# MISSOURI



# Form MO-1040 Individual Income Tax Long Form

# **File Electronically!**

Last year, more than 1.8 million Missouri Individual Income Tax Returns were filed electronically.

See page 2 for details.

# Tax Deadline April 18

See page 4 for extensions.

Visit our web site at http://dor.mo.gov/personal

# **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 providers can be found at http://dor.mo.gov/personal/individual/.
- 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 http://dor.mo.gov/personal/individual/.

# **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 13 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 http://dor.mo.gov/personal

## 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
- Get answers to frequently asked questions
- Use our Fill-in Forms that Calculate

• Pay your taxes online

• 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. If your form has a 2-D barcode, the **REFUND** returns should be mailed to: **Department of Revenue, P.O. Box 3222, Jefferson City, MO 65105-3222** and returns with a balance due should be mailed to: **Department of Revenue, P.O. Box 3370, Jefferson City, MO 65105-3370**.

# WHAT'S INSIDE

| Page                            |
|---------------------------------|
| Address Change                  |
| Adjusted Gross Income           |
| Federal                         |
| Missouri                        |
| Worksheet                       |
| Amended Return                  |
| Amount Due                      |
| Composite Return5               |
| Consumer's Use Tax              |
| Credit Card Payment             |
| Domicile                        |
| Deductions                      |
| Personal Exemption7             |
| Dependent                       |
| Elderly Dependent               |
| Healthcare Sharing Ministry7    |
| Federal Income Tax7             |
| Itemized7, 35                   |
| Long-term Care Insurance        |
| Standard7                       |
| Depreciation Adjustment         |
| Disabled, 100 Percent           |
| Enterprise or Rural Empowerment |
| Zone Income Modification        |
| Estimated Tax                   |
| Declaration of                  |
| Underpayment Penalty10, 31-34   |
| Extension                       |
| Filing Requirements             |
| Filing Status                   |

# DO YOU HAVE THE CORRECT TAX BOOK?

Form MO-1040 is Missouri's long form. It is a universal form that can be used by anyone.

If you **do not** have any of the special filing situations described below and you choose to file a paper tax return, try filing a short form. The short forms are less complicated and provide only the necessary information for specific tax filing situations.

#### YOU <u>MUST</u> FILE FORM MO-1040 IF ONE OR MORE OF THE FOLLOWING APPLIES:

- You claim:
  - a. A pension or social security/social security disability exemption and/or property tax credit and you also have other special filing situations. (If you do not have any other special filing situations described in this section, you can use Form MO-1040P—Short Form to file your taxes and claim the property tax credit/pension exemption.);
  - b. Miscellaneous tax credits (taken on Form MO-TC); and/or
  - c. A credit for payment made with the filing of a Form MO-60, Application for Extension of Time to File.
- You 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), Missouri Higher Education Deposit Program, and/or other qualified 529 plan;

| Fiscal Year Filers                       |
|--|
| When to File4                            |
| Form MO-1040 Completion5                 |
| Forms Ordering                           |
| Income Tax                               |
| Local Earnings                           |
| Paid to Other States (Resident Credit    |
| or Missouri Income Percentage)8          |
| Percentage (Resident Credit or           |
| Missouri Income Percentage)8             |
| State                                    |
| Individual Medical Accounts11, 12        |
| Interest                                 |
| Exempt Federal Obligations               |
| State and Local Obligations              |
| Late Filing and Payment                  |
| Additions                                |
| Interest                                 |
| Payment Options4                         |
| 1040V                                    |
| Lump Sum Distribution                    |
| Mailing Addresses                        |
| Military Personnel                       |
| Missouri Taxpayer Bill of Rights         |
| Missouri Withholding                     |
| Form 1099                                |
| Form W-2                                 |
| Modifications to Income11, 12, 35        |
| MOST, Missouri Higher Education Deposit  |
| Program, other qualified 529 plans11, 35 |
| Name, Address, etc.                      |
| Deceased Taxpayer                        |
| Social Security Number                   |

