 7. Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.). 7. TOTAL household income — Add Lines 1 through 7. Enter total here. 9. Mark the box that applies and enter the appropriate amount. 10. Enter \$2,000 if you rented or did not own your home for the entire year; 10. Enter \$4,000 if you owned and occupied your home for the entire year; 11. If you owned your home, enter the total amount of property tax paid for your home, less special assessments, or \$1,100, whichever is less. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form \$48, Assessor's Certification. 10. If you rended, enter the total amount from Form(s) MO-CRP, Line 9, or \$750, whichever is less. Attach rent receipts or a signed statement from your landlord.	1.	Enter the amount of income from Form MO-1040, Line 6, or Form MO-1040P, Line 4.	1		00
Include tax exempt interest from Form MO-A, Part 1, Line 7 (if filing Form MO-1040). Attach Forms W-2, 1099, 1099-R, 1099-INT, 1099-INT	2.	before any deductions and the amount of social security equivalent railroad retirement benefits.	2		00
Attach Form RRB-1099-R (Tier II). If filing Form MO-1040, refer to Form MO-A, Part 1, Line 9. 5. Enter the mount of veterans payments or benefits before any deductions. Attach letter from Veterans Affairs. 6. Enter the total amount received by you, your spouse, and your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). Attach a copy of Forms SSA-1099, a letter from the Social Security Administration and Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable. 7. Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.)	3.	Include tax exempt interest from Form MO-A, Part 1, Line 7 (if filing Form MO-1040).	3		00
6. Enter the total amount received by you, your spouse, and your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). Attach a copy of Forms SSA-1099, a letter from the Social Security Administration and Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable. 7. Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.)	4.		4		00
or Temporary Assistance payments (TA and TANF). Attach a copy of Forms SSA-1099, a letter from the Social Security Administration and Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable. 7. Enter the amount of nonbusiness loss(se). You must include nonbusiness losses in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.)	5.	Enter the amount of veterans payments or benefits before any deductions. Attach letter from Veterans Affairs	5		00
(as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.)	6.	or Temporary Assistance payments (TA and TANF). Attach a copy of Forms SSA-1099, a letter from the Social Security Administration and Social Services that includes the total amount of assistance received and			00
9. Mark the box that applies and enter the appropriate amount. a. Enter \$0 if filing status is Single or Married Living Separate; If married and filing combined; b. Enter \$2,000 if you rented or did not own your home for the entire year; c. Enter \$4,000 if you owned and occupied your home for the entire year;	7.		7		00
□ a. Enter \$0 if filing status is Single or Married Living Separate; If married and filing combined; □ b. Enter \$2,000 if you rented or did not own your home for the entire year; □ c. Enter \$4,000 if you owned and occupied your home for the entire year; □ c. Enter \$4,000 if you owned and occupied your home for the entire year, Line 10 cannot exceed \$27,500. If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. □ b. If you owned and occupied your home for the entire year, Line 10 cannot exceed \$30,000. If the total is greater than \$30,000, STOP - no credit is allowed. Do not file this claim. □ b. If you owned your home, enter the total amount of property tax paid for your home, less special assessments, or \$1,100, whichever is less. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 948, Assessor's Certification. 11. If you rented, enter the total amount from Form(s) MO-CRP, Line 9, or \$750, whichever is less. Attach rent receipts or a signed statement from your landlord. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit. 12. If you rented, enter the total amount from Form(s) MO-CRP, Line 9, or \$750, whichever is less. Attach rent receipts or a signed statement from your landlord. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit. 13. Enter the total of Lines 11 and 12, or \$1,100, whichever is less. 14. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 41-43 or MO-1040P, pages 29-31 to figure your Property Tax Credit. You must use the chart to see how much credit you are allowed.	8.	TOTAL household income — Add Lines 1 through 7. Enter total here	8		00
□ a. If you rented or did not own and occupy your home for the entire year, Line 10 cannot exceed \$27,500. If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. □ b. If you owned and occupied your home for the entire year, Line 10 cannot exceed \$30,000. If the total is greater than \$30,000, STOP - no credit is allowed. Do not file this claim. 10 11. If you owned your home, enter the total amount of property tax paid for your home, less special assessments, or \$1,100, whichever is less. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 948, Assessor's Certification. 12. If you rented, enter the total amount from Form(s) MO-CRP, Line 9, or \$750, whichever is less. Attach rent receipts or a signed statement from your landlord. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit. 13. Enter the total of Lines 11 and 12, or \$1,100, whichever is less. 14. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 41-43 or MO-1040P, pages 29-31 to figure your Property Tax Credit. You must use the chart to see how much credit you are allowed.	9.	 □ a. Enter \$0 if filing status is Single or Married Living Separate; If married and filing combined; □ b. Enter \$2,000 if you rented or did not own your home for the entire year; 	9	-	00
or \$1,100, whichever is less. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 948, Assessor's Certification	10.	 a. If you rented or did not own and occupy your home for the entire year, Line 10 cannot exceed \$27,500. If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. b. If you owned and occupied your home for the entire year, Line 10 cannot exceed \$30,000. 	10		00
a signed statement from your landlord. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit. 12 13. Enter the total of Lines 11 and 12, or \$1,100, whichever is less. 13 14. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 41-43 or MO-1040P, pages 29-31 to figure your Property Tax Credit. You must use the chart to see how much credit you are allowed.	11.	or \$1,100, whichever is less. Attach a copy of PAID real estate tax receipt(s). If your home is on more than	11		00
14. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 41-43 or MO-1040P, pages 29-31 to figure your Property Tax Credit. You must use the chart to see how much credit you are allowed.	12.	a signed statement from your landlord. NOTE: If you rent from a facility that does not pay property tax, you are			00
your Property Tax Credit. You must use the chart to see how much credit you are allowed.	13.	Enter the total of Lines 11 and 12, or \$1,100, whichever is less.	13		00
THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.	14.	your Property Tax Credit. You must use the chart to see how much credit you are allowed. Enter this amount on Form MO-1040, Line 38 or Form MO-1040P, Line 20.	14		00



