MISSOURI DEPARTMENT OF REVENUE JEFFERSON CITY, MO 65105-2200

Please place this label in the address area of your return.

Do not use this label if it is incorrect.

PRSRT STD U.S. POSTAGE PAID Missouri Dept. of Revenue

MISSOURI 2008 Form MO-1040P

File Electronically!

Last year, more than 1.6 million Missouri income tax returns were filed electronically. See page 2 for details.

Tax Deadline April 15

(For extensions, see page 4.)

Property Tax Credit/ Pension Exemption Short Form



ELECTRONIC FILING OPTIONS



Federal/State E-file: Missouri, in cooperation with the Internal Revenue Service (IRS), offers a joint federal/state filing of individual income tax returns. There are two ways that you may e-file your federal and state income tax returns:

- 1) You can electronically file your federal and state returns online from web sites provided by approved software providers. Many providers offer free filing if you meet certain conditions. A list of approved links can be found at www.dor.mo.gov/tax.
- 2) You can have a tax preparer (if approved by the IRS) electronically file your federal and state returns for you, usually for a fee. A list of approved tax preparers can be found at www.dor.mo.gov/tax.

Benefits of Electronic Filing

- Convenience: You can electronically file 24 hours a day, 7 days a week.
- **Security:** Your tax return information is encrypted and transmitted over secure lines to ensure confidentiality.
- Accuracy: Electronic filed returns have up to 16 percent fewer errors than paper returns.
- Direct Deposit: You can have your refund direct deposited into your bank account.
- **Proof of Filing:** An acknowledgment is issued when your return is received and accepted.

Visit our web site at www.dor.mo.gov/tax

In addition to electronic filing information found on our web site, you can:

- E-mail us
- Get the status of your refund or balance due
- Pay your taxes online

- Get answers to frequently asked questions
- Use our Fill-in Forms that Calculate
- Download Missouri and Federal tax forms

2-D Barcode Returns—If you plan on filing a paper return, you should consider 2-D barcode filing. The software encodes all your tax information into a 2-D barcode, which allows your return to be processed in a



fraction of the time it takes to process a traditional paper return. If you use software to prepare your return, check our web site for approved 2-D barcode software companies. Also, check out the Department's fill-in forms that calculate and have a 2-D barcode. ALL 2-D barcode returns should be mailed to: **Department of Revenue**, **P.O. Box 3385**, **Jefferson City**, **MO 65105-3385**.

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PLEASE NOTE FORM AND CHART HAVE CHANGED!

- The maximum income level for residents who own and occupy their home for the entire year changed to \$30,000 (after any exemptions).
- The maximum income level for residents who rented or owned their home a portion of the year changed to \$27,500 (after any exemptions).
- The exemption for married filing combined changed to \$4,000 if you own and occupy your home the **entire year.**
- The maximum credit for residents who own and occupy their home changed to \$1,100.

The Department administers two real estate tax assistance programs for qualified senior citizens and 100 percent disabled individuals, the Missouri Property Tax Credit Claim (MO-PTC) and the Homestead Preservation Credit (HPC). If you own and occupy your home but your income restricts you from qualifying for the MO-PTC, you may be eligible for the HPC. You can only receive ONE of the credits. You should determine which tax credit program is more beneficial to you. For more information regarding the HPC, contact (573) 526-8942 or access www.dor.mo.gov/tax.

Do I Have the Correct Tax Book?

You MAY USE this tax book to file your 2008 Missouri individual income tax return and claim the property tax credit and/or pension exemption.

You **CANNOT USE** this tax book if you:

- · Have income from another state;
- Are filing an amended return;
- Have military pay that is not taxable;
- Have a net operating loss;
- Are a fiscal year filer;
- Have any of the following Missouri modifications:
 - a. Positive or negative adjustments from partnerships, fiduciaries, S corporations, or other sources;
 - b. Nonqualified distribution received from the Missouri Savings for Tuition Program (MOST) and/or Missouri Higher Education Deposit Program;
 - c. Exempt contributions made to or earnings from the Missouri Savings for Tuition Program (MOST) and/or Missouri Higher Education Deposit Program;

- d. Interest from federal exempt obligations;
- e. Interest from state and local obligations;
- f. Capital gain exclusion;
- g. Railroad retirement modifications;
- h. Negative bonus depreciation adjustments;
- i. Enterprise Zone or Rural Empowerment Zone Modification;
- j. Are a nonresident alien; and/or
- k. Are a nonresident stationed in Missouri and you or your spouse earned nonmilitary income while in Missouri.
- Claim:
 - a. Miscellaneous tax credits (Form MO-TC);
 - b. Credit made with the filing of a Form MO-60, Application for Extension of Time to File;
 - c. A deduction for other federal tax (from Federal Form 1040, Lines 45, 47, and 59 and any recapture taxes included on Line 61); and/or
 - d. A deduction for dependents age 65 or older.

- e. A healthcare sharing ministry deduction.
- Owe a penalty for underpayment of estimated tax;
- Owe tax on a lump sum distribution included on your Federal Form 1040, Line 44; and/or
- Owe recapture tax on low income housing credit.

To Obtain Forms

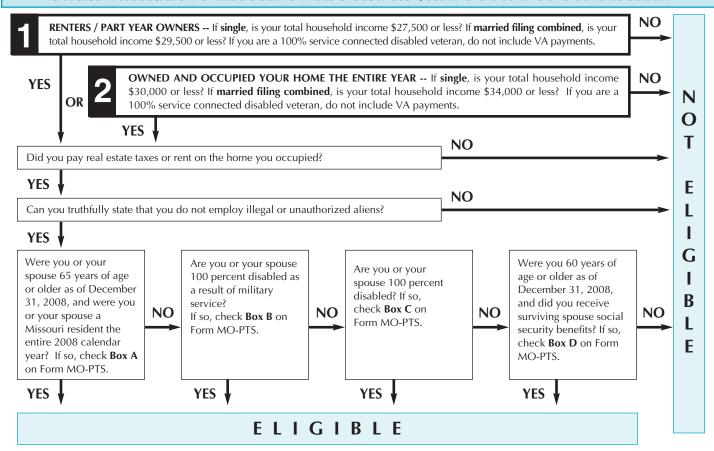
Note: Use Form MO-PTC if you are not required to file an individual income tax return, but you are eligible to file for a Property Tax Credit.

- Access www.dor.mo.gov/tax.
- Call Forms-by-Fax System at (573) 751-4800 from your **fax machine handset.** The system will take you through the steps to fax a copy of the form(s) you need.
- To obtain federal forms you can access the IRS web site at www.irs.gov.

AM I ELIGIBLE?

Use this diagram to determine if you or your spouse are eligible to claim the PROPERTY TAX CREDIT

START DIAGRAM BY CHOOSING BOX 1 OR BOX 2 AND FOLLOW TO CONCLUSION.



IMPORTANT FILING INFORMATION

This information is for guidance only and does not state the complete law.

Filing Requirements

You do not have to file a Missouri return if you are not required to file a federal return. If you are required to file a federal return, you may not have to file a Missouri return if you:

- are a resident and have less than \$1,200 of Missouri adjusted gross income;
- are a nonresident with less than \$600 of Missouri income; or
- have Missouri adjusted gross income less than the amount of your standard deduction plus the exemption amount for your filing status.

Note: If you are not required to file a Missouri return, but you received a Form W-2 stating you had Missouri tax withheld, you must file your Missouri return to get a refund of your Missouri withholding. If you are not required to file a Missouri return and you do not anticipate an increase in income, you may change your Form MO W-4 to "exempt" so your employer will not withhold Missouri tax.

If you are a nonresident alien, access our web site at www.dor.mo.gov/tax for information.

When To File

The 2008 returns are due April 15, 2009.

Extension of Time to File

You are not required to file an extension if you do not expect to owe additional income tax or if you anticipate receiving a refund. If you wish to file a Missouri extension, and do not expect to owe Missouri income tax, you may file an extension by filing Form MO-60, Application for Extension of Time to File. An automatic extension of time to file will be granted until October 15, 2009.

If you receive an extension of time to file your federal income tax return, you will automatically be granted an extension of time to file your Missouri income tax return, provided you do not expect to owe any additional Missouri income tax. Attach a copy of your federal extension (Federal Form 4868) with your Missouri income tax return when you file.

If you expect to owe Missouri income tax, file Form MO-60 with your payment by the original due date of return.

Remember: An extension of time to file does not extend the time to pay. A 5 percent additions to tax will apply if the tax is not paid by the original return's due date, provided your return is filed by the extension date.

Late Filing and Payment

Simple interest is charged on all delinquent taxes. The interest rate will be updated annually and can be found on the Department of Revenue's web site at www.dor.mo.gov/tax.

For timely filed returns, an additions to tax charge of 5 percent (of the unpaid tax) is added if the tax is not paid by the return's due date.

For returns not filed by the due date, an additions to tax of 5 percent per month (of the unpaid tax) is added for each month the return is not filed. The additions to tax cannot exceed 25 percent. **Note:** If you file an extension, a 5 percent additions to tax charge will still apply if the tax is not paid by the original return's due date, provided your return is filed by the extension date.

If you are unable to pay the tax owed in full on the due date, please visit the Department of Revenue's web site at www.dor.mo.gov/tax/personal/individual/ for your payment options.

Where to Mail Your Return

If you are due a **refund** or have **no amount due**, mail your return and all required attachments to:

Department of Revenue P.O. Box 2800

Jefferson City, MO 65105-2800.

If you have a **balance due**, mail your return, payment, and all required attachments to:

Department of Revenue P.O. Box 3395 Jefferson City, MO 65105-3395. ALL 2-D barcode returns, see page 2.

Dollars and Cents

Rounding is required on your tax return. Zeros have been placed in the cents column on your return. For 1 cent through 49 cents, round down to the previous whole dollar amount. For 50 cents through 99 cents, round up to the next whole dollar amount.

Round \$32.49 down to \$32.00 Round \$32.50 up to \$33.00

Example:

Amended Return

You must use Form MO-1040 (long form) for the year being amended. See information on page 3 on how to obtain Form MO-1040 and instructions.

Fill-in Forms that Calculate

Access www.dor.mo.gov/tax to enter your tax information and let us do the math for you. No calculation errors means faster processing. Just print, sign, and mail the return. These forms contain a 2-D barcode at the top right portion of the form. This allows quicker processing of your return.

Missouri Return Inquiry

To check the status of your **current year return** 24 hours a day, please visit our web site: **www.dor.mo.gov/tax** or call our automated individual income tax inquiry line at (573) 526-8299. To obtain the status of your return, you must know the following information: 1) the first social security number on the return; 2) the filing status shown on your return; and 3) the exact amount of the refund or balance due in whole dollars.

Address Change

If you move after filing your return, notify both the post office serving your old address and the **Department of Revenue** of your address change. Address change requests should be mailed to: **Department of Revenue, P.O. Box 2200, Jefferson City, MO 65105-2200.** This will help forward any refund check or correspondence to your new address.

Consumer's Use Tax

Consumer's use tax is a tax imposed on goods purchased for storage, use, or consumption from out-of-state sellers who are not registered with the state of Missouri to collect the tax. Consumer's use tax laws are very similar to sales tax laws.

When you purchase tangible personal property outside the state of Missouri totaling more than \$2,000 in a calendar year, which Missouri use tax has not been charged and collected by the seller, you are subject to the payment of use tax. You can download a copy of Form 4340, Consumer's Use Tax Return, at www.dor.mo.gov/tax, for more information. The due date for Form 4340 is April 15, 2009.

Taxpayer Bill of Rights

To obtain a copy of the *Taxpayer Bill of Rights*, access our web site at www.dor.mo.gov/tax/personal/pubs.htm.

Filing for Deceased Individuals

If an individual passed away in 2008, a claim may be filed by the surviving spouse if the filing status is "married filing combined" and all other qualifications are met. If there is no surviving spouse, the estate may file the claim.

A copy of the death certificate must be attached and if the check is to be issued in another name, a Federal Form 1310 must also accompany the claim. To obtain Federal Form 1310, see "To Obtain Forms" on page 3 or access www.irs.gov/formspubs.

FORM MO-1040P

Information To Complete Form MO-1040P

Name, Address, Etc.

If all information is correct on the preprinted label (if available), attach the label to the Form MO-1040P and print or type your social security number(s) in the spaces provided. If you did not receive a book with a peel-off label, or the label is incorrect, print or type your name(s), address, and social security number(s) in the spaces provided on the return.

If the taxpayer or spouse died in 2008, check the appropriate box.

Enter your county of residence, and the number of the public school district in which you reside. See the school district listing on pages 30 and 31.

Age 62 through 64

If you or your spouse were ages 62, 63, or 64 by December 31, 2008, check the appropriate box as you may qualify for the social security deduction.

65 or Older, Blind, 100 Percent Disabled, Non-obligated Spouse

If you or your spouse were **65 or older** or **blind** and qualified for these deductions on your 2008 federal return, check the appropriate boxes.

You may check the **100 percent disabled** box if you are unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or has lasted, or can be expected to last, for a continuous period of not less than 12 months.

You may check the **non-obligated spouse** box if your spouse owes the state of Missouri any child support payments, back taxes, student loans, etc., and you do not want your portion of the refund used to pay the amounts owed by your spouse. The Internal Revenue Service (IRS) is not a state agency and debts owed to the IRS are **excluded** from the non-obligated spouse apportionment. The Department of Revenue cannot apportion the Property Tax Credit.

Line 1 — Federal Adjusted Gross Income

If your filing status is "married filing combined," and both spouses are reporting income, use the Worksheet on page 8 to split your income between you and your spouse. The combined income for you and your spouse must equal the total federal adjusted gross income reported on your federal return.

Splitting the income reduces the rate at which your combined incomes are taxed and allows you to claim non-obligated spouse so you will not be held responsible for your spouse's debts to Missouri.

For all other filing statuses, use the chart below.

FEDERAL FORM	LINE
1040	Line 37
1040A	Line 21
1040EZ	Line 4
1040X	Line 1c

Line 2 — State Income Tax Refund

Subtract any state income tax refund included in your federal adjusted gross income (Federal Form 1040, Line 10). Attach a copy of your federal return (pages 1 and 2).

Line 5 — Income Percentages

Complete the chart below if both spouses have income:

<u>Yourself</u>		
Line 3Y	div	ided by
Line 4	_=	
Spouse Line 3S Line 4	div	ided by

The total entered on Line 5 must equal 100 percent — round to the nearest whole number. **Note:** If one spouse has negative income and the other spouse has positive income (Example: your income is -\$15,000 and your spouse's income is \$30,000), enter 0% on Line 5Y and 100% on Line 5S.

Line 6 — Filing Status and Exemption Amount

Check the box applicable to your filing status. You must use the same filing status as your federal return with two exceptions:

Box B must be checked if you are claimed as a dependent on another person's federal tax return and you checked either box on Federal Form 1040EZ, Line 5 or you were not allowed to check Box 6a on Federal Forms 1040 or 1040A.