- c. Interest on federal exempt obligations;
- d. Interest on state and local obligations;
- e. Capital gain exclusion;
- f. Exempt contributions made to or earnings from the Missouri Savings for Tuition Program (MOST), Missouri Higher Education Deposit Program, and/or other qualified 529 plan ;
- g. Enterprise zone or rural empowerment zone modification;
- h. Negative adjustments related to the bonus depreciation;
- i. Net operating loss carryback/carryforward; or
- j. Combat pay included in federal adjusted gross income.
- You and/or your spouse have income from another state.
- You are claiming a deduction for dependent(s) age 65 or older.
- You owe a penalty for underpayment of estimated tax.
- You are filing an amended return.
- You owe tax on a lump sum distribution included on Federal Form 1040, Line 44.
- You owe recapture tax on low income housing credit.
- You are a nonresident entertainer or a professional athlete.
- You are a fiscal year filer.
- You are a nonresident military service member stationed in Missouri and you or your spouse earned non-military income while in Missouri.
- You claim a deduction for other federal tax (from Federal Form 1040, Lines 45, 47, 58, and any recapture taxes included on Line 60).

• You claim a Healthcare Sharing Ministry deduction.

If you qualify to use a short form, visit **http://dor.mo.gov/personal/individual/** to select the easiest form.

#### To Obtain Forms:

- Access http://dor.mo.gov/personal/individual/
- Call the 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 forms you need.

If you need to obtain a federal form, you can access the IRS web site at **www.irs.gov**.

## 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.

#### WHEN TO FILE

Calendar year taxpayers must file no later than **April 18, 2011**. Late filing will subject taxpayers to charges for interest and additions to tax. Fiscal year filers must file no later than the 15th day of the fourth month following the close of their taxable year.

#### **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 17, 2011.

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 the 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 rate will be updated annually and can be found on our web site at **http://dor.mo.gov/personal/individual/.** 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.

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 **http://dor.mo.gov/personal/individual/** for your payment options. If you are mailing a partial payment, please use the form MO-1040V found on page 40.

#### 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 500 Jefferson City, MO 65106-0500.

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

Department of Revenue P.O. Box 329

Jefferson City, MO 65107-0329.

2-D barcode returns, see page 2.

#### **DOLLARS AND CENTS**

Rounding is required on your tax return. Zeros have been placed in the cents columns 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.

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

#### REPORT OF CHANGES IN FEDERAL TAXABLE INCOME

When your federal taxable income or federal tax liability is changed as a result of an audit or notification by the Internal Revenue Service, or if you file an amended federal income tax return, you must report such change by filing an amended Missouri income tax return with the Department of Revenue within 90-days of the change. Failure to notify the Department of Revenue properly within the 90 day period extends the statute of limitations to one year after the Department of Revenue becomes aware of such determination either from the Internal Revenue Service or the filing of the amended return. You will be subject to interest and additions to tax charges if you owe additional tax to Missouri.

#### AMENDED RETURN

To file an amended individual income tax return, use Form MO-1040. Check the box at the top of the form. Complete Forms MO-1040 and MO-A, pages 1 and 2, using corrected figures. Attach all schedules along with a copy of your federal changes and your Federal Form 1040X. If you are due a refund, mail to: Department of Revenue, P.O. Box 500, Jefferson City, MO 65106-0500. If you have an amount due, mail to Department of Revenue, P.O. Box 329, Jefferson City, MO 65107-0329.

#### FILL-IN FORMS THAT CALCULATE

Access http://dor.mo.gov/personal/ individual/ 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: **http://dor.mo.gov/personal/individual/** or call our automated individual income tax inquiry line (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.

#### RESIDENT

A resident is an individual who either 1) maintained a domicile in Missouri or 2) did not maintain a domicile in Missouri but did have permanent living quarters and spent more than 183 days of the taxable year in Missouri. **Exception:** An individual domiciled in Missouri who did not maintain permanent living quarters in Missouri and did maintain permanent living quarters elsewhere, and spent 30 days or less of the taxable year in Missouri is not a resident.

**Domicile:** The place an individual intends to be his/her permanent home; a place that he/she intends to return to whenever absent. A domicile, once established, continues until the individual moves to a new location with the true intention of making his/her permanent home there. An individual can have only one domicile at a time.

#### NONRESIDENT

A nonresident is an individual who does not meet the definition of resident. If required to file, nonresidents with income from an other state must use Form MO-NRI to determine income percentages.

#### NONRESIDENT ALIEN SPECIAL FILING INSTRUCTIONS

If you do not have a social security number, enter your identifying number in the social security number space provided.