2012 FORM MO-CRP FAILURE TO PROVIDE LANDLORD
INFORMATION WILL RESULT IN
DENIAL OR DELAY OF YOUR CLAIM

CERTIFI	CATION OF RE	NI PAID	FOR 201	12	MC)-CRP	DENIAL OR	DELAY O	F YOUR CLAIM.
1. SOCIAL SECURITY NUME	BER	SPOUSE'S SO	CIAL SECURITY	NUMBER		ARE YOU REL IF YES, EXPLA	ATED TO YOUR LAN	NDLORD?	YES NO
2. NAME				3. LANDLORD'S N	NAME, LA	ST 4 DIGITS O	F SSN, OR FEIN (MU	IST BE COMPLE	TED)
PHYSICAL ADDRESS OF REI	NTAL UNIT (P.O. BOX NOT	ALLOWED)	APT. NUMBER	LANDLORD'S AI	DDRESS	, CITY, STATE	, AND ZIP CODE (M L	JST BE COMPLE	APT. NUMBER
CITY, STATE, AND ZIP CODE							4. LANDLORD'S PH	HONE NUMBER (MUST BE COMPLETED)
5. RENTAL PERIOD DURING YEAR	FROM: MONTH		PAY —	YEAR 2012	Т	O: MON	ITH <u>—</u>	DAY	— YEAR 2012
NOTE: If you rent fr	checks (front and back)	. If you receive not pay prope	d housing assi rty tax, you ar	stance, enter the e not eligible for	amoun	t of rent YOL	J paid.	6	00
B. MOBILE HO C. BOARDING D. SKILLED OF E. HOTEL If me F. LOW INCOM G. SHARED RI	TE DOX AND ENTER THE CO T, HOUSE, MOBILE H ME LOT — 100% HOME / RESIDENTIA R INTERMEDIATE CAI PEALS ARE INCLUDED, ENTER PEALS AND ENTER THE COMMENT PEALS AND ENTER COMMENT PERIOUSING — 100% RENUNDER 18), check	OME, OR DUF CARE — 509 RE NURSING I — 50%; Othe (RENT CANN ared your rent	PLEX — 100% HOME — 45% erwise, enter – OT EXCEED with relatives	6 100% 40% OF TOTAL or friends (OTH					
<u>Additional</u>	persons sharing rent	percentage to	be entered:	1 (50%)		2 (33%)	3 (25%)	7	%
8. Net rent paid — Mult	tiply Line 6 by the perce	entage on Line	7					8	00
9. Multiply Line 8 by 20	%. Enter amount here	and on Line 10	of Form MO-	PTC or Line 12	of Form	n MO-PTS		9	00
	DEPARTMENT O			12	F	012 ORM O-CRP	INFORMATI	ON WILL R	MO-CRP (12-2012) E LANDLORD RESULT IN F YOUR CLAIM.
1. SOCIAL SECURITY NUME	BER	SPOUSE'S SO	CIAL SECURITY	NUMBER		ARE YOU REL	ATED TO YOUR LAN	NDLORD?	YES NO
2. NAME				3. LANDLORD'S N	I L NAME, LA	ST 4 DIGITS O	F SSN, OR FEIN (MU	IST BE COMPLE	TED)