If you checked Box B, enter "0".

Box E may be checked only if all of the following apply: a) you checked Box 3 (married filing separate return) on your Federal Form 1040 or 1040A; b) your spouse had no income and is not required to file a federal return; and c) your spouse was claimed as an exemption on your federal return and was not a dependent of someone else.

You must attach a copy of your federal return if you claim this filing status.

Only one box may be checked on Line 6, Boxes A through G.

Enter on Line 6 the amount of exemption claimed for your filing status on Boxes A through G. The amounts are listed on Form MO-1040P.

Line 7 — Tax From Federal Return

Use the chart below for Federal Form and Line Numbers to locate your tax on your federal return. This amount is limited to \$5,000 for single filers and \$10,000 for combined filers.

Federal Form	Line Numbers
1040	Line 56 minus Lines 45 and 64a
1040A	Line 35 minus Line 40a and any alternative minimum tax included on Line 28
1040EZ	Line 11 minus Line 8a
1040X	Line 8c minus Line 13c

Do not enter your federal income tax withheld as shown on your Form W-2(s) or federal return.

If you have an earned income credit, you must subtract the credit from the tax on your federal return. If a negative amount is calculated, enter "0".

Line 8 — Standard or Itemized Deduction

Standard Deductions: If you claimed the standard deduction on your federal return, enter the standard deduction amount for your filing status. The amounts are listed on Form MO-1040P, Line 8.

Use the chart below to determine your standard deduction if you or your spouse marked any of the boxes for: 65 or older, blind, claimed as a dependent, or claimed an additional standard deduction on your federal return.

Federal Form	Line Numbers
1040	Line 40
1040A	Line 24
1040EZ	*See following note
1040X	Line 2

*Note: If you filed a Federal Form 1040EZ, and checked one or both boxes on Line 5, refer to the Standard Deduction Worksheet for Dependents. If you did not check either box on Federal Form 1040EZ, Line 5, enter \$5,450 if single or \$10,900 if married.

<u>Itemized Deductions:</u> If you itemized on your federal return, you may want to itemize on your Missouri return or take the standard deduction, whichever results in a higher deduction. If you were **required** to itemize on your federal

return, you must itemize on your Missouri return. To figure your itemized deductions, complete the Form MO-1040P, page 4. Attach a copy of your federal return (pages 1 and 2) and Federal Schedule A.

Line 9 — Dependents

Do not include yourself or your spouse as dependents.

Multiply the total number of dependents you claimed on your federal return by \$1,200. Only include dependents claimed on Federal Forms 1040A or 1040, Line 6c.

Attach a copy of your federal return (pages 1 and 2).

Line 10 — Pension Exemption

If you received a pension, complete the pension exemption worksheet on Form MO-1040P, page 3 to see how much of your pension may be tax free.

Attach a copy of your federal return (pages 1 and 2) and all Forms 1099(s), 1099-R(s), and W-2P(s).

Line 11 — Long-Term Care Insurance Deduction

If you paid premiums for qualified longterm care insurance in 2008, you may be eligible for a deduction on your Missouri income tax return. Qualified long-term care insurance is defined as insurance coverage for a period of at least 12 months for long-term care expenses should such care become necessary because of chronic health conditions and/or physical disabilities including cognitive impairment or the loss of functional capacity, thus rendering an individual unable to care for themself without the help of another person. Complete the worksheet on page 7 only if you paid premiums for a qualified long-term care insurance policy and the policy is for at least 12 months coverage.

Line 16 — Missouri Tax

If your Missouri taxable income is less than \$9,000, use the tax table on Form MO-1040P, page 4 to determine your tax. If your Missouri taxable income is more than \$9,000, follow the example below the tax table to calculate the tax.

A separate tax must be computed for you and your spouse.

Line 18 — Missouri Withholding

Include only Missouri withholding as shown on your Form W-2(s), 1099(s), or 1099-R(s). Do not include withholding for federal taxes, local taxes, city earnings taxes, or another state's withholding. Attach a copy of all Forms W-2(s) and 1099(s). See Diagram on page 32.

Line 19 — Estimated Tax Payments

Include any estimated tax payments made during 2008 and any overpayment applied from your 2007 Missouri return.

Line 20 — Property Tax Credit

Complete Form MO-PTS to determine the amount of your property tax credit. See Information to Complete Form MO-PTS on pages 22–25.

Line 23 — Apply Overpayment to Next Year's Taxes

You may apply any portion of your refund to next year's taxes.

Line 24 — Trust Funds

You may donate part or all of your overpaid amount or contribute additional payments to any of the trust funds listed on Form MO-1040P and/ or any two additional trust funds.

Additional Trust Funds: If you choose to give to any of the additional trust funds, enter the two-digit code (see next column) in the spaces provided on Line 24. If you want to give to more than two additional trust funds, please submit a contribution directly to the fund.

See www.dor.mo.gov/tax/trustfunds.htm for additional information.

<u>Trust Funds</u>	<u>Codes</u>
American Cancer Society	
High Plains Division, Inc., Fund	d01
American Diabetes Association	
Gateway Area Fund	02
American Heart Association	
Fund	03
American Lung Association of	
Missouri Fund	04
Amyotrophic Lateral Sclerosis	
(ALS—Lou Gehrig's Disease)	
Fund	05
Arthritis Foundation Fund	09
Cervical Cancer Fund	12
March of Dimes Fund	08
Muscular Dystrophy Association	
Fund	07
National Multiple Sclerosis	
Society Fund	10
Breast Cancer Awareness Fund .	

The minimum contribution is \$2, or \$4 if married filing combined for the following trust funds: Children's Trust Fund, Veterans Trust Fund, Elderly Home Delivered Meals Fund, and Missouri National Guard Fund.

The minimum contribution is \$1, or \$2 if married filing combined for the following trust funds: Workers Memorial Fund, Childhood Lead Testing Fund, Military Family Relief Fund, and General Revenue Fund.

The following has no minimum contribution and is an irrevocable trust fund: Cervical Cancer Fund

The minimum contribution is \$1, not to exceed \$200, for the following irrevocable trust funds: American Cancer, American Diabetes, Association Gateway Area Trust Fund, American Heart Association Trust Fund, American

Lung Association of Missouri Trust Fund, ALS Lou Gehrig's Disease Trust Fund, Arthritis Foundation Trust Fund, March of Dimes Trust Fund, Muscular Dystrophy Association Trust Fund, and National Multiple Sclerosis Society Trust Fund.

Line 25 — Refund

Subtract Lines 23 and 24 from Line 22 and enter on Line 25.

Note: If you have any other liability due the state of Missouri, such as child support payments or a debt with the Internal Revenue Service, your income tax refund may be applied to that liability in accordance with Section 143.781, RSMo. Your property tax credit may be applied to any property tax credit or individual income tax liability pursuant to Section 143.782, RSMo. You will be notified if your refund is offset against any debt(s).

Line 26 — Amount Due

Payments must be postmarked by April 15, 2009, to avoid interest and late payment charges. The Department of Revenue offers several payment options.

Check or money order: Attach a check or money order (U.S. funds only), payable to Missouri Department of Revenue. Checks will be cashed upon receipt. **Do not postdate.** The Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds.

Electronic Bank Draft (E-Check): By entering your bank routing number, checking account number, and your next check number, you may pay online at www.dor.mo.gov/tax/personal, or by calling (888) 929-0513. There will be a \$.60 handling fee per filing period/transaction to use this service.

Worksheet for Long-Term Care Insurance Deduction	n
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).

Credit Card: The department accepts MasterCard, Discover, Visa, and American Express. You may pay online at www.dor.mo.gov/tax/personal, or by calling (888) 929-0513. The convenience fees listed below will be charged to your account for processing credit card payments:*

Amount of Tax Paid	Convenience Fee
\$0.00-\$33.00	\$1.00
\$33.01-\$100.00	3.00%
\$100.01-\$250.00	2.95%
\$250.01-\$500.00	2.85%
\$500.01-\$750.00	2.85%
\$750.01-\$1,000.00	2.80%
\$1,000.01-\$1,500.0	0 2.75%
\$1,500.01-\$2,000.0	0 2.70%
\$2,000.01 or more	2.60%

*Note: The handling and/or convenience fees included in these transactions are being paid to the third party vendor, not to the Missouri Department of Revenue. By accessing this payment system, the user will be leaving Missouri's web site and connecting to the web site of the third party vendor which is a secure and confidential web site.

Sign Return

You must sign Form MO-1040P, both spouses must sign if you are filing a combined return. If you use a paid preparer, the preparer must also sign the return.

If you wish to authorize the Director of Revenue or delegate, to release information regarding your tax account to your preparer, or any member of the preparer's firm, indicate "yes" by checking the appropriate box.

Attachments

- All Forms W-2(s) and 1099(s)
- Copy of federal return, pages 1 and 2 and Federal Schedule A
 - if you itemized your deductions on Line 8, Missouri Itemized Deductions
 - —if you have an entry on Line 11, Long-term Care Insurance Deduction
- A copy of paid Property Tax Receipt(s), rent receipts, or statement from your landlord if you claimed the Property Tax Credit on Line 20

- Documentation (a copy of Form SSA-1099, letter from Social Security Administration, letter from Department of Veterans Affairs) of the applicable qualification under which you are filing the Form MO-PTS
- Federal Form 1310 and a copy of death certificate if filing for a deceased individual

Mail Form MO-1040P, Attachments, and Payment (if necessary) to:

Refund or no amount due —
Department of Revenue,
P.O. Box 2800, Jefferson City, MO
65105-2800

Balance due —

Department of Revenue, P.O. Box 3395, Jefferson City, MO 65105-3395

ALL 2-D barcode returns should be mailed to: Department of Revenue, P.O. Box 3385, Jefferson City, MO 65105-3385.

SPLITTING YOUR INCOME

Missouri law requires a combined return for spouses 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 Form W-2s and 1099s. Or it may require more calculating by 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 2007 Missouri tax withheld, less each spouse's 2007 tax liability. The result should be each spouse's portion of the 2007

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 1040A 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



MISSOURI INDIVIDUAL INCOME TAX RETURN AND PROPERTY TAX CREDIT CLAIM/PENSION EXEMPTION—SHORT FORM

2008 FORM MO-1040P

												4.0.5
LAS	T NAME	FIRST NAME		MIDDLE INITIAL	DECEA:	SED 8	SOCIAL SECU	JRITY NUMBE	ER -		VENDOR (Assigned b	CODE
SPC	DUSE'S LAST NAME	FIRST NAME		MIDDLE INITIAL	DECEA	SED 8	SPOUSE'S SC	DCIAL SECUF	RITY NUN	MBER	00	
IN C	CARE OF NAME (ATTORNEY, EXECUTOR, P	'ERSONAL REPRESENTATIVE, ETC	:.)	COUNTY OF RESIDEN	NCE					SCHOOL DISTR	RICT NO. (PG. 30	ე, 31)
PRE	ESENT ADDRESS (INCLUDE APARTMENT N	IO. OR RURAL ROUTE)		CITY, TOWN, OR POS	T OFFICE	, STATI	E, AND ZIP C	ODE				
		DI EVSE UNEUK THE V	APPROPRIATE BOXES TI	AAT ADDI V TO V	NIDSE	I E OE	VOLID	POLICE				
1	AGE 62 THROUGH 64	AGE 65 OR OLDER	BLIND		0% DIS				ON-OE	BLIGATED SF	OUSE	
[☐ YOURSELF☐ SPOUSE	☐ YOURSELF☐ SPOUSE		l yours I spous				⊥ youi] spol	RSELF JSE		
of the	ou may contribute to any one or the trust funds that are listed to e right. Place the total amount ntributed on Line 24. See the structions for a list of Trust Fund	Children's	Veterans Elderly Home Delivered Meals	Missouri National Guard	Worke Memor		Childho Lead Testing	M M	issouri ilitary amily elief	General Revenue	e 🛶	After School Retreat
							You	rself		S	oouse	
		8.)							00			00
ME	Any state income tax reful	nd included in your 2008 fe	ederal income		. 2	_			00	_		00
INCOME	3. Subtract Line 2 from Line	1. This is your Missouri	adjusted gross income.		. 3	=			00	=		00
=	4. TOTAL MISSOURI ADJ	USTED GROSS INCOME	E — Add both numbers	on Line 3 and en	ter her	e	4			0	0	
	5. Income percentages — D						5		%	9	,	
	Mark your filing status be	t equal 100%. Round to the total to the approximation ox below and enter the approximation to the total tota					5		7/0	7	0	
	☐ A. Single — \$2,100 ☐ B. Claimed as a de tax return — \$0.1 ☐ C. Married filing joint	O (See Box B before checo pendent on another perso 00 t federal & combined Misso	cking.) E	. Married filing so NOT filing) — \$. Head of house . Qualifying wido dependent chil-	5 4,200 ehold — ow(er) v	- \$3,5 vith						•
	D. Married filing se			·	u — ψ υ	,500	6			0		INOITU
	Tax from federal return (I enter amount from your For NOT federal tax withheld.	m W-2(s)—	Single—maximu Married of \$10	m of \$5,000; filing combined— 0,000	maximu	ım 	7+	00			See Pa	
DEDUCTIONS AND TAXABLE INCOME	8. Missouri Standard or Item Taxpayers Under Age I Single	65 T:\$5,450 S\$10,900 M\$5,450\$8,000 M\$10,900	axpayers Age 65 or Oingle Itarried Filing Combined a 65 or Older Itarried Filing Combined a Spouse are BOTH Age Itarried Filing Separate Iterated of Household Iterated Wildow(er)	and YOU are Age and You and Your 65 or Older	\$11	3,000 3,500 3,500 9,350					If 69 old and blind approboxes be che	5 or der d/or d the priate s must
DEDNC	If blind, claimed as a depe your federal return, page 6 Form MO-1040P		4 of the Form MO-1040F	P. If itemizing, see	page 4	f of th	е	+		0	Do incluyours	ude
	Number of dependents f (DO NOT INCLUDE YO)		OR 1040A, Line 6c	x \$1,200			9	+		0	ф уо	ur
	10. Pension exemption (Cor on page 3, a copy of fe	mplete worksheet on page ederal return, Form W-2F					10	+		0	0	
	11. Long-term care insurance	e deduction					11	+		0	0	
	12. TOTAL DEDUCTIONS	 Add Lines 6 through 11 	l				12	=		0	0	
	13. Missouri Taxable Incon and enter here	ne — Subtract Line 12 (To					13			0	0	