Enter on Form MO-1040, Line 1 the amount from Federal Form 1040NR, Line 36 or Federal Form 1040NR-EZ, Line 10.

#### Filing Status

If you marked Box 1 or 2 on the Federal Form 1040NR; or Box 1 on Federal Form 1040NR-EZ, check Box A on Form MO-1040.

If you marked Box 3 or 4 and did not claim your spouse as an exemption on Federal Form 1040NR, check Box D on Form MO-1040.

If you marked Box 3 or 4 and claimed your spouse as an exemption on Federal Form 1040NR, check Box E on Form MO-1040.

If you marked Box 5 on Federal Form 1040NR; or Box 2 on Federal Form 1040NR-EZ, check Box D on Form MO-1040.

If you marked Box 6 on Federal Form 1040NR, check Box G on Form MO-1040.

#### **Itemized Deductions**

Nonresident aliens who are required to itemize their deductions for federal purposes must also itemize deductions on their Missouri return. For more detailed information, visit the Frequently Asked Questions at http://dor.mo. gov/personal/individual/.

#### Federal Tax Deduction

Enter on Form MO-1040, Line 10 the amount from Federal Form 1040NR, Line 52 minus Line 43 and any amounts from Forms 8801, 8839 and 8885 included on Line 66; or the amount from Federal Form 1040NR-EZ, Line 15.

Enter on Form MO-1040, Line 11 the amount from Federal Form 1040NR, Lines 43, 45, and 56.

# Attach a complete copy of your federal return and all supporting documentation.

For all other lines of Form MO-1040, see instructions starting on this page.

#### **PART-YEAR RESIDENT**

All income earned while living in Missouri is taxable to Missouri. A part-year resident may determine to be taxed as a resident for the entire year by using Form MO-CR to claim a credit for taxes paid to another state on the income earned while living in Missouri. Or a part-year resident may use Form MO-NRI to determine their income percentage based on the income earned while living in Missouri.

#### MILITARY PERSONNEL

The Servicemembers Civil Relief Act prevents military personnel from being taxed on military income by any state other than their home of record state. The Military Spouses Residency Relief Act prevents income earned by servicemembers' spouses from being taxed by any state other than the state they declare as their state of residence.

#### **Missouri Home of Record**

If you entered the armed forces in Missouri, your home of record is presumed to be Missouri and you are presumed to be domiciled in Missouri.

#### Missouri Home of Record—Stationed Outside Missouri

If you: (a) maintained no permanent living quarters in Missouri during the year; (b) maintained permanent living quarters elsewhere; and (c) did not spend more than 30 days of the year in Missouri, you are considered a *nonresident* for tax purposes and your military pay, interest, and dividend income are not taxable to Missouri. Complete Form MO-NRI and attach to Form MO-1040.

**Note:** If your spouse remains in Missouri more than 30 days while you are stationed outside Missouri, your total income, including your military pay, is taxable to Missouri.

If you are the spouse of a military servicemember, are stationed outside of Missouri and Missouri is your state of residence, any income you earn is taxable to Missouri. If you earn more than \$1,200 you must file a Missouri return (Form MO-1040).

# Missouri Home of Record—Stationed in Missouri

If your home of record is Missouri and you are stationed in Missouri due to military orders, all of your income, including your military pay, is taxable to Missouri.

# Missouri Home of Record—Entering or Leaving the Military

If you are entering or leaving the military, Missouri is your home of record, and you spend more than 30 days in Missouri, your total income, including your military pay, is taxable to Missouri.

# Non-Missouri Home of Record – Stationed in Missouri

The military pay of nonresident military personnel stationed in Missouri due to military orders is not taxable to Missouri. If you are a servicemember and earned only military income while stationed in Missouri, complete a No Return Required-Military Online Form at the following address: http://dor.mo.gov/personal/individual/.

If you are a military servicemember and earned \$600 or more in Missouri in non-military income, this non-military income is taxable to Missouri and cannot be subtracted from your federal adjusted gross income on your Missouri return (Form MO-1040).