CERTIFICA	TION OF RENT PA	AID FOR 2012	MO-CRP	DENIAL OR D	ELAY OF YOU	R CLAIM.
1. SOCIAL SECURITY NUMBER	SPOUSE I	'S SOCIAL SECURITY NUMBER	ARE YOU REL	LATED TO YOUR LANDL AIN.	ORD? YES I	10
2. NAME		3. LANDLORD'	S NAME, LAST 4 DIGITS O	OF SSN, OR FEIN (MUST	BE COMPLETED)	
PHYSICAL ADDRESS OF RENTAL	UNIT (P.O. BOX NOT ALLOWED)	APT. NUMBER LANDLORD'S	ADDRESS, CITY, STATE	E, AND ZIP CODE (MUST	BE COMPLETED)	APT. NUMBER
CITY, STATE, AND ZIP CODE		•		4. LANDLORD'S PHON	NE NUMBER (MUST BE	COMPLETED)
5. RENTAL PERIOD DURING YEAR	OM: MONTH	DAY YEAR — 201 1	TO: MON	NTH	DAY	YEAR 2012
or copies of cancelled che	cks (front and back). If you red	h rent payment for the entire year ceived housing assistance, enter to roperty tax, you are not eligible	he amount of rent YOL	J paid.	3	00
7. Check the appropriate bo	ox and enter the corresponding OUSE, MOBILE HOME, OR	• •				
B. MOBILE HOME I	LOT — 100 % ME / RESIDENTIAL CARE —	- 50%				
	TERMEDIATE CARE NURSI					
	are included, enter — 50%;	,	AL HOUSEHOLD IN	COME)		
	•	ANNOT EXCEED 40% OF TOT rent with relatives or friends (O		·		
	, ,	opriate box and enter percentag				
<u>Additional</u> pers	sons sharing rent/percenta	ge to be entered: \Box 1 (50%)	2 (33%)	☐ 3 (25%) 7	7	%
8. Net rent paid — Multiply	Line 6 by the percentage on	Line 7			8	00
9. Multiply Line 8 by 20%. E	Enter amount here and on Lir	ne 10 of Form MO-PTC or Line	2 of Form MO-PTS		9	00

2012 FORM MO-CRP FAILURE TO PROVIDE LANDLORD
INFORMATION WILL RESULT IN
DENIAL OR DELAY OF YOUR CLAIM.

Ditteres	OLIVIIII	OATION OF ILE	III I AID I OIL	2012	IVI	J-CKP	DENIAL OR	DELAT OF I	OUR CLAIM.		
1. SO	CIAL SECURITY NUMB	ER	SPOUSE'S SOCIAL SEC	CURITY NUMBER		ARE YOU RELA	ATED TO YOUR LAN	NDLORD? YES	□ NO		
2. NAI	ИЕ			3. LANDLORD'S I	NAME, L	AST 4 DIGITS OF	SSN, OR FEIN (MU	ST BE COMPLETED)		
PHYSI	CAL ADDRESS OF REN	NTAL UNIT (P.O. BOX NOT A	ALLOWED) APT. NU	MBER LANDLORD'S A	ADDRES	S, CITY, STATE,	AND ZIP CODE (MU	JST BE COMPLETED	APT. NUMBER		
CITY,	STATE, AND ZIP CODE		,	•			4. LANDLORD'S PH	HONE NUMBER (MUS	ST BE COMPLETED)		
	ENTAL PERIOD URING YEAR	FROM: MONTH	DAY	— 2012		TO: MON	тн —	DAY -	— 2012		
01	copies of cancelled	paid. Attach rent receipt checks (front and back). om a facility that does it	If you received housing	g assistance, enter the	e amou	nt of rent YOU	paid.	6	00		
7. C	Check the appropriate box and enter the corresponding percentage on Line 7. A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDENTIAL CARE — 50% D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.) G. SHARED RESIDENCE — If you shared your rent with relatives or friends (OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18), check the appropriate box and enter percentage.										
	·	persons sharing rent/	•	` ,		2 (33%)	∐ 3 (25%)	7	%		
8. N	et rent paid — Mult	iply Line 6 by the perce	ntage on Line 7					8	00		
9. N	lultiply Line 8 by 20	%. Enter amount here a	and on Line 10 of Forn	n MO-PTC or Line 12	of For	m MO-PTS		9	00		
									MO-CRP (12-2012)		