	14.	Total Missouri taxable amount from Line 13						14			00	
AXES	15.	Multiply Line 14 by the percentages you determing Do this for you and your spouse.	ned on Line	5.		15	Y	ours		00	Spo	ouse 00
TAX	16.	Use the tax table on page 4 of Form MO-1040P tax on amounts from Line 15 for you and your sp	to figure the) 		16				00		00
	17.	TOTAL TAXES — Add your tax and your spous	e's tax from	Line 16				17			00	
	18. Missouri withholding for you and your spouse from your Forms W-2(s) and 1099(s). Attach copies of Forms W-2(s) and 1099(s).										00	
PAYMENTS/CREDITS	19.	Any Missouri estimated tax payments for 2008 (any amount of your 2007 overpayment credited	Be sure to to to your 200	nclude 8 Missouri tax		ttach		19			00	
PAYME	20.	PROPERTY TAX CREDIT — Enter amount from Line 14. Attach Form MO-PTS	n Form MO-	PTS,		MO-PTS.		20			00	
	21.	TOTAL PAYMENTS AND CREDITS Add Lines 18, 19, and 20 and enter amount here) <u>.</u>					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	
OND	23. Enter the amount from Line 22 you want applied to next year's taxes						23			00		
PAYMENTS/REFUND		You may donate part of your refund or contribute additional payments to any or all of the trust funds listed to the right. Please indicate your choices and the amount of your donations for each fund in the appropriate boxes.	Elderly Home Delivered Meals	Guard	Workers' Memorial	Childhood Lead Testing	Missouri Military Falliy Relief	Gener Reven	General Revenue	Re	er hool Tend (See Ir	Code Fund Code
2	25. Subtract Lines 23 and 24 from Line 22 and enter here. This is your refund. Sign below and mail to: Department of Revenue, P.O. Box 2800, Jefferson City, MO 65105-2800							25			00	
MAIL TO		If Line 21 is less than Line 17, enter the difference mail to: Department of Revenue, P.O. Box 339 ou pay by check, you authorize the Department of R	5, Jefferso	n City, MO 65	105-3395	AMOUN	IT DUE		paid may	be presen	00 ited again	electronically.
	Und Dec indi cred	ler penalties of perjury, I declare that I have examined this rett claration of preparer (other than taxpayer) is based on all info vidual who files a frivolous return. I also declare under penaltied dit or abatement if I employ such aliens.	urn, including a rmation of whi s of perjury tha	accompanying scl ch he/she has ar t I employ no illeg	nedules and statem y knowledge. As p al or unauthorized a	ents, and to rovided in Cl	the best of hapter 143	my kno , RSMo ederal	owledge an o, a penalty law and tha	nd belief it is to the state of up to \$50 at I am not eli	true, correc 00 shall be	t, and complete. imposed on any
URE.		thorize the Director of Revenue or delegate to discuss attachments with the preparer or any member of the	preparer's	E-MAIL ADDRESS				PREF	PARER'S PHO	ONE NUMBER		
SIGNATUR		ATURE	DATE	<u> </u>	PREPARER'S SIG	NATURE		(,	F	FEIN, SSN, OF	R PTIN
	SPOUSE'S SIGNATURE DAYTIME TELEPHONE PREPARER'S ADDRESS AND ZIP CODE									DATE		

IF YOU CLAIM A PENSION OR SOCIAL SECURITY/SOCIAL SECURITY DISABILITY EXEMPTION, YOU MUST ATTACH A COPY OF YOUR FEDERAL PAGE 3 RETURN (PAGES 1 AND 2) AND 1099-R(S), AND/OR SSA-1099(S).

PU	BLIC PENSION CALCULATION — Public pensions are pensions received from any federal, sta	ate, (or local governn	ient.		
1.	Enter your Missouri Adjusted Gross Income from Form MO-1040P, Line 4, less taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	1				00
2.	Select the appropriate filing status and enter amount on Line 2. Married filing combined — \$100,000; Single, Head of					
	Household, Married Filing Separate, and Qualifying Widower — \$85,000	2				00
3.	Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0.	3				00
0.	Subduct Line 2 from Line 1 and office of Line 6. If Line 2 to greater than Line 1, office 40.		Y - YOURSELF		S - SPOUSE	
4.	Enter your total social security benefits from federal Form 1040A, Line 14a or federal Form 1040, Line 20a	4Y	00			00
5.	Enter your taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	5Y	00	5S		00
6.	Non taxable social security benefits, subtract Line 5 from Line 4	6Y	00	6S		00
7.	Enter taxable pension for each spouse from public sources from federal Form 1040A, Line 12b or federal Form 1040,	7Y	00	7S		00
	Line 16b (public pensions and pensions from other than private sources).			+		\vdash
8.	Multiply Line 7 by 35%.	8Y	00	88		00
9.	If amount on Line 8 is greater than \$33,703 (maximum social security benefit), enter \$33,703. If amount on Line 8 is less than \$33,703, enter amount from Line 8.	9Y	00	98		00
10.	Subtract Line 6 from Line 9. If Line 6 is greater than Line 9, enter \$0	10Y	00	10S		00
11.	Enter pension amount from Line 7 or \$6,000, whichever is less.	11Y	00	118		00
	Enter Line 10 or Line 11, whichever is greater	12Y	00	128		00
		13				00
	Add amounts on Lines 12Y and 12S	14				00
	VATE PENSION CALCULATION — Private pensions are annuities, pensions, 401(K)	pla	ns. deferred co	mpe	ensation pla	ns.
	employed retirement plans, and IRA's funded by a private source.					
1.	Enter your Missouri Adjusted Gross Income from Form MO-1040P, Line 4	1				00
2.	Enter your 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
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
5.	Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5		1		00
	Enter taxable pension for each spouse from private sources from federal Form 1040A, Lines 11b and 12b, or federal Form		Y - YOURSELF		S - SPOUSE	
0.	1040, Lines 15b and 16b.	6Y	0	6S		00
7.	Enter the amounts from Line 6Y and 6S or \$6,000, whichever is less	7Y	0	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
	CIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social s		tv deduction vou r	nust l	oe 62 vears of	, 00
	by December 31 and have marked the 62 and older box on page 1 of Form MO-1040P. Age limit does not a					
1.	Enter your Missouri Adjusted Gross Income from Form MO-1040P, Line 4	1				00
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
3	Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0	3				00
0.	Outstack Line 2 from Line 1 and office of Line 5. If Line 2 is greater than Line 1, effect wo		Y - YOURSELF		S - SPOUSE	
4.	$ \textit{Enter \textbf{taxable}} \ \textit{social security benefits for each spouse from federal Form 1040A}, \ \textit{Line 14b or federal Form 1040A}, \ \textit{Line 20b}. $	4Y	0	4S		00
5.	Enter taxable social security disability benefits for each spouse from federal Form 1040A, Line 14b or federal Form 1040, Line 20b.	5Y	0	58		00
6.	Multiply Line 4 or Line 5 by 35%.	6Y	0	6S		00
	Add Lines 6Y and 6S.	7				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
ТО	TAL PENSION AND SOCIAL SECURITY / SOCIAL SECURITY DISABILITY EXEMPTION					
	Pension Exemption and Social Security / Social Security Disability Exemption. Add Line 14 (Public Pension Calculation),		TOTAL			
Line	9 (Private Pension Calculation), and Line 8 (Social Security Calculation) and enter here and on Form MO-1040P, Line 10		EXEMPTION			00

FORM MO-1040P PAGE 4

MISSOURI ITEMIZED DEDUCTIONS · Complete this section only if you itemized deductions on your federal return. (See information on page 6.) · Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A. 00 1. Total federal itemized deductions from Federal Form 1040, Line 40 2 00 2. 2008 (FICA) — yourself — Social security \$ — + Medicare \$ 3. 2008 (FICA) — spouse — Social security \$ ______ + Medicare \$ 00 3 4. 2008 Railroad retirement tax — yourself (Tier I and Tier II) \$ ______ + Medicare \$... 4 00 5. 2008 Railroad retirement tax — spouse (Tier I and Tier II) \$ ______ + Medicare \$... 5 00 6 00 7 00 7. TOTAL — Add Lines 1 through 6. 8. State and local income taxes — See instructions. 9. Earnings taxes included in Line 8 — See instructions. 10. Net state income taxes — Subtract Line 9 from Line 8. 10 00 00 NOTE: IF LINE 11 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INFOR

	2008 TAX TABLE																
If Line 1	5 is		If Line 1	5 is		If Line 1	5 is		If Line 1	5 is		If Line 1	5 is		If Line 1	5 is	
At least	But less than	Your tax is	At least	But less than	Your tax 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
For ac	cictanco	calculatin	a vour												9,000		315

For assistance calculating your tax, go to www.dor.mo.gov/tax and select the Tax Calculator.

Tax on the first \$9,000 of taxable income is \$315. Tax on the income over \$9,000 is calculated at 6%. Example: If Line 15 of the Missouri return is ◀

PLUS 6% of excess

over \$9,000

\$12,000, then the Missouri tax is \$315 + \$180 (6% of \$3,000) = \$495.

MO 860-1881 (09-2008) NOTE: Make sure \$315 is included in your calculation of tax on taxable income over \$9,000.

STANDARD DEDUCT	ION CHART FOR PEOPLE AGE FORM MO-1040P, LINE 8	65 OR OLDER OR BLIND
Check the following boxes that YOURSELF: ☐ Age 65 or old YOUR SPOUSE: ☐ Age 65 or old Grant House Hou	der 🗌 Blind	ouse: Enter the number of boxes checked to the left:
If your filing status is:	AND the number in the box above is:	THEN enter on Form MO-1040P, Line 8:
Single	1 2	\$ 6,800 \$ 8,150
Married filing combined or Qualifying Widow(er)	1 2 3 4	\$11,950 \$13,000 \$14,050 \$15,100
Note: See your federal return if you claimed a	an additional standard deduction.	
Married filing separate Note: If 3 or 4 boxes are checked, please see claim a spouse's additional standard deduction	1 2 e federal return. An example of this would be n if the spouse has no income and isn't the c	\$ 6,500 \$ 7,550 e when a married individual filing separate can dependent of another taxpayer.
Head of household	1 2	\$ 9,350 \$10,700



MISSOURI INDIVIDUAL INCOME TAX RETURN AND PROPERTY TAX CREDIT CLAIM/PENSION EXEMPTION—SHORT FORM

2008 FORM MO-1040P

												4.0.5
LAS	T NAME	FIRST NAME		MIDDLE INITIAL	DECEA:	SED 8	SOCIAL SECU	JRITY NUMBE	ER -		VENDOR (Assigned b	CODE
SPC	DUSE'S LAST NAME	FIRST NAME		MIDDLE INITIAL	DECEA	SED 8	SPOUSE'S SC	DCIAL SECUF	RITY NUN	MBER	00	
IN C	CARE OF NAME (ATTORNEY, EXECUTOR, P	'ERSONAL REPRESENTATIVE, ETC	:.)	COUNTY OF RESIDEN	NCE					SCHOOL DISTR	RICT NO. (PG. 30	ე, 31)
PRE	ESENT ADDRESS (INCLUDE APARTMENT N	IO. OR RURAL ROUTE)		CITY, TOWN, OR POS	T OFFICE	, STATI	E, AND ZIP C	ODE				
		DI EVSE UNEUK THE V	APPROPRIATE BOXES TI	AAT ADDI V TO V	NIDSE	I E OE	VOLID	POLICE				
1	AGE 62 THROUGH 64	AGE 65 OR OLDER	BLIND		0% DIS				ON-OE	BLIGATED SF	OUSE	
[☐ YOURSELF☐ SPOUSE	☐ YOURSELF☐ SPOUSE		l yours I spous				⊥ youi] spol	RSELF JSE		
of the	ou may contribute to any one or the trust funds that are listed to e right. Place the total amount ntributed on Line 24. See the structions for a list of Trust Fund	Children's	Veterans Elderly Home Delivered Meals	Missouri National Guard	Worke Memor		Childho Lead Testing	M M	issouri ilitary amily elief	General Revenue	e 🛶	After School Retreat
							You	rself		S	oouse	
		8.)							00			00
ME	Any state income tax reful	nd included in your 2008 fe	ederal income		. 2	_			00	_		00
INCOME	3. Subtract Line 2 from Line	1. This is your Missouri	adjusted gross income.		. 3	=			00	=		00
=	4. TOTAL MISSOURI ADJ	USTED GROSS INCOME	E — Add both numbers	on Line 3 and en	ter her	e	4			0	0	
	5. Income percentages — D						5		%	9	,	
	Mark your filing status be	t equal 100%. Round to the total to the approximation ox below and enter the approximation to the total tota					5		7/0	7	0	
	☐ A. Single — \$2,100 ☐ B. Claimed as a de tax return — \$0.1 ☐ C. Married filing joint	O (See Box B before checo pendent on another perso 00 t federal & combined Misso	cking.) E	. Married filing so NOT filing) — \$. Head of house . Qualifying wido dependent chil-	5 4,200 ehold — ow(er) v	- \$3,5 vith						•
	D. Married filing se			·	u — ψ υ	,500	6			0		INOITU
	Tax from federal return (I enter amount from your For NOT federal tax withheld.	m W-2(s)—	Single—maximu Married of \$10	m of \$5,000; filing combined— 0,000	maximu	ım 	7+	00			See Pa	
DEDUCTIONS AND TAXABLE INCOME	8. Missouri Standard or Item Taxpayers Under Age I Single	65 T:\$5,450 S\$10,900 M\$5,450\$8,000 M\$10,900	axpayers Age 65 or Oingle Itarried Filing Combined a 65 or Older Itarried Filing Combined a Spouse are BOTH Age Itarried Filing Separate Iterated of Household Iterated Wildow(er)	and YOU are Age and You and Your 65 or Older	\$11	3,000 3,500 3,500 9,350					If 69 old and blind approboxes be che	5 or der d/or d the priate s must
DEDNC	If blind, claimed as a depe your federal return, page 6 Form MO-1040P		4 of the Form MO-1040F	P. If itemizing, see	page 4	f of th	е	+		0	Do incluyours	ude
	Number of dependents f (DO NOT INCLUDE YO)		OR 1040A, Line 6c	x \$1,200			9	+		0	ф уо	ur
	10. Pension exemption (Cor on page 3, a copy of fe	mplete worksheet on page ederal return, Form W-2F					10	+		0	0	
	11. Long-term care insurance	e deduction					11	+		0	0	
	12. TOTAL DEDUCTIONS	 Add Lines 6 through 11 	l				12	=		0	0	
	13. Missouri Taxable Incon and enter here	ne — Subtract Line 12 (To					13			0	0	