If you are the spouse of a military servicemember, are in Missouri because the military servicemember is stationed in Missouri on military orders, and your state of residence is another state, any income earned by you is not taxable to Missouri. However, if you earn more than \$600 you must file a Missouri return (Form MO-1040) and provide verification of your state of residence. Acceptable verification may include any of the following: a copy of your 2010 state income tax return filed in your state of residence, 2010 property tax receipts, current driver license, vehicle registration, or voter identification card. You must report the military pay of the servicemember and your income on Form MO-A, Part 1, Line 9, as a "Military (Nonresident)" subtraction to your federal adjusted gross income. For additional information, please visit http://dor.mo.gov/personal/individual/.

#### **OTHER STATE INCOME**

You must begin the Form MO-1040 with your total federal adjusted gross income, as reported on your federal return. Lines 1 through 25 of the return are computed as if you are a full-year resident. Tax (Line 25) is computed on all your income, and may then be reduced by a resident credit (Line 26), **or** by a Missouri income percentage (Line 27). The result is a prorated Missouri tax liability (Line 28) based only on the income earned in Missouri. See page 8, Lines 26 and 27.

#### **DECLARATION OF ESTIMATED TAX**

Residents and nonresidents are required to make a declaration of estimated tax if their Missouri estimated tax is expected to be at least \$100. If you are required to make estimated tax payments, you must do so by remitting your tax payment along with Form MO-1040ES, Estimated Tax Declaration for Individuals.

#### **ADDRESS CHANGE**

You may obtain an official address change form to change your address with the Department by visiting our website: http://dor.mo.gov/personal/individual/. 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. You may complete our online address change form at the following address: http://dor.mo.gov/ personal/individual/.

#### **COMPOSITE RETURN**

Businesses filing a composite return on behalf of their nonresident partners or shareholders should use Form MO-1040. Attach a schedule listing the name, address, identification number, and amount of each nonresident partner and/or shareholder's income from Missouri sources to Form MO-1040. Write "composite return" at the top of Form MO-1040. Refer to Missouri Regulation 12 CSR 10-2.190 for complete filing instructions. **Note: The tax rate for a composite return** 

is 6 percent. For more information, visit http://dor.mo.gov/forms/Composite\_Return\_ 2010.pdf

#### **CONSUMER'S USE TAX**

Use tax is imposed on the storage, use or consumption of tangible personal property in this state. The state use tax rate is 4.225%. Cities and counties may impose an additional local use tax. Use tax does not apply if the purchase is subject to Missouri sales tax or otherwise exempt. A purchaser is required to file a use tax return if the cumulative purchases subject to use tax exceed \$2,000 in a calendar year. You can use the Form 4340, Consumer's Use Tax Return, located on page 39. The due date for Form 4340 is April 18, 2011.



#### Important: Complete your federal return first.

If you are filing a fiscal year return, indicate the beginning and ending dates on the line provided near the top of Form MO-1040.

#### Information to Complete Form MO-1040

#### NAME, ADDRESS, ETC.

If all the address information is correct on the preprinted label (if available), attach the label to the Form MO-1040 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 2010, check the appropriate box and write the date of death after the decedent's first name in the name and address area of the return. If a refund is due to the deceased taxpayer, attach a copy of Federal Form 1310 and death certificate.

#### AGE 62 THROUGH 64

If you or your spouse were ages **62**, **63**, **or 64 by December 31**, **2010**, check the appropriate box as you may qualify for the social security deduction.

#### AGE 65 OR OLDER AND/OR BLIND

If you or your spouse were age **65 or older** or **blind** and qualified for these deductions on your 2010 federal return, check the appropriate boxes.

#### **100 PERCENT DISABLED PERSON**

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. A claimant is not required to be gainfully employed prior to such disability to qualify for a property tax credit. You may visit **http://dor.mo.gov/ personal** to learn more about the property tax credit claim.

#### **NON-OBLIGATED SPOUSE**

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.

#### FIGURE YOUR MISSOURI ADJUSTED GROSS INCOME

Missouri requires the division of income between spouses. Taxpayers filing a combined return pay less tax by dividing the income between spouses and then determining the tax amount for each person's income.

You must begin your Missouri return with your total federal adjusted gross income, even if you have income from a state other than Missouri.

#### LINE 1 — FEDERAL ADJUSTED GROSS INCOME

If your filing status is **"married filing combined"** and both spouses are reporting income, use the worksheet below to split income between you and your spouse. The combined income for you and your spouse must equal the total federal adjusted gross income you reported on your federal return. For **all other filing statuses**, use the chart below to determine your federal adjusted gross income.