MISSOURI DEPARTMENT OF CERTIFICATION OF RE	_	12 N	2012 FORM 10-CRP	INFORMATI	O PROVIDE LAND ON WILL RESUL DELAY OF YOU	T IN		
1. SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY	/ NUMBER	ARE YOU REL	ATED TO YOUR LAN	NDLORD? YES	NO		
2. NAME		3. LANDLORD'S NAME	E, LAST 4 DIGITS O	F SSN, OR FEIN (MU	ST BE COMPLETED)			
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT A	YSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED) APT. NUMBER LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST E							
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PH	HONE NUMBER (MUST BE	E COMPLETED)		
5. RENTAL PERIOD FROM: MONTH DURING YEAR	DAY	YEAR - 2012	TO: MON	ітн —	DAY	YEAR 2012		
Enter your gross rent paid. Attach rent receipt or copies of cancelled checks (front and back) NOTE: If you rent from a facility that does	. If you received housing assi	istance, enter the am	ount of rent YOL	J paid.	6	00		
7. Check the appropriate box and enter the co A. APARTMENT, HOUSE, MOBILE HO B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDENTIAL D. SKILLED OR INTERMEDIATE CAF E. HOTEL If meals are included, enter F. LOW INCOME HOUSING — 100% G. SHARED RESIDENCE — If you sh OR CHILDREN UNDER 18), check	OME, OR DUPLEX — 100% CARE — 50% RE NURSING HOME — 45% — 50%; Otherwise, enter - (RENT CANNOT EXCEED ared your rent with relatives the appropriate box and en	% — 100% 40% OF TOTAL HO or friends (OTHER ater percentage.	THAN YOUR S	POUSE		0/		
Additional persons sharing rent	percentage to be entered:	□ 1 (50%) □	᠘ (33%)	3 (25%)	7	%		
8. Net rent paid — Multiply Line 6 by the perce	entage on Line 7				8	00		
9. Multiply Line 8 by 20%. Enter amount here	and on Line 10 of Form MO-	-PTC or Line 12 of F	orm MO-PTS		9	00		



2012FORM **MO-CRP**

FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

790	Allinos			1110	OIXI				
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER ARE YOU RELATED TO YOUR LAY IF YES, EXPLAIN.			NDLOR	D? YES	NO				
			1						
2. 1	NAME		3. LANDLORD'S I	NAME, LA	AST 4 DIGITS C	OF SSN, OR FEIN (MU	IST BE	COMPLETED)	
PH'	IYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NO	OT ALLOWED) APT. NUMBE	R LANDLORD'S A	DDRESS	S, CITY, STATE	E, AND ZIP CODE (MU	JST BE	COMPLETED)	APT. NUMBER
CIT	TY, STATE, AND ZIP CODE	·				4. LANDLORD'S PH	HONE N	NUMBER (MUST BE	COMPLETED)
5.	RENTAL PERIOD FROM: MONTH DURING YEAR	DAY -	— YEAR 2012	Т	O: MOI	NTH	D	— YAY	YEAR 2012
6.	Enter your gross rent paid. Attach rent rece or copies of cancelled checks (front and bac NOTE: If you rent from a facility that doe	ck). If you received housing as	ssistance, enter the	e amoun	nt of rent YOU	U paid.	6		00
7.	Check the appropriate box and enter the A. APARTMENT, HOUSE, MOBILE B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDENT D. SKILLED OR INTERMEDIATE C E. HOTEL If meals are included, ent F. LOW INCOME HOUSING — 100 G. SHARED RESIDENCE — If you OR CHILDREN UNDER 18), che	HOME, OR DUPLEX — 100 IAL CARE — 50% ARE NURSING HOME — 45 ter — 50%; Otherwise, enter % (RENT CANNOT EXCEE) shared your rent with relative eck the appropriate box and exceptions.	5% r — 100% D 40% OF TOTA es or friends (OTHenter percentage.	IER TH	AN YOUR S	SPOUSE			
	Additional persons sharing re	nt/percentage to be entered	d: 🗌 1 (50%)		2 (33%)	3 (25%)	7		%
8.	Net rent paid — Multiply Line 6 by the pe	rcentage on Line 7					8		00
9.	Multiply Line 8 by 20%. Enter amount her	re and on Line 10 of Form Mo	O-PTC or Line 12	of Forn	n MO-PTS		9		00