	14.	Total Missouri taxable amount from Line 13						14			00	
AXES	15.	Multiply Line 14 by the percentages you determing Do this for you and your spouse.	ned on Line	5.		15	Y	ours		00	Spo	ouse 00
TAX	16.	Use the tax table on page 4 of Form MO-1040P tax on amounts from Line 15 for you and your sp	to figure the) 		16				00		00
	17.	TOTAL TAXES — Add your tax and your spous	e's tax from	Line 16				17			00	
	18.	Missouri withholding for you and your spouse fro and 1099(s). Attach copies of Forms W-2(s) a						18			00	
PAYMENTS/CREDITS	19. Any Missouri estimated tax payments for 2008 (Be sure to include any amount of your 2007 overpayment credited to your 2008 Missouri tax return.) Attach										00	
PAYME	20.	PROPERTY TAX CREDIT — Enter amount from Line 14. Attach Form MO-PTS	n Form MO-	PTS,		MO-PTS.		20			00	
	21.	TOTAL PAYMENTS AND CREDITS Add Lines 18, 19, and 20 and enter amount here) <u>.</u>					21			00	
		If amount of TOTAL PAYMENTS AND CREDITS TOTAL TAXES (Line 17), enter the difference he If not, enter the amount on Line 26.	re. You hav	e overpaid .				22			00	
OND	23.	Enter the amount from Line 22 you want applied	o next yea	r's taxes				23			00	
PAYMENTS/REFUND		You may donate part of your refund or contribute additional payments to any or all of the trust funds listed to the right. Please indicate your choices and the amount of your donations for each fund in the appropriate boxes.	Elderly Home Delivered Meals	Guard	Workers' Memorial	Childhood Lead Testing	Missouri Military Falliy Relief	Gener Reven	General Revenue	Re	er hool Tend (See Ir	Code Fund Code
2	25.	Subtract Lines 23 and 24 from Line 22 and ente mail to: Department of Revenue, P.O. Box 280					EFUND	25			00	
MAIL TO		If Line 21 is less than Line 17, enter the difference mail to: Department of Revenue, P.O. Box 339 ou pay by check, you authorize the Department of R	5, Jefferso	n City, MO 65	105-3395	AMOUN	IT DUE		paid may	be presen	00 ited 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/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, credit or abatement if I employ such aliens.											
URE.		thorize the Director of Revenue or delegate to discuss attachments with the preparer or any member of the	preparer's	E-MAIL ADDRESS				PREF	PARER'S PHO	ONE NUMBER		
SIGNATUR		ATURE	DATE	<u> </u>	PREPARER'S SIG	NATURE		(,	F	FEIN, SSN, OF	R PTIN
	SPOUSE'S SIGNATURE DAYTIME TELEPHONE PREPARER'S ADDRESS AND ZIP CODE									DATE		

IF YOU CLAIM A PENSION OR SOCIAL SECURITY/SOCIAL SECURITY DISABILITY EXEMPTION, YOU MUST ATTACH A COPY OF YOUR FEDERAL PAGE 3 RETURN (PAGES 1 AND 2) AND 1099-R(S), AND/OR SSA-1099(S).

PU	BLIC PENSION CALCULATION — Public pensions are pensions received from any federal, sta	ate, (or local governn	ient.		
1.	Enter your Missouri Adjusted Gross Income from Form MO-1040P, Line 4, less taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	1				00
2.	Select the appropriate filing status and enter amount on Line 2. Married filing combined — \$100,000; Single, Head of					
	Household, Married Filing Separate, and Qualifying Widower — \$85,000	2				00
3.	Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0.	3				00
0.	Subduct Line 2 from Line 1 and office of Line 6. If Line 2 to greater than Line 1, office 40.		Y - YOURSELF		S - SPOUSE	
4.	Enter your total social security benefits from federal Form 1040A, Line 14a or federal Form 1040, Line 20a	4Y	00			00
5.	Enter your taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	5Y	00	5S		00
6.	Non taxable social security benefits, subtract Line 5 from Line 4	6Y	00	6S		00
7.	Enter taxable pension for each spouse from public sources from federal Form 1040A, Line 12b or federal Form 1040,	7Y	00	7S		00
	Line 16b (public pensions and pensions from other than private sources)			+		\vdash
8.	Multiply Line 7 by 35%.	8Y	00	88		00
9.	If amount on Line 8 is greater than \$33,703 (maximum social security benefit), enter \$33,703. If amount on Line 8 is less than \$33,703, enter amount from Line 8.	9Y	00	98		00
10.	Subtract Line 6 from Line 9. If Line 6 is greater than Line 9, enter \$0	10Y	00	10S		00
11.	Enter pension amount from Line 7 or \$6,000, whichever is less.	11Y	00	118		00
	Enter Line 10 or Line 11, whichever is greater	12Y	00	128		00
		13				00
	Add amounts on Lines 12Y and 12S	14				00
	VATE PENSION CALCULATION — Private pensions are annuities, pensions, 401(K)	pla	ns. deferred co	mpe	ensation pla	ns.
	employed retirement plans, and IRA's funded by a private source.					
1.	Enter your Missouri Adjusted Gross Income from Form MO-1040P, Line 4	1				00
2.	Enter your 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
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
5.	Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5		1		00
	Enter taxable pension for each spouse from private sources from federal Form 1040A, Lines 11b and 12b, or federal Form		Y - YOURSELF		S - SPOUSE	
0.	1040, Lines 15b and 16b.	6Y	0	6S		00
7.	Enter the amounts from Line 6Y and 6S or \$6,000, whichever is less	7Y	0	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
	CIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social s		tv deduction vou r	nust l	oe 62 vears of	, 00
	by December 31 and have marked the 62 and older box on page 1 of Form MO-1040P. Age limit does not a					
1.	Enter your Missouri Adjusted Gross Income from Form MO-1040P, Line 4	1				00
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
3	Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0	3				00
0.	Outstack Line 2 from Line 1 and office of Line 5. If Line 2 is greater than Line 1, effect wo		Y - YOURSELF		S - SPOUSE	
4.	$ \textit{Enter \textbf{taxable}} \ \textit{social security benefits for each spouse from federal Form 1040A}, \ \textit{Line 14b or federal Form 1040A}, \ \textit{Line 20b}. $	4Y	0	4S		00
5.	Enter taxable social security disability benefits for each spouse from federal Form 1040A, Line 14b or federal Form 1040, Line 20b.	5Y	0	58		00
6.	Multiply Line 4 or Line 5 by 35%.	6Y	0	6S		00
	Add Lines 6Y and 6S.	7				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
ТО	TAL PENSION AND SOCIAL SECURITY / SOCIAL SECURITY DISABILITY EXEMPTION					
	Pension Exemption and Social Security / Social Security Disability Exemption. Add Line 14 (Public Pension Calculation),		TOTAL			
Line	9 (Private Pension Calculation), and Line 8 (Social Security Calculation) and enter here and on Form MO-1040P, Line 10		EXEMPTION			00

FORM MO-1040P PAGE 4

MISSOURI ITEMIZED DEDUCTIONS · Complete this section only if you itemized deductions on your federal return. (See information on page 6.) · Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A. 00 1. Total federal itemized deductions from Federal Form 1040, Line 40 2 00 2. 2008 (FICA) — yourself — Social security \$ — + Medicare \$ 3. 2008 (FICA) — spouse — Social security \$ ______ + Medicare \$ 00 3 4. 2008 Railroad retirement tax — yourself (Tier I and Tier II) \$ ______ + Medicare \$... 4 00 5. 2008 Railroad retirement tax — spouse (Tier I and Tier II) \$ ______ + Medicare \$... 5 00 6 00 7 00 7. TOTAL — Add Lines 1 through 6. 8. State and local income taxes — See instructions. 9. Earnings taxes included in Line 8 — See instructions. 10. Net state income taxes — Subtract Line 9 from Line 8. 10 00 00 NOTE: IF LINE 11 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INFOR

	2008 TAX TABLE																
If Line 1	5 is		If Line 1	5 is		If Line 1	5 is		If Line 1	5 is		If Line 1	5 is		If Line 1	5 is	
At least	But less than	Your tax is	At least	But less than	Your tax 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
For ac	cictanco	calculatin	a vour												9,000		315

For assistance calculating your tax, go to www.dor.mo.gov/tax and select the Tax Calculator.

Tax on the first \$9,000 of taxable income is \$315. Tax on the income over \$9,000 is calculated at 6%. Example: If Line 15 of the Missouri return is ◀

PLUS 6% of excess

over \$9,000

\$12,000, then the Missouri tax is \$315 + \$180 (6% of \$3,000) = \$495.

MO 860-1881 (09-2008) NOTE: Make sure \$315 is included in your calculation of tax on taxable income over \$9,000.

STANDARD DEDUCT	ION CHART FOR PEOPLE AGE FORM MO-1040P, LINE 8	65 OR OLDER OR BLIND
Check the following boxes that YOURSELF: ☐ Age 65 or old YOUR SPOUSE: ☐ Age 65 or old Grant House Hou	der 🗌 Blind	ouse: Enter the number of boxes checked to the left:
If your filing status is:	AND the number in the box above is:	THEN enter on Form MO-1040P, Line 8:
Single	1 2	\$ 6,800 \$ 8,150
Married filing combined or Qualifying Widow(er)	1 2 3 4	\$11,950 \$13,000 \$14,050 \$15,100
Note: See your federal return if you claimed a	an additional standard deduction.	
Married filing separate Note: If 3 or 4 boxes are checked, please see claim a spouse's additional standard deduction	1 2 e federal return. An example of this would be n if the spouse has no income and isn't the c	\$ 6,500 \$ 7,550 e when a married individual filing separate can dependent of another taxpayer.
Head of household	1 2	\$ 9,350 \$10,700



2008 FORM **MO-PTS**

Attachment Sequence No. 1	1040-07 and 1040P-01
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	THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM	MO-	-1040P.
NAME	LAST NAME FIRST NAME INITIAL BIRTHDATE	SOCI	AL SECURITY NO.
Ž	SPOUSE'S LAST NAME FIRST NAME INITIAL BIRTHDATE	- L SPOL	JSE'S SOCIAL SECURITY NO.
Ц	/		
<u>s</u>	You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc.,	nust b	e included with claim.
QUALIFICATIONS	A. 65 years of age or older (Attach a copy of Form SSA-1099.) B. 100% Disabled Veteran as a result of military service C. 100% Disabled (Attach a copy Security Administration or For	m SSA	-1099.)
QUAL	B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) D. 60 years of age or older and received spouse benefits (Attach a copy Veterans Affairs.)		
FII	LING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year	If ma you mu	rried filing combined, ust report both incomes.
	Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), 1099(s), W-2(s), etc.) will result in denial or delay of y	our cl	aim.
1	. Enter the amount of income from Form MO-1040, Line 6, OR Form MO-1040P, Line 4	1	00
2	2. Enter the amount of nontaxable social security benefits received by you and/or your minor children before any deductions and/or the amount of social security equivalent railroad retirement benefits. Attach a copy of Form SSA-1099 and/or RRB-1099.	2	00
3	B. 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(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC, etc.	3	00
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.	4	00
5	Enter the amount of veteran's payments or benefits before any deductions. Attach letter from Veterans Affairs.	5	00
6	Enter the total amount received by you and/or your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and/or TANF). Attach a copy of Form SSA-1099(s), a letter from the Social Security Administration and/or Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable.	6	00
7	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	00
8	B. TOTAL household income — Add Lines 1 through 7. Enter total here.	8	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; 	9	- 00
10	 Net household income — Subtract Line 9 from Line 8 and enter the amount; mark the box that applies. □ 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	00
11	. If you owned your home, enter the total amount of property tax paid for your home less special assessments. 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	00
12	 If you rented your home, enter the amount from Form MO-CRP(s), Line 9. Attach rent receipt(s) for each rent payment or a summary for the entire year; a statement from your landlord, or copies of cancelled checks (front and back along with Form MO-CRP. 		00
13	3. Add Lines 11 and 12. If you rented your home, enter the total or \$750, whichever is less. If you owned your home, enter the total or \$1,100, whichever is less.	13	00
14	I. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 39-41 or MO-1040P, pages 27-29 to figure your Property Tax Credit. You must use the chart to see how much credit you are allowed. Note: Renters - maximum allowed is \$750. Owners - maximum allowed is \$1,100. Enter this amount on Form MO-1040, Line 38 OR Form MO-1040P, Line 20.	14	00
\vdash	THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-10	1	;00

MISSOURI DEPARTMENT O CERTIFICATION OF RE		200 FORM MO-C	M	Read instruction Failure to provide result in denial or	landle	ord information	will
1. SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUME	BER		DU RELATED TO YOUR LA EXPLAIN.	NDLORD	? YES NO	
2. NAME		3. LANDLORD'S I	NAME, LA	ST 4 DIGITS OF SSN, OR I	EIN (MU	ST BE COMPLETED)	
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)		LANDLORD'S AD	DRESS, O	CITY, STATE, AND ZIP CO	DE (MUST	F BE COMPLETED)	
CITY, STATE, AND ZIP CODE		4. LANDLORD'S I	PHONE N	UMBER (MUST BE COMP	LETED)		
5. RENTAL PERIOD FROM: MONTH DURING YEAR	DAY	YEAR 2008	TO:	MONTH	DA	Y	YEAR 2008
Enter your gross rent paid. Attach rent recei or copies of cancelled checks (front and b					6		00
7. Check the appropriate box and enter the co A. APARTMENT, HOUSE, MOBILE H B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDENTIA D. SKILLED OR INTERMEDIATE CAI E. HOTEL If meals are included, enter F. LOW INCOME HOUSING — 100% G. SHARED RESIDENCE — If you sh or children under 18), check the a	OME, OR DUPLEX — 100% L CARE — 50% RE NURSING HOME — 45% - 50%; Otherwise, enter — 100 (Rent cannot exceed 40% of tot ared your rent with relatives and/o	% ral household in					
Additional persons sharing rent	percentage to be entered:	1 (50%)	(33%)	3 (25%)	7		%

MO 860-1089 (09-2008)

For Privacy Notice, see the instructions.

8. Net rent paid — Multiply Line 6 by the percentage on Line 7.

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8

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MISSOURI DEPARTMENT OF CERTIFICATION OF RE		200 FOR MO-C	M	Read instruction Failure to provide result in denial or	land	llord information will
SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUM	IBER		OU RELATED TO YOUR LAI , EXPLAIN.	NDLOF	RD? YES NO
2. NAME		3. LANDLORD'S	NAME, L	AST 4 DIGITS OF SSN, OR F	EIN (M	UST BE COMPLETED)
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)		LANDLORD'S AD	DRESS,	CITY, STATE, AND ZIP COE	E (MU	ST BE COMPLETED)
CITY, STATE, AND ZIP CODE		4. LANDLORD'S	PHONE N	NUMBER (MUST BE COMPL	ETED)	
5. RENTAL PERIOD FROM: MONTH DURING YEAR	DAY	YEAR 2008	TO:	MONTH	С	— YEAR — 2008
Enter your gross rent paid. Attach rent receip or copies of cancelled checks (front and ba					6	00
7. Check the appropriate box and enter the cor A. APARTMENT, HOUSE, MOBILE HO		7.				
B. MOBILE HOME LOT — 100%	JIVIL, OIT DOI LEX — 100/6					
☐ C. BOARDING HOME / RESIDENTIAL	CARE — 50 %					
D. SKILLED OR INTERMEDIATE CAR						
E. HOTEL If meals are included, enter						
F. LOW INCOME HOUSING — 100%				•		
G. SHARED RESIDENCE — If you sha or children under 18), check the a	-	•	tnan y	our spouse		
Additional persons sharing rent/			2 (33%)	☐ 3 (25%) · · · · ·	7	%
8. Net rent paid — Multiply Line 6 by the perce	-				8	00
9. Multiply Line 8 by 20%. Enter amount here a					9	00



2008 FORM **MO-PTS**

Attachment Sequence No. 1	1040-07 and 1040P-01
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	THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM	MO-	-1040P.
NAME	LAST NAME FIRST NAME INITIAL BIRTHDATE	SOCI	AL SECURITY NO.
Ž	SPOUSE'S LAST NAME FIRST NAME INITIAL BIRTHDATE	- L SPOL	JSE'S SOCIAL SECURITY NO.
Ц	/		
<u>s</u>	You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc.,	nust b	e included with claim.
QUALIFICATIONS	A. 65 years of age or older (Attach a copy of Form SSA-1099.) B. 100% Disabled Veteran as a result of military service C. 100% Disabled (Attach a copy Security Administration or For	m SSA	-1099.)
QUAL	B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) D. 60 years of age or older and rece spouse benefits (Attach a copy Veterans Affairs.)		
FII	LING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year	If ma you mu	rried filing combined, ust report both incomes.
	Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), 1099(s), W-2(s), etc.) will result in denial or delay of y	our cl	aim.
1	. Enter the amount of income from Form MO-1040, Line 6, OR Form MO-1040P, Line 4	1	00
2	2. Enter the amount of nontaxable social security benefits received by you and/or your minor children before any deductions and/or the amount of social security equivalent railroad retirement benefits. Attach a copy of Form SSA-1099 and/or RRB-1099.	2	00
3	B. 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(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC, etc.	3	00
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.	4	00
5	Enter the amount of veteran's payments or benefits before any deductions. Attach letter from Veterans Affairs.	5	00
6	5. Enter the total amount received by you and/or your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and/or TANF). Attach a copy of Form SSA-1099(s), a letter from the Social Security Administration and/or Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable.	6	00
7	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	00
8	B. TOTAL household income — Add Lines 1 through 7. Enter total here.	8	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; 	9	- 00
10	 Net household income — Subtract Line 9 from Line 8 and enter the amount; mark the box that applies. □ 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	00
11	. If you owned your home, enter the total amount of property tax paid for your home less special assessments. 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	00
12	 If you rented your home, enter the amount from Form MO-CRP(s), Line 9. Attach rent receipt(s) for each rent payment or a summary for the entire year; a statement from your landlord, or copies of cancelled checks (front and back along with Form MO-CRP. 		00
13	3. Add Lines 11 and 12. If you rented your home, enter the total or \$750, whichever is less. If you owned your home, enter the total or \$1,100, whichever is less.	13	00
14	I. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 39-41 or MO-1040P, pages 27-29 to figure your Property Tax Credit. You must use the chart to see how much credit you are allowed. Note: Renters - maximum allowed is \$750. Owners - maximum allowed is \$1,100. Enter this amount on Form MO-1040, Line 38 OR Form MO-1040P, Line 20.	14	00
\vdash	THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-10	1	;00

MISSOURI DEPARTMENT OF CERTIFICATION OF RE		200 FORM MO-C	M	Read instructio Failure to provide result in denial or	landio	ord information	
1. SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUME	BER		DU RELATED TO YOUR LA EXPLAIN.	NDLORD	? YES NO	
2. NAME		3. LANDLORD'S I	NAME, LA	ST 4 DIGITS OF SSN, OR I	EIN (MUS	ST BE COMPLETED)	
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)		LANDLORD'S AD	DRESS, (CITY, STATE, AND ZIP CO	DE (MUST	BE COMPLETED)	
CITY, STATE, AND ZIP CODE		4. LANDLORD'S I	PHONE N	UMBER (MUST BE COMP	LETED)		
5. RENTAL PERIOD FROM: MONTH DURING YEAR	DAY	YEAR 2008	TO:	MONTH	DA	<u> </u>	YEAR 2008
Enter your gross rent paid. Attach rent receip or copies of cancelled checks (front and ba					6		00
7. Check the appropriate box and enter the col 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 the a	OME, OR DUPLEX — 100% L CARE — 50% RE NURSING HOME — 45% — 50%; Otherwise, enter — 100' (Rent cannot exceed 40% of total ared your rent with relatives and/o	% cal household in or friends (other					
Additional persons sharing rent/	percentage to be entered:	1 (50%) 2	(33%)	3 (25%)	7		%

MO 860-1089 (09-2008)

For Privacy Notice, see the instructions.

8. Net rent paid — Multiply Line 6 by the percentage on Line 7.

00

00

8

9

MISSOURI DEPARTMENT OF CERTIFICATION OF RE		200 FOR MO-C	M	Read instruction Failure to provide result in denial or	land	llord information will
SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUM	IBER		OU RELATED TO YOUR LAI , EXPLAIN.	NDLOF	RD? YES NO
2. NAME		3. LANDLORD'S	NAME, L	AST 4 DIGITS OF SSN, OR F	EIN (M	UST BE COMPLETED)
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)		LANDLORD'S AD	DRESS,	CITY, STATE, AND ZIP COE	E (MU	ST BE COMPLETED)
CITY, STATE, AND ZIP CODE		4. LANDLORD'S	PHONE N	NUMBER (MUST BE COMPL	ETED)	
5. RENTAL PERIOD FROM: MONTH DURING YEAR	DAY	YEAR 2008	TO:	MONTH	С	— YEAR — 2008
Enter your gross rent paid. Attach rent receip or copies of cancelled checks (front and ba					6	00
7. Check the appropriate box and enter the cor A. APARTMENT, HOUSE, MOBILE HO		7.				
B. MOBILE HOME LOT — 100%	JIVIL, OIT DOI LEX — 100/6					
☐ C. BOARDING HOME / RESIDENTIAL	CARE — 50 %					
D. SKILLED OR INTERMEDIATE CAR						
E. HOTEL If meals are included, enter						
F. LOW INCOME HOUSING — 100%				•		
G. SHARED RESIDENCE — If you sha or children under 18), check the a	-	•	tnan y	our spouse		
Additional persons sharing rent/			2 (33%)	☐ 3 (25%) · · · · ·	7	%
8. Net rent paid — Multiply Line 6 by the percei	-				8	00
9. Multiply Line 8 by 20%. Enter amount here a					9	00

Pension Exemption Worksheet

Pension and Social Security/Social Security Disability Exemption

If you are claiming a pension and/or social security/social security disability exemption, you must attach a copy of your federal return (pages 1 and 2), your form 1099-R(s), and/or SSA-1099(s). Failure to provide this information will result in your exemption being disallowed.

Public Pension Calculation

Public pensions are pensions received from any federal, state, or local government. If you have questions about whether your pension is a public or a private pension, contact your pension administrator.

Line 1 — Missouri Adjusted Gross Income Less Taxable Social Security Benefits

Include your Missouri adjusted gross income from Form MO-1040P, Line 4, less your taxable social security benefits. Your taxable social security benefits can be found on:

- Federal Form 1040A—Line 14b
- Federal Form 1040—Line 20b

Line 4 — Total Social Security Benefits

Include the total 2008 social security benefits for each spouse. This information can be found on:

- Federal Form 1040A—Line 14a
- Federal Form 1040—Line 20a

Line 5 — Taxable Social Security Benefits

Include the taxable 2008 social security benefits for each spouse. This information can be found on:

- Federal Form 1040A— Line 14b
- Federal Form 1040—Line 20b

Taxable social security benefits must be allocated by each spouse's share of the benefits received for the year. Enter each spouse's portion of the taxable social security on Line 5. Please see the following for an example of this calculation:

Example: Husband has total social security benefits of \$23,000. Wife has total social security benefits of \$15,000. Their total combined social security benefit is \$38,000. The husband's percentage of the total is 61% (\$23,000 / \$38,000 = 60.52%). The wife's

percentage of the total is 39% (\$15,000 / \$38,000 = 39.47%). Their combined taxable social security benefit is \$31,000. To determine the husband's percentage of the taxable social security benefits, take \$31,000 x 61%, which equals \$18,910. To determine the wife's percentage of the taxable social security benefits, take \$31,000 x 39%, which equals \$12,090. Report on the applicable line \$18,910 for the husband and \$12,090 for the wife.

Line 7 — Taxable Public Pension

Include the taxable 2008 public pension for each spouse. This information can be found on:

- Federal Form 1040A— Line 12b
- Federal Form 1040—Line 16b

Do not include any payments from private pensions, social security benefits or railroad retirement payments on this line. (Exception: If you are 100 percent disabled, you may consider railroad retirement as taxable public pension.)

Private Pension Calculation Line 2 — Taxable Social Security Benefits

Include the taxable 2008 social security benefits. This information can be found on:

- Federal Form 1040A—Line 14b
- Federal Form 1040—Line 20b

Line 6 — Taxable Pension

Include the taxable 2008 pension received from private sources for each spouse. This information can be found on:

- Federal Form 1040A Lines 11b and
- Federal Form 1040 Lines 15b and 16b

Do not include any payments from public pensions, social security benefits, or railroad retirement payments on this line.

Social Security or Social Security Disability Calculation

Line 4 — Taxable Social Security Benefits

To take the social security exemption, you must be age 62 or older. An individual that receives social security retirement benefits, partial benefits at age 62, full benefits at age 65 or older, or a disabled individual receiving social

security disability income (SSDI), who reaches full retirement age during the taxable year and receives retirement benefits should include on **Line 4**, the amount of **federal taxable benefits**, which are included in Box 5 of Form SSA-1099, and reported as taxable social security on their federal return. This information can be found on:

- Federal Form 1040A—Line 14b
- Federal Form 1040—Line 20b

Taxable social security benefits must be allocated by each spouse's share of the benefits received for the year. Enter each spouse's portion of the taxable social security on Line 4. See the example provided for Line 5 of the public pension calaulation for additional help.

Line 5 — Taxable Social Security Disability Benefits

A disabled individual, receiving social security disability income (SSDI) for the entire taxable year should enter on **Line 5**, the amount of **federal taxable benefits**, which are included in Box 5 of Form SSA-1099, and reported as taxable social security on their federal return. This information can be found on:

- Federal Form 1040A— Line 14b
- Federal Form 1040—Line 20b

Taxable social security disability benefits must be allocated by each spouse's share of the benefits received for the year. Enter each spouse's portion of the taxable social security disability on Line 5. See the example provided for Line 5 of the public pension calculation for additional help.

Note: A taxpayer filing single, head of household, qualifying widower, or married filing separate may **not** enter amounts on both Line 4, Taxable Social Security Benefits, and Line 5, Taxable Social Security Disability Benefits. Report only Social Security Benefits on Line 4 and Social Security Disability Benefits on Line 5. However, if you are married filing a combined return, one spouse may enter an amount on Line 4 and the other spouse may enter an amount on Line 5.

Missouri Itemized Deductions

You cannot itemize your Missouri deductions if you took the standard deduction on your federal return. See Page 6, Line 8.

You must itemize your Missouri deductions if you were required to itemize on your federal return.

Line 1 — Federal Itemized Deductions

Include your total federal itemized deductions from Federal Form 1040, Line 40, and any **approved** cultural contributions (literary, musical, scholastic, or artistic) to a tax exempt agency or institution that is operated on a not-for-profit basis. **Cash contributions do not qualify.** Contact the Department of Revenue at (573) 526-8942 to determine if your contribution qualifies.

Lines 2 and 3 — Social Security Tax (FICA)

Social security tax is the amount in the social security tax withheld box on Form W-2(s). **The amount cannot exceed \$6,324.** Your Medicare is the amount in the Medicare tax withheld box on Form W-2(s). Enter the total on Line 2. Repeat for **your spouse** and enter the total on Line 3.

Lines 4 and 5 — Railroad Retirement Tax

Include the amount of railroad retirement tax withheld from your wages, Tier I and Tier II, during 2008. **The amount cannot exceed \$9,284.** (Tier I maximum of \$6,324 and Tier II maximum of \$2,960.) Enter the total on Line 4. Repeat for **your spouse** and enter the total on Line 5.

If a person has both FICA and railroad retirement tax, the maximum deduction allowed is the amount withheld as shown on the Form W-2(s) less, either the amount entered on Federal Form 1040, Line 65, or, if only one employer, the amount refunded by the employer.

Line 6 — Self-Employment Tax

Include as your self-employment tax the amount from Federal Form 1040, Line 27.

Line 8 — State and Local Income Taxes

Include the amount of **income taxes** from Federal Form 1040, Schedule A, Line 5. Do not include general **sales taxes** on Line 8. The amount you paid in state **income taxes** included in your federal itemized deductions, must be subtracted to determine Missouri itemized deductions.

Line 9 — **Earnings Taxes**

If you entered an amount on Line 8 and you live or work in the Kansas City or St.

2008 • PART OF YOUR SEE THE REVE	SOCIAL SECUR RSE SIDE FOR I	RITY BENEFIT: MORE INFOR	S SHOWN MATION.	N IN BOX 5 MAY BE TAXABLE INCOME.				
Box 1. Name			Box 2. Beneficiary's Social Security Number					
BETTY TAXPAYER			555-66-7777					
Box 3. Benefits Paid in 2008	Box 4. Benefits	Repaid to SSA	in 2008	Box 5. Net Benefits for 2008 (Box 3 minus Box 4)				
*\$8,400.00	NONE			\$8,400.00				
DESCRIPTION OF AI	MOUNT IN BOX	3	DESCRIPTION OF AMOUNT IN BO					
Paid by check or direct deposit		\$7,800.00		NONE				
Medicare premiums deducted from y	our benefit	\$600.00						
Total Additions		\$8,400.00						
Benefits for 2008		\$8,400.00						
			NONE Box 7. A BETT 5500	Address TY TAXPAYER TAXES LANE TOWN, MO 55555-5555				
*Includes: \$12.00 Paid in 2008 for 2	2007			Claim Number (Use this number if you need to contact SSA.)				

Louis area, you may have included earnings taxes. Include on Line 9 the amount of earnings taxes withheld shown on Form W-2(s). See Diagram Page 32, Box 19.

Line 11 — Total Itemized Deductions

If your total Missouri itemized deductions are less than your standard deduction (see Page 6, Line 8) you should take the standard deduction on the front of Form MO-1040P, Line 8, unless you were required to itemize your federal deductions. If you are required to itemize on the federal return, you must use the itemized amount from the itemized worksheet.

Attach a copy of Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

FORM MO-PTS

Information to Complete Property Tax Credit Schedule

If you qualify for the Property Tax Credit you must attach your Form MO-PTS to your Form MO-1040P and mail to: Missouri Department of Revenue, P.O. Box 2800, Jefferson City, MO 65105-2800.