WORKSHEET FOR LINE 1, MO-1040P

Missouri law requires a combined return for married couples filing together. A combined return means taxpayers are required to split their total federal adjusted gross income (including other state income) between spouses when beginning the Missouri return.

Splitting the income can be as easy as adding up your separate Forms W-2 and 1099. Or it may require allocating to each spouse the percentage of ownership in jointly held property, such as businesses, farm operations, dividends, interest, rent, and capital gains or losses. State refunds should be split based on each spouse's 2011 Missouri tax withheld, less each spouse's 2011 tax liability. The result should be each spouse's portion of

the 2011 refund. Taxable social security benefits must be allocated by each spouse's share of the benefits received for the year.

The worksheet below lists income that is included on your federal return, along with federal line references. Find the lines that apply to your federal return, split the income between you and your spouse, and enter the amounts on the worksheet. When you have completed the worksheet, transfer the amounts from Line 18 to Form MO-1040P, Lines 1Y and 1S.

Note: Remember, the incomes listed separately on Line 18 of this worksheet must equal your total federal adjusted gross income when added together.

Adjusted Gross Income Worksheet for Combined Return	Federal Form 1040EZ Line Number		Federal Form 1040 Line Number		Y — Yourself		S — Spouse
1. Wages, salaries, tips, etc	1	7	7	1	00	1	00
2. Taxable interest income	2	8a	8a	2	00	2	00
3. Dividend income	none	9a	9a	3	00	3	00
4. State and local income tax refunds	none	none	10	4	00	4	00
5. Alimony received	none	none	11	5	00	5	00
6. Business income or (loss)	none	none	12	6	00	6	00
7. Capital gain or (loss)	none	10	13	7	00	7	00
8. Other gains or (losses)	none	none	14	8	00	8	00
9. Taxable IRA distributions	none	11b	15b	9	00	9	00
10. Taxable pensions and annuities	none	12b	16b	10	00	10	00
11. Rents, royalties, partnerships, S corporations, trusts, etc	none	none	17	11	00	11	00
12. Farm income or (loss)	none	none	18	12	00	12	00
13. Unemployment compensation	3	13	19	13	00	13	00
14. Taxable social security benefits	none	14b	20b	14	00	14	00
15. Other income	none	none	21	15	00	15	00
16. Total (add Lines 1 through 15)	4	15	22	16	00	16	00
17. Less: federal adjustments to income	none	20	36	17	00	17	00
18. Federal adjusted gross income (Line 16 less Line 17)							
Enter amounts here and on Line 1 of Form MO-1040P	4	21	37	18	00	18	00

Worksheet for Long-Term Care Insurance Deduction						
A. Enter the amount paid for qualified long-term care insurance policy	A) \$					
B. Enter the amount from Federal Schedule A, Line 4.	B) \$					
C. Enter the amount from Federal Schedule A, Line 1.	C) \$					
D. Enter the amount of qualified long-term care included on Line C	D) \$					
E. Subtract Line D from Line C	E) \$					
F. Subtract Line E from Line B. If amount is less than zero, enter "0"	F) \$					
G. Subtract Line F from Line A	G) \$					
H. Enter Line G (or Line A if you did not have to complete Lines B through G) on Form MO-1040P, Line 11						
Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A (if	you itemized your deductions).					