Important: You must complete Form MO-1040P, Line 1 through Line 19, before you complete Form MO-PTS.

Note: If your filing status on Form MO-1040P is married filing combined, but you and your spouse lived at different addresses the entire year, you may file a separate **Form MO-PTC**. (Example: One spouse lives in a nursing home or residential care facility while the other spouse remains in the home the entire year.) If filing a separate **Form MO-PTC**, you cannot take the \$2,000 or \$4,000 deduction on Line 7 and you cannot calculate your Property Tax Credit on the Form MO-PTS.

Qualifications

Check the applicable box to indicate under which qualification you are filing the Form MO-PTS. See "Am I Eligible" chart on page 4. You must check a qualification box to be eligible for the credit. Check only one box. Attach the appropriate documentation to verify your qualification. (The required documentation is listed behind each qualification on Form MO-PTS.)

Helpful Hints

- If you are legally married and living together at any time during the year, you must file married filing combined and include all household income.
- Please use the social security number of the person filing the claim.

Line 2 — Social Security Benefits

Enter the amount of nontaxable social security benefits you and/or your minor children received before any deductions and/or amount of social security equivalent railroad retirement benefits. See the following to determine nontaxable benefits:

- Federal Form 1040, Line 20a less Line 20b
- Federal Form 1040A, Line 14a less Line 14b
- Form SSA-1099 and/or RRB-1099, Total Amount Before Deductions (if you did not include an amount on Federal Forms 1040 or 1040A)

Lump sum distributions must be claimed in the year in which they were received.

Helpful Hint

Wait to file your return until you get your SSA-1099. This is not the statement indicating what your benefits will be, but it is the actual Form SSA-1099 received in January, 2009 that states what your benefits were for the entire 2008 year. See Diagram on page 22.

Helpful Hint

If you are receiving railroad retirement benefits, you should get two Form RRB-1099s. Form RRB-1099-R shows annuities and pensions and the Form RRB-1099 is your social security equivalent railroad retirement benefits. Include the amount from Form RRB-1099 that states social security equivalent (usually Tier 1 benefits) on Line 2.

Line 3 — Exempt Interest and Pension Income

Enter the amount of pensions, annuities, dividends, rental income, or exempt interest income **not** included on Form MO-PTS, Line 1. See the following to

determine the amount of your nontaxable pension or exempt interest:

- Forms 1099-R(s) or W-2P(s) Total amount before deductions not included on Form MO-1040P, Line 4 (Missouri adjusted gross income).
- Form 1099-INT(s) Total amount not included on Form MO-1040P, Line 4 (Missouri adjusted gross income).

If grants or long-term care benefits are made payable to the nursing facility, do not include as income or rent.

Line 4 — Railroad Retirement Benefits

Form MO-1040P does not have provisions for subtracting railroad retirement benefits from federal adjusted gross income. If you have railroad retirement benefits, you must file Form MO-1040. See page 3 for information on how to obtain forms.

Line 5 — Veteran Benefits

Include your veteran payments and benefits. Veteran payments and benefits include education or training allowances, disability compensation, grants, and insurance proceeds.

Exceptions: If you are 100 percent disabled as a result of military service, you are not required to include your veteran payments and benefits. You must attach a letter from the Veterans Administration that states that you are 100 percent disabled as a result of military service. To request a copy of the letter call the Veterans Administration at (800) 827-1000.

If you are a surviving spouse and your spouse was 100 percent disabled as a result of military service, all the veteran payments and benefits must be included.

Line 6 — **Public Assistance**

Include the amount of public assistance, supplemental security income (SSI), child support, unemployment compensation, and Temporary Assistance payments received by you and/ or your minor children. Temporary Assistance payments include Temporary Assistance for Needy Families (TANF) payments. In Missouri, the program is referred to as Temporary Assistance (TA). This includes any governmental cash received. Do not include the value of commodity foods, food stamps, or heating and cooling

assistance. Attach a copy of Form SSA-1099(s), a letter from Social Security Administration and/or Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable.

Line 7 — Nonbusiness Loss(es)

Complete Line 7 only if nonbusiness losses reduced the amount reported on Form MO-PTS, Line 1. If Line 1 was reduced by nonbusiness losses, add back the amount of the loss on Line 7 (as a

Helpful Hints

- Supplemental security income (SSI) is paid by the Social Security Administration. You have to request an SSI form indicating total benefits received from your local social security office. The form should be stamped or signed by the Social Security Administration. If you have minor children who receive SSI benefits, the children do not qualify for a credit. However, if you qualify for a credit, you must include the children's SSI benefits on Line 6.
- If you receive temporary assistance from the Children's Division (CD) or the Family Support Division (FSD), you must include **all** cash benefits received for your **entire** household. The Department of Revenue verifies this information and failure to include total benefits may delay your refund.

positive amount). A nonbusiness loss is a loss of income that did not result from a trade or business. (Losses from Federal Form 1040, Schedule F and Schedule C, are considered business losses and should not be included here.)

Line 9 — Filing Status Deduction

Use your filing status to determine the deduction amount that will be entered on Line 9. If your filing status is **Single or Married Living Separate**, you will enter \$0 on Line 9.

If your filing status is **Married and Filing Combined**, see below to determine the amount you will enter on Line 9.

• If you OWNED and OCCUPIED your home for the **ENTIRE YEAR**, enter \$4,000 on Line 9.

 If you RENTED or did not own your home for the ENTIRE YEAR, enter \$2,000 on Line 9.

LINE 10 — Net Household Income

Subtract Line 9 from Line 8 and enter amount on Line 10. If you RENTED or did not own and occupy your home for the **ENTIRE YEAR**, the amount you enter on Line 10 cannot exceed \$27,500. If the amount of your net household income on Line 10 is above \$27,500, and you are not eligible for the credit, there is no need in completing and submitting the form.

If you OWNED AND OCCUPIED your home for the **ENTIRE YEAR**, the amount you enter on Line 10 cannot exceed \$30,000. If the amount of your net household income on Line 10 is above \$30,000, you are not eligible for the credit. There is no need in completing and submitting the form.

Note: Your home or dwelling is the place in which you reside in Missouri, whether owned or rented, and the surrounding land, not to exceed five acres, as is reasonably necessary for use of the dwelling as a home. A home may be part of a larger unit such as a farm or building partly rented or used for business. It may be a room in a nursing home, an apartment, or a mobile home unit.

Line 11 — Own Your Home

If you owned and occupied your home, include the amount of real estate tax you paid. Do not include special assessments (sewer lateral), penalties, service charges, and interest listed on your tax receipt. You can only claim the taxes on your primary residence that you occupy. Secondary homes do not apply.

If your home is more than five acres or you own a mobile home, attach Form 948, Assessor's Certification with a copy of paid tax receipt. Your county assessor will complete this form on your request. If you own a mobile home, the Form 948 must show only the value of the mobile home. Vehicles and other items on the personal property receipt are not allowed on the credit.

Helpful Hint

Real estate tax paid for a **prior year** cannot be claimed on this form. To claim real estate taxes for a prior year, you must file a claim for that year.

Helpful Hint

If you own your home and other adults (other than spouse) live there and pay rent, the rent must be included in your federal adjusted gross income.

If you submit more than one receipt for a city or county for your residence, please submit a letter of explanation.

If you share a home, report only the portion of real estate tax that was actually paid by you.

If you sold/bought your home during the year, attach a copy of the seller's/ buyer's agreement to your claim.

Line 12 — Rent Your Home

Complete one Form MO-CRP, Certification of Rent Paid, for **each** rented home (including mobile home and/or lot) you occupied during 2008. The Form MO-CRP is on the back of the Form MO-PTS and instructions are on page 25.

Add the totals from Line 9 on all Form MO-CRP(s) completed and enter on Line 12.

Attach rent receipt(s) for the whole year or each month or a signed statement from your landlord, along with Form MO-CRP. Copies of cancelled checks (front and back) will be accepted if your landlord will not provide rent receipts or statement.

Helpful Hint

If your rent is more than 60 percent of your income, you may qualify for housing assistance and you may be claiming the portion of your rent paid by a housing assistance program. Please claim only the amount of rent you pay or your refund will be delayed. If you do not qualify for housing assistance, please send an explanation of how additional rent is being paid.

You cannot claim returned check fees, late fees, security and cleaning deposits, or any other deposits.

If your gross rent paid exceeds your household income, you must attach a detailed statement explaining how the additional rent was paid or the claim will be denied.

Helpful Hints

- An apartment is a room or suite of rooms with separate facilities for cooking and other normal household functions.
- A boarding home is a house that provides meals, lodging, and the residents share common facilities.

(If total yearly rent is more than Line 8, attach rent payment explanation.) Attach rent receipt(s) for the whole year or each month or a statement from your landlord, along with Form MO-CRP. Copies of cancelled checks (front and back) will be accepted if your landlord will not provide rent receipts, or statement.

LINE 13 — Total Real Estate Tax/Rent Paid

Add amounts from Form MO-PTS, Lines 11 and 12 and enter amount on Line 13. If you rented, the maximum amount allowed is \$750. If you owned your home, the maximum amount allowed is \$1,100.

Helpful Hint

Your property tax credit is figured by comparing your total income received to 20 percent of your net rent paid or real estate tax paid. To make the comparison and determine your credit, use the 2008 Property Tax Credit Chart on pages 27 through 29. Lines are provided on the chart to help you figure this amount.

Example: Ruth paid \$1,200 in real estate tax and her total household income was \$15,000. Ruth will apply her tax paid and her total household income to the chart to figure out her credit amount. Even though Ruth paid \$1,200 in real estate tax, she is only allowed to take a credit of \$1,100. Ruth will use \$1,100 as tax paid and her total household income of \$15,000 to make the comparison. When using the chart, Ruth finds where \$15,000 and \$1,100 "meet" to figure her credit. The two numbers "meet" on the chart where the credit amount is \$1,059. Ruth will get a \$1,059 credit for the real estate tax she paid.

Line 14 — Property Tax Credit

Apply Lines 10 and 13 to the Property Tax Credit Chart on pages 27-29 to determine the amount of your property tax credit and enter amount on Line 14.

If you have another income tax or property tax credit liability, this property tax credit may be applied to that liability in accordance with Section 143.782, RSMo. You will be notified if your credit is offset against any debts.

Information to Complete Form MO-CRP

STEP 1

Enter all information requested on Lines 1–5. If rent is paid to a relative, the relationship to the landlord must be indicated on Line 1. Your claim may be delayed if you fail to enter all required information.

STEP 2

Enter on Line 6 the gross rent paid. Exclude rent paid for any portion of your home used in the production of income, and the rent paid for surrounding land with attachments not necessary nor maintained for homestead purposes. Also, exclude any rent paid to your landlord on your behalf by any organization or agency.

STEP 3

If you were a resident of a nursing home or boarding home during 2008, use the applicable percentage in Line 7. If you live in a hotel and meals are included in your rent payment, enter 50 percent; otherwise enter 100 percent. If two or more unmarried individuals over 18 years of age share a residence and each pay part of the rent, enter the total rent on Form MO-CRP, Line 6 and mark the appropriate percentage on box G of Line 7. If the rent receipt is for the total rent amount, then the percentage on box G of the Form MO-CRP must be used to determine your credit.

Additional persons sharing rent/percentage to be entered: (1 person—50%, 2 people—33%, 3 people—25%). If none of the reductions apply to you, enter 100 percent on Line 7.

STEP 4

Multiply Line 6 by the percentage on Line 7. Enter this amount on Form MO-CRP, Line 8.

STEP 5

Multiply Line 8 by 20% and enter the result on Line 9. Add the totals from Line 9 on **all** completed Form MO-CRP(s) and enter the amount on Line 12 of MO-PTS.

FINAL CHECKLIST BEFORE MAILING YOUR CLAIM

Failure to include required documentation and/or information, may reduce or delay your refund.

NOTE: Be sure you and your spouse are eligible to claim the property tax credit.

Please read instructions if you have any doubt about what is required. Peel the label (if available) off the cover of your tax book and place it on the completed claim if all information on the label is correct. If any address information is not correct, discard the label and print or type the correct information in the spaces provided. Print or type your social security number(s) and **birthdate(s)** in the spaces provided. **If you are age 65 or older:** Attach a copy of your Form SSA-1099 and/or RRB-1099. **If you are 100 Percent Disabled Veteran:** Attach a copy of the letter received from the Department of Veterans Affairs that states you are a 100 percent disabled as a result of military service, or references the Missouri Property Tax Credit. You can call the Department of Veterans Affairs at (800) 827-1000 to request the letter. If you are 100 Percent Disabled: Attach a copy of the letter from Social Security Administration and/or Form SSA-1099. **If you are 60 years of age or older and received surviving spouse benefits:** Attach a copy of Form SSA-1099. If the Form MO-1040P and Form MO-PTS is being filed on behalf of a deceased claimant: Federal Form 1310 and a copy of death certificate must be attached in order to put the check in another person's name. If the Form MO-1040P and Form MO-PTS is being filed on behalf of a claimant, a statement to that effect from the claimant's legal guardian (or Power of Attorney) must be attached. **If you owned and occupied your home:** Attach a copy of your **paid** 2008 real estate tax receipt(s). **If you owned and occupied your home and more than five acres:** Attach a copy of your **paid** 2008 real estate tax receipt(s) **and** a Form 948, Assessor's Certification. **If you owned and occupied a mobile home:** Attach a copy of your **paid** 2008 personal property/real estate tax receipt(s) and a Form 948, Assessor's Certification. NOTE: Copies of cancelled checks and mortgage statements are not acceptable for your real estate tax receipt. If you rent your home: Fill out the 2008 Form MO-CRP, Certification of Rent Paid. (Attach a copy of the rent receipt(s) or a statement from your landlord to Form MO-CRP). ■ Sign Form MO-1040P. (Both spouses must sign if filing a combined claim.) Retain a copy of your claim for your records. ■Attach your Forms MO-1040P, MO-PTS, and supporting documentation and mail to: *If a refund is due or no amount due:* If you have a balance due: Department of Revenue Department of Revenue P.O. Box 2800 P.O. Box 3395 Jefferson City, MO 65105-2800 Jefferson City, MO 65105-3395

- A. Enter amount from Line 10 here ______ B. Enter amount from Line 13 here
- C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTS, Line 14.

2008 PROPERTY TAX CREDIT CHART

AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS. LINE 13 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID

AMOU	NT FROM	1 LINE	B ABOV	/E OR FI	ROM FO	ORM MO	O-PTS, L	INE 13	— TOT	AL REAL	. ESTATI	E TAX O	R 20%	OF REN	T PAID
				FROM —				— FRC	ОМ —				— FROM		
		1076	1051	1026	1001	976	951	926	901	876	851	826	801	776	751
				то —				Т	0 —				то		
		1100	1075	1050	1025	1000	975	950	925	900	875	850	825	800	775
FROM	TO			Re	efund is th	e actual to	tal amoun	t of allowa	able real e	state tax p	aid, not to	exceed \$	1,100		
1	14,300									0 (Form M			,		
14,301	14,600	1078	1053	1028	1003	978	953	928	903	878	853	828	803	778	753
14,601	14,900	1069	1044	1019	994	969	944	919	894	869	844	819	794	769	744
14,901	15,200	1059	1034	1009	984	959	934	909	884	859	834	809	784	759	734
15,201	15,500	1049	1024	999	974	949	924	899	874	849	824	799	774	749	724
15,501	15,800	1039	1014	989	964	939	914	889	864	839	814	789	764	739	714
15,801	16,100	1028	1003	978	953	928	903	878	853	828	803	778	753	728	703
16,101	16,400	1016	991	966	941	916	891	866	841	816	791	766	741	716	691
16,401	16,700	1005	980	955	930	905	880	855	830	805	780	755	730	705	680
16,701	17,000	993 980	968 955	943 930	918 905	893 880	868 855	843 830	818 805	793 780	768 755	743 730	718 705	693 680	668
17,001 17,301	17,300	968	943	930	893	868	843	818	793	768	743	718	693	668	643
17,301	17,600 17,900	954	929	904	879	854	829	804	793	754	729	704	679	654	629
17,001	18,200	941	916	891	866	841	816	791	766	741	716	691	666	641	616
18,201	18,500	927	902	877	852	827	802	777	752	727	702	677	652	627	602
18,501	18,800	913	888	863	838	813	788	763	738	713	688	663	638	613	588
18,801	19,100	898	873	848	823	798	773	748	723	698	673	648	623	598	573
19,101	19,400	883	858	833	808	783	758	733	708	683	658	633	608	583	558
19,401	19,700	868	843	818	793	768	743	718	693	668	643	618	593	568	543
19,701	20,000	852	827	802	777	752	727	702	677	652	627	602	577	552	527
20,001	20,300	836	811	786	761	736	711	686	661	636	611	586	561	536	511
20,301	20,600	819	794	769	744	719	694	669	644	619	594	569	544	519	494
20,601	20,900	802	777	752	727	702	677	652	627	602	577	552	527	502	477
20,901	21,200	785	760	735	710	685	660	635	610	585	560	535	510	485	460
21,201	21,500	767	742	717	692	667	642	617	592	567	542	517	492	467	442
21,501	21,800	749 731	724 706	699 681	674 656	649 631	624 606	599 581	574 556	549 531	524 506	499 481	474 456	449 431	424
21,801 22,101	22,100 22,400	712	687	662	637	612	587	562	537	512	487	462	436	412	387
22,401	22,700	693	668	643	618	593	568	543	518	493	468	443	418	393	368
22,701	23,000	673	648	623	598	573	548	523	498	473	448	423	398	373	348
23,001	23,300	653	628	603	578	553	528	503	478	453	428	403	378	353	328
23,301	23,600	633	608	583	558	533	508	483	458	433	408	383	358	333	308
23,601	23,900	613	588	563	538	513	488	463	438	413	388	363	338	313	288
23,901	24,200	591	566	541	516	491	466	441	416	391	366	341	316	291	266
24,201	24,500	570	545	520	495	470	445	420	395	370	345	320	295	270	245
24,501	24,800	548	523	498	473	448	423	398	373	348	323	298	273	248	223
24,801	25,100	526	501	476	451	426	401	376	351	326	301	276	251	226	201
25,101	25,400	504	479	454	429	404	379	354	329	304	279	254	229	204	179
25,401	25,700	481	456	431	406	381	356	331	306	281	256	231	206	181	156
25,701	26,000	457	432	407	382	357	332	307	282	257	232	207	182	157	132
26,001	26,300	434	409	384	359	334	309	284	259	234	209	184	159	134	109
26,301	26,600	410	385	360	335	310	285	260	235	210 185	185	160	135	110 85	85
26,601	26,900	385 361	360 336	335 311	310 286	285 261	260 236	235 211	210 186	161	160 136	135 111	110 86	61	60 36
26,901 27,201	27,200 27,500	335	310	285	260	235	210	185	160	135	110	85	60	35	10
27,201	27,800	310	285	260	235	210	185	160	135	110	85	60	35	10	10
27,801	28,100	284	259	234	209	184	159	134	109	84	59	34	9		
28,101	28,400	258	233	208	183	158	133	108	83	58	33	8			
28,401	28,700	231	206	181	156	131	106	81	56	31	6				
28,701	29,000	204	179	154	129	104	79	54	29	4					
29,001	29,300	177	152	127	102	77	52	27	2						
29,301	29,600	149	124	99	74	49	24								
29,601	29,900	121	96	71	46	21									
00.001	20.000	0.5		4.5	0.0										

29,901

30,000

95

70

45

20

- A. Enter amount from Line 10 here _____
- B. Enter amount from Line 13 here ___
- C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTS, Line 14.

AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE 13 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID

				FROM —				— FRC	рм —				— FROM	1 ——	
		726	701	676	651	626	601	576	551	526	501	476	451	426	401
				то —				т	0 —	I		I	то-		
		750	725	700	675	650	625	600	575	550	525	500	475	450	425
FROM	ТО		1	Ref	fund is the	actual tot	al amount	of allowal	ble real es	tate tax pa	id, not to	exceed \$1	.100		
1	14,300									(Form MC			,		
14,301	14,600	728	703	678	653	628	603	578	553	528	503	478	453	428	403
14,601	14,900	719	694	669	644	619	594	569	544	519	494	469	444	419	394
14,901	15,200	709	684	659	634	609	584	559	534	509	484	459	434	409	384
15,201	15,500	699	674	649	624	599	574	549	524	499	474	449	424	399	374
15,501	15,800	689	664	639	614	589	564	539	514	489	464	439	414	389	364
15,801	16,100	678 666	653 641	628 616	603 591	578 566	553 541	528 516	503 491	478 466	453 441	428 416	403 391	378 366	353 341
16,101 16,401	16,400 16,700	655	630	605	580	555	530	505	480	455	430	405	380	355	330
16,701	17,000	643	618	593	568	543	518	493	468	443	418	393	368	343	318
17,001	17,300	630	605	580	555	530	505	480	455	430	405	380	355	330	305
17,301	17,600	618	593	568	543	518	493	468	443	418	393	368	343	318	293
17,601	17,900	604	579	554	529	504	479	454	429	404	379	354	329	304	279
17,901	18,200	591	566	541	516	491	466	441	416	391	366	341	316	291	266
18,201	18,500	577	552	527	502	477	452	427	402	377	352	327	302	277	252
18,501	18,800	563	538	513	488	463	438	413	388	363	338	313	288	263	238
18,801	19,100	548	523	498	473	448	423	398	373	348	323	298	273	248	223
19,101	19,400	533	508	483	458	433	408	383	358	333	308	283	258	233	208
19,401 19,701	19,700 20,000	518 502	493 477	468 452	443 427	418 402	393 377	368 352	343 327	318 302	293 277	268 252	243 227	218 202	193 177
20,001	20,300	486	461	436	411	386	361	336	311	286	261	236	211	186	161
20,301	20,600	469	444	419	394	369	344	319	294	269	244	219	194	169	144
20,601	20,900	452	427	402	377	352	327	302	277	252	227	202	177	152	127
20,901	21,200	435	410	385	360	335	310	285	260	235	210	185	160	135	110
21,201	21,500	417	392	367	342	317	292	267	242	217	192	167	142	117	92
21,501	21,800	399	374	349	324	299	274	249	224	199	174	149	124	99	74
21,801	22,100	381	356	331	306	281	256	231	206	181	156	131	106	81	56
22,101	22,400	362	337	312	287	262	237	212	187	162	137	112	87	62	37
22,401	22,700	343 323	318 298	293 273	268	243 223	218 198	193 173	168	143 123	118 98	93 73	68 48	43 23	18
22,701 23,001	23,000 23,300	303	278	253	248 228	203	178	153	148 128	103	78	53	28	3	
23,301	23,600	283	258	233	208	183	158	133	108	83	58	33	8	3	
23,601	23,900	263	238	213	188	163	138	113	88	63	38	13			
23,901	24,200	241	216	191	166	141	116	91	66	41	16				
24,201	24,500	220	195	170	145	120	95	70	45	20	k				
24,501	24,800	198	173	148	123	98	73	48	23						
24,801	25,100	176	151	126	101	76	51	26	1		· ·	\			
25,101	25,400	154	129	104	79	54	29	4							
25,401	25,700	131	106	81	56	31	6								
25,701 26,001	26,000 26,300	107 84	82 59	57 34	32 9	7					Г	AMPLE			
26,301	26,600	60	35	10	9									0.00	d
26,601	26,900	35	10	10								Line 10 ne 13 o			
26,901	27,200	11										525, the			
27,201	27,500											ould be		tax Cit	suit
27,501	27,800										LVVC	Tulu be	ψ10 .		
27,801	28,100														
28,101	28,400														
28,401	28,700														
28,701	29,000														
29,001	29,300														
29,301 29,601	29,600 29,900														
29,801	30,000														
23,301	30,000														

A. Er	nter amount from Line 10 here	B.	. Enter amount from Line 13 here
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C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTS, Line 14.

AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE 13 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID

Auvioc	INT FROI	VI EII VE	- D AD	– FROM	KIKO	VII OK	WI WIC	-1 13, L	— FRC		T/AL IXI	TAL LOI	/ (IL I /	IX OK	FROM -	- IXEI VI	17110
		276	251		201	276	251	226			151	126	1.01	76		26	1
		376	351	326	301	276	251	226	201	176	151	126	101	76	51	26	1
				— то -					TO						<u>то —</u>		
		400	375	350	325	300	275	250	225	200	175	150	125	100	75	50	25
FROM	TO		R									to exceed	\$1,100				
1	14,300			0	r rent cr	edit equiv	alent no	t to exce	ed \$750	(Form M	O-PTS, L	ine 13).					
14,301	14,600	378	353	328	303	278	253	228	203	178	153	128	103	78	53	28	3
14,601	14,900	369	344	319	294	269	244	219	194	169	144	119	94	69	44	19	
14,901	15,200	359	334	309	284	259	234	209	184	159	134	109	84	59	34	9	
15,201	15,500	349	324	299	274	249	224	199	174	149	124	99	74	49	24		
15,501	15,800	339	314	289	264	239	214	189	164	139	114	89	64	39	14		
15,801	16,100	328	303	278	253	228	203	178	153	128	103	78	53	28	3		
16,101	16,400	316	291	266	241	216	191	166	141	116	91	66	41	16			
16,401	16,700	305	280	255	230	205	180	155	130	105	80	55	30	5			
16,701	17,000	293	268	243	218	193	168	143	118	93	68	43	18				
17,001	17,300	280	255	230	205	180	155	130	105 93	80	55	30	5				
17,301 17,601	17,600 17,900	268 254	243 229	218 204	193 179	168 154	143 129	118 104	79	68 54	43 29	18 4					
17,801	18,200	254	216	191	166	141	116	91	66	41	16	4					
18,201	18,500	227	202	177	152	127	102	77	52	27	2		Н				
18,501	18,800	213	188	163	138	113	88	63	38	13							
18,801	19,100	198	173	148	123	98	73	48	23					nis are	a indic	cates n	10
19,101	19,400	183	158	133	108	83	58	33	8					credit	is allov	wable.	. [
19,401	19,700	168	143	118	93	68	43	18	1								
19,701	20,000	152	127	102	77	52	27	2	\				П				
20,001	20,300	136	111	86	61	36	11										
20,301	20,600	119	94	69	44	19											
20,601	20,900	102	77	52	27	2											
20,901	21,200	85	60	35	10												
21,201	21,500	67	42	17							XAMI		***		.		
21,501	21,800	49	24									10 is					
21,801	22,100	31	6									of Fo					
22,101	22,400	12										then t	the tax	k cred	it		
22,401 22,701	22,700 23,000									V	vould l	oe \$8.					
23,001	23,300																
23,301	23,600																
23,601	23,900																
23,901	24,200																
24,201	24,500																
24,501	24,800																
24,801	25,100																
25,101	25,400																
25,401	25,700																
25,701	26,000																
26,001	26,300																
26,301	26,600																
26,601	26,900																
26,901	27,200																
27,201 27,501	27,500 27,800																
27,801	28,100																
28,101	28,400																
28,401	28,700																
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29,001	29,300																
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29,601	29,900																
29,901	30,000																
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2008 MISSOURI SCHOOL DISTRICT NUMBERS

Your Missouri school district number **must be entered on your income tax return.** This information is supplied to the State Department of Elementary and Secondary Education and is used in determining the amount of state aid to your school district.

Enter the number of the public school district where your residence is located.

The Missouri public school district names and numbers are listed alphabetically by school district name. Generally, the name of your public school district is also the name of the city, town, or village where your public school is located.

Do not write the name of the school district on the return. Enter only the number of the district in the following list. For example:

 All public schools located in the City of Springfield are in "Springfield R-XII" School District, and number "475" should be entered in the space provided. • All public schools located in the City of Columbia are in "Columbia 93" School District, and number "098" should be entered in the spaces provided.

The following should be considered in determining your public school district number:

- 1. Determine your public school district at the time of completing your return.
- 2. If you live in one school district and work or have a permanent or temporary mailing address in another, enter the district number where you live.
- 3. If you are in military service or a student temporarily living and working away from your permanent residence, enter the district number of your permanent residence.
- 4. If you were a part-year resident of Missouri, enter the school district number of your residence while living in Missouri.
- 5. If you are a "nonresident" of Missouri, your school district number is "347".

If you are unable to determine your school district number from these instructions, call the public elementary or public high school of your school district.

NAME NUM	ABER	NAME	NUMBER	NAME	NUMBER	NAME	NUMBER	NAME	NUMBER
Adair Co. R-I (Novinger).		Cainsville R-I		Dallas Co. R-I ((Buffalo)112	Gasconade Co. R	-l	Hurley R-I	
Adair Co. R-II (Brashear).		Calhoun R-VIII.			113	(Hermann)			
Adrian R-III		Callao C-8			ring) 385	Gasconade Co. R			
Advance R-IV		Camdenton R-III			116	(Owensville)		1	30
Affton 101		Cameron R-I		Dent-Phelps R-		Gideon 37		iron Co. C-4 (V	/iburnum) .218
Albany R-III		Campbell R-II		,		Gilliam C-4		Jackson P II	
Altenburg 48		Canton R-V				Gilman City R-IV			
Appleton City R-II		Cape Girardeau (Carl Junction R-I			119	Glenwood R-VIII Golden City R-III		Jefferson C-123	
Arcadia Valley R-II	000	Carrollton R-VII			120	Gorin R-III		,	o.)
(Ironton)	009	Carthage R-IX			121	Grain Valley R-V	173	,	
Archie R-V		Caruthersville 18				Grandview C-4		Jefferson Co. R	
Ash Grove R-IV		Cassville R-IV			123	(Jackson Co.)	174	(RFD, Festus)	
Atlanta C-3		Center 58		Dunklin R-V		Grandview R-II		Jennings	
Aurora R-VIII	013	(Jackson Count	y) 074	(Jefferson Co.)124	(Jefferson Co.)	175	Johnson Co. R-	VII571
Ava R-I	014	Centerville R-I .	077			Green City R-I	177	Joplin R-VIII	
Avenue City R-IX	015	Central R-III (Parl	k Hills)480	East Buchanan		Green Forest R-II	178	Junction Hill C	-12229
Avilla R-XIII	016	Centralia R-VI .		(Gower) East Carter Co.		Green Ridge R-VI	III 179		
		Chadwick R-I			126	Greenfield R-IV			231
Bakersfield R-IV		Chaffee R-II				Greenville R-II			232
Ballard R-II		Charleston R-I .			o. R-VI 128	Grundy Co. R-V (Galt) 182		233
Bayless		Chilhowee R-IV			129				234
Bell City R-II		Chillicothe R-II.			ngs R-II 131	Hale R-I			1235 236
Belleview R-III		Clark Co. R-I (Ka				Halfway R-III		King City K-1.	
Belton 124		Clarksburg C-2.		Elsberry R-II	134	Hallsville R-IV			Co.) 237
Bernie R-XIII		Clarkton C-4 Clayton		Eminence R-I .		Hamilton R-II Hancock Place		Kingston 42 (C	
Bevier C-4	020	Clearwater R-I .		Everton R-III		Hannibal 60			
Billings R-IV		Clever R-V			gs 40 138	Hardeman R-X			
Blackwater R-II		Climax Springs R		Exeter R-VI	139	Hardin-Central C			240
Blair Oaks		Clinton		Fair Cuarra D V	140	Harrisburg R-VIII			
Bloomfield R-XIV		Clinton Co. R-III			140	Harrisonville R-IX			I242
Blue Eye R-V		(Plattsburg)	397	Fair Play R-II .		Hartville R-II			-VIII 244
Blue Springs R-IV		Cole Camp R-I .				Hayti R-II		Knox Co. R-I (E	dina)245
Bolivar R-l		Cole Co. R-I		Farmington R-\		Hazelwood	196		
Boncl R-X	038	(Russellville) .	432		147	Henry Co. R-I (W	indsor) .553	Laclede Co. C-	
Boonville R-I	039	Cole Co. R-V (Eu	gene)136		ssant R-II148	Hermitage R-IV	198	,	on)247
Bosworth R-V		Columbia 93			149	Hickman Mills C-	-1200		I (Conway) .102
Bowling Green R-I		Community R-VI				Hickory Co. R-I			s Co.)248
Bradleyville R-I		Concordia R-II.	101			(Urbana)		Lafayette Co. C	
Branson R-IV		Cooper Co. R-IV		Fort Osage R-I	(Route 2,	Higbee R-VIII		00)
Braymer C-4		(Bunceton)			e)153	High Point R-III		Lakeland R-III	251
Breckenridge R-I		Cooter R-IV			R-II 154	Hillsboro R-III			251
Brentwood		Couch R-I			d)155	Holcomb R-III			252
Bronaugh R-VII		Cowgill R-VI			l R-III 156	Holden R-III			
Brookfield R-III Brunswick R-II		Craig R-III Crane R-III		Franklin Co. R-		Holliday C-2 Hollister R-V			
Buchanan Co. R-IV	032	Crawford Co. R-I			laven) 157	Houston R-I			
(DeKalb)	115	(Bourbon)			R-I158	Howard Co. R-II			
Bucklin R-II		Crawford Co. R-I		i ulton 50	159	(Glasgow)	168		258
Bunker R-III		Crocker R-II		Gainesville R-V	/160	Howell Valley R-			
Butler R-V		Crystal City 47.			161	Hudson R-IX			R-VII261
		.,			162	Humansville R-IV			
Cabool R-IV	057	Dadeville R-II			1 (Falcon) 163	Hume R-VIII			

NAME NU	MBER N	NAME	NUMBER	NAME	NUMBER	NAME	NUMBER	NAME	NUMBER
Leopold R-III Lesterville R-IV	265	Montgomery Co. (Montgomery (City)324	Osceola Otterville R-VI .			Osage R-II439 R-I440	Sweet Springs	R-VII501
Lewis Co. C-1	N	Montrose R-XIV Morgan Co. R-I (Ozark R-VI		Scotland Co. F	₹-I		502
(Ewing)		Morgan Co. R-II		Palmyra R-I	378			Tarkio R-I Thaver R-II	503
Liberal R-II	268	(Versailles) Mound City R-II		Paris R-II	379	Scott Co. Cent	tral		505
Liberty 53		Mountain Grove		Park Hill Parkway C-2					-II 506
Lincoln R-II	272 ^N	Mountain View-l Tree R-III		Pattonsburg R-II		Sedalia 200 .		Tri-County R-\	508 /II
Lindbergh R-VIII Linn Co. R-I (Purdin)		Mt. Vernon R-V		Pattonville R-III			sville C-8445 446		
Livingston Co. R-III				Pemiscot Co. R-I (RFD, Caruther		Seymour R-II			510
(Chula)		Naylor R-II	331	Pemiscot Co. Spe	ecial	Shawnee R-III Shelby Co. R-I		Twin Rivers R- (Broselev)	·X 512
Logan-Rogersville R-VIII		Neelyville R-IV Nell Holcomb R-		School Dist Perry Co. 32				(broseley) .	
Lone Jack C-6 Lonedell R-XIV		Neosho R-V		Pettis Co. R-V		Sheldon R-VII	l451	Union R-XI (Fr	
Louisiana R-II	200	Nevada R-V New Bloomfield		(Hughesville) . Pettis Co. R-XII		Sherwood Cas	ss R-VIII		514 I515
Luray 33	281 N	New Franklin R-	337	(RFD, Sedalia)	390	(Creighton)	453		/
Lutie R-VI	202	New Haven (Fran Co.)		Phelps Co. R-III	120			Vallar Dad	F10
Macks Creek R-V		New Madrid Co.	R-I340	(Edgar Springs) Pierce City R-VI			456	,	
Macon Co. R-I	N	New York R-IV.		Pike Co. R-III (Cla	arksville) .392				520
(Macon) Macon Co. R-IV		Newburg R-II Newtown-Harris		Pilot Grove C-4 Plainview R-VIII			459		
(New Cambria)		Niangua R-V		Plato R-V		South Callawa	y R-II	verona K-VII	522
Madison C-3	· · · · ∠U/	Nixa R-II Nodaway-Holt R		Platte Co. R-III	206	South Harrison		Walnut Grove	R-V527
Malden R-I	280	(Grahám) Nonresident		(Platte City) Pleasant Hill R-II		(Bethany)	461	Warren Co. R-	
Manes R-V	290 N	Norborne R-VIII		Pleasant Hope R		South Holt Co	. K-I 462		R-VI529
Mansfield R-IV	I.	Normandy		Pleasant View R-Polo R-VII		South Iron Co	. R-I		530
Heights	292	North Andrew C (Rosendale)		Poplar Bluff R-I	402	(Annapolis) South Nodawa		Washington .	531
Marceline R-V		North Callaway	R-I	Portageville Potosi R-III		(Barnard)	464		-VI
Maries Co. R-II	N	(Kingdom City) -North Daviess R		Prairie Home R-\	V 404	South Pemisco		Webb City R-\	/II
(Belle-Bland)		North Harrison R	R-III	Princeton R-V . Purdy R-II			465 ne Co. R-I .466		es
(Morrisville)		(Eagleville) North Kansas Cit		Putnam Co R-1		Southern Reyr		Wellington-Na R-IX	
Marion Co. R-II	295 _N	North Mercer Co	. R-III	Puxico R-VIII	407	Southland C-9		Wellston	
Mark Twain R-VIII	207	(Mercer) North Nodaway		Ralls Co. R-II (Ce	enter) 408	(Cardwell) .		Wellsville-Mic	ldletown
Marquand-Zion R-VI Marshall	290	(Hopkins)		Raymondville R-	VII410	Southwest Liv	ingston Co. 		V 539
Marshfield R-I		North Pemiscot () (Wardell)		Raymore-Peculia		Southwest R-V	/	West Nodawa	y Co. R-I
Maryville R-II		North Platte Co.		Raytown C-2 Reeds Spring R-I'	V413				unction)540 VII541
Maysville R-I McDonald Co. R-I		(Dearborn)		Renick R-V	414	Special Schoo	l District of	West Platte Co	
(Anderson)	304	North St. Francoi (Bonne Terre)		Republic R-III (Republic)	415				542
Meadow Heights R-II Meadville R-IV	200	North Shelby		Revere C-3				West St. Franc	ois Co. R-IV
Mehlville R-IX	307	North Wood R-I Northeast Nodav		Rich Hill R-IV . Richards R-V		Spring Bluff R-	-XV 474	Westran R-I .	545
Meramec Valley R-III Mexico 59	210	(Ravenwood).		Richland R-I		St. Charles Co	KII		546
Miami R-I (Bates Co.)	1	Northeast Rando (Cairo)		(Stoddard Co.) Richland R-IV .		(Orchard Fa	rm)477		1
Miami R-I (Saline Co.) . Mid-Buchanan Co. R-V		Northeast Verno	n Co. R-I	Richmond R-XVI	421		/I476 478	Willard R-II .	550
(Faucett)	313	(Walker) Northwest R-I		Richwoods R-VII		St. Elizabeth R	I-IV479		s R-IV551
Middle Grove C-1 Midway R-I	314	(High Ridge) .	362	Ridgeway R-V . Ripley Co. R-III	423			Windsor C-1 (lefferson Co	.)552
Milan C-2		Northwestern R-I (Mendon)		(Gatewood)	164	St. Louis City		Winfield R-IV	
Miller R-II	318 _N	Norwood R-I		Ripley Co. R-IV (RFD, Donipha	ın)424				
Miller Co. R-III (Tuscumbia)	511			Risco R-II		Steelville R-III			
Mirabile C-1	319 (Oak Grove R-VI		Ritenour Riverview Garde				Worth Co. R-II	I558
Missouri City 56 Moberly		Oak Hill R-I Oak Ridge R-VI		Rock Port R-II	428		C-2		II559 1560
Monett R-I	322	Odessa Ř-VII		Rockwood R-VI Rolla 31				vvyaconda C-	
Moniteau Co. C-I (Jamestown)		Oran R-III Orearville R-IV .		Roscoe C-I			492 -XVI575	Zalma R-V	
Moniteau Co. R-I	(Oregon-Howell I	R-III246	0.1 0.00		Strasburg C-3			
(California)		Orrick R-XI Osage Co. R-I (C		Salem R-80 Salisbury R-IV .					
(Latham)	256	Osage Co. R-II (L		Santa Fe R-X		Sullivan			
Moniteau Co. R-VI (Tipton)		Osage Co. R-III (Westphalia) .	544	(Alma) Sarcoxie R-II			R-II		
Monroe City R-I		Osborn R-O		Savannah R-III .	437		III 500		
				2.1					

Missouri Department of Revenue Tax Assistance Centers

Public hours Monday through Friday at the offices listed below are:

January through April

May through December

7:30 a.m. to 5:30 p.m.

8:00 a.m. to 5:00 p.m.

Individuals with speech or hearing impairments may use TDD(800) 735-2966 or fax (573) 526-1881.

Cape Girardeau

3102 Blattner Dr., Suite 102 (573) 290-5850

Jefferson City

301 West High St., Room 330 (573) 751-7191

<u>Joplin</u>

1110 East 7th St., Suite 400 (417) 629-3070

Kansas City

615 East 13th St., Room 127 (816) 889-2920

Springfield

149 Park Central Square, Room 313 (417) 895-6474 St. Louis

3256 Laclede Station Rd., Suite 101 (314) 877-0177

St. Joseph

525 Jules, Room 314 (816) 387-2230

Other Important Phone Numbers

Forms-by-Fax (573) 751-4800 Automated IVR Refund/Balance Due Inquiry (573) 526-8299 General Inquiry Line (573) 526-8942 Electronic Filing Information (573) 751-3930

Download forms or check the status of your return from our web site: www.dor.mo.gov/tax Suggestions for Improvements to Forms and Instructions e-mail: taxsuggest@dor.mo.gov Property Tax Credit e-mail: propertytaxcredit@dor.mo.gov

Federal Privacy Notice

The Federal Privacy Act requires the Missouri Department of Revenue (Department) to inform taxpayers of the Department's legal authority for requesting identifying information, including social security numbers, and to explain why the information is needed and how the information will be used.

Chapter 143 of the Missouri Revised Statutes authorizes the Department to request information necessary to carry out the tax laws of the state of Missouri. Federal law 42 U.S.C. Section 405 (c)(2)(C) authorizes the states to require taxpayers to provide social security numbers.

The Department uses your social security number to identify you and process your tax returns and other documents, to determine and collect the correct amount of tax, to ensure you are complying with the tax laws, and exchange tax information with the Internal Revenue Service, other states, and the Multistate Tax Commission (Chapters 32 and 143, RSMo). In addition, statutorily provided non-tax uses are: (1) to provide information to the Department of Higher Education with respect to applicants for financial assistance under Chapter 173, RSMo and (2) to offset refunds against amounts due to a state agency by a person or entity (Chapter 143, RSMo). Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having the statutory right to obtain it as indicated above. (For the Department's authority to prescribe forms and to require furnishing of social security numbers, see Chapters 135, 143, and 144, RSMo.)

You are required to provide your social security number on your tax return. Failure to provide your social security number or providing a false social security number may result in criminal action against you.

a Control number	55555		OMB No. 1545-0	008					
b Employer identification number ((EIN)			1	Wages, tips, other compensation	on 2 Federal income tax withheld			
c Employer's name, address, and	ZIP code			3	Social security wages	4 Social security tax withheld			
				5 Medicare wages and tips 6 Medicare tax withheld					
				7	Social security tips	8 Allocated tips			
d Employee's social security numb	oer			9	Advance EIC payment	10 Dependent care benefits			
e Employee's first name and initial	Last name		Suff.	11 Nonqualified plans 22a 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25					
				14	Other	12c			
f Employee's address and ZIP cod						d e			
15 State Employer's state ID num	16 St	ate wages, tips, etc.	17 State incom	ne tax	x 18 Local wages, tips, etc.	. 19 Local income tax 20 Locality name			
W-2 Wage and Statemen Copy 1—For State, Oity, or Loc	rt	ent	100) E	B Department	nt of the Toursury—Internal Revenue Service			
	Missouri Ta	ves Withh	eld		Earnings Tax				

Diagram: Form W-2