#### If you include loss(es) of \$1,000 or more on Line 1, you must attach a copy of Federal Form 1040 (pages 1 and 2).

| FEDERAL FORM        | LINE    |
|---------------------|---------|
| Federal Form 1040   | Line 37 |
| Federal Form 1040A  | Line 21 |
| Federal Form 1040EZ | Line 4  |
| Federal Form 1040X  | Line 1  |

#### **Missouri Modifications**

Before completing Lines 2, 3, and 4, read the Information to Complete Form MO-A, Part 1, page 11.

#### LINE 2 — TOTAL ADDITIONS

Enter the total additions amount from Form MO-A, Part 1, Line 6.

#### LINE 4 — TOTAL SUBTRACTIONS

Enter the total subtractions amount from Form MO-A, Part 1, Line 14.

#### LINE 7 — INCOME PERCENTAGES

To calculate your income percentage for Line 7, complete the chart below if both spouses have income:

| <u>Yourself</u> |            |
|-----------------|------------|
| Line 5Y         | divided by |
| Line 6          | =          |
| <u>Spouse</u>   |            |
| Line 5S         | divided by |
| Line 6          | =          |

The total entered on Line 7 must equal 100 percent — round to the nearest percentage. (Example: 84.3% would be shown as 84%, and 97.5% would be shown as 98%.) Lines 7Y and 7S must equal 100%.

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 7Y and 100% on Line 7S. If nothing is entered, the department will consider this to be 100%.

#### WORKSHEET FOR LINE 1 — Instructions for Completing the Adjusted Gross Income Worksheet

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 Forms W-2 and 1099. 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 2009 Missouri tax withheld, less each spouse's 2009 tax liability. The result should be each spouse's portion of the 2009 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-1040, 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<br>for Combined Return          |      | Federal<br>Form 1040A<br>Line Number | Federal<br>Form 1040<br>Line Number | Y — Yourself |    | S — Spouse |
|---|------|--------------------------------------|-------------------------------------|--------------|----|------------|
| 1. Wages, salaries, tips, etc                                   | 1    | 7                                    | 7                                   | 00           | 1  | 00         |
| 2. Taxable interest income                                      | 2    | 8a                                   | 8a                                  | 00           | 2  | 00         |
| 3. Dividend income  | none | 9a                                   | 9a                                  | 00           | 3  | 00         |
| 4. State and local income tax refunds                           | none | none                                 | 10                                  | 00           | 4  | 00         |
| 5. Alimony received   | none | none                                 | 11                                  | 00           | 5  | 00         |
| 6. Business income or (loss)                                    | none | none                                 | 12                                  | 00           | 6  | 00         |
| 7. Capital gain or (loss)                                       | none | 10                                   | 13                                  | 00           | 7  | 00         |
| 8. Other gains or (losses)                                      | none | none                                 | 14                                  | 00           | 8  | 00         |
| 9. Taxable IRA distributions                                    | none | 11b                                  | 15b                                 | 00           | 9  | 00         |
| 10. Taxable pensions and annuities                              | none | 12b                                  | 16b                                 | 00           | 10 | 00         |
| 11. Rents, royalties, partnerships, S corporations, trusts, etc | none | none                                 | 17                                  | 00           | 11 | 00         |
| 12. Farm income or (loss)                                       | none | none                                 | 18                                  | 00           | 12 | 00         |
| 13. Unemployment compensation                                   | 3    | 13                                   | 19                                  | 00           | 13 | 00         |
| 14. Taxable social security benefits                            | none | 14b                                  | 20b                                 | 00           | 14 | 00         |
| 15. Other income  | none | none                                 | 21                                  | 00           | 15 | 00         |
| 16. Total (add Lines 1 through 15)                              | 4    | 15                                   | 22                                  | 00           | 16 | 00         |
| 17. Less: federal adjustments to income                         | none | 20                                   | 36                                  | 00           | 17 | 00         |
| 18. Federal adjusted gross income (Line 16 less Line 17)        |      |                                      |                                     |              |    |            |
| Enter amounts here and on Lines 1Y and 1S, Form MO-1040         | 4    | 21                                   | 37                                  | 00           | 18 | 00         |

#### FIGURE YOUR TAXABLE INCOME

#### LINE 8 — PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY EXEMPTION

If you or your spouse received public, private, or military pension, social security and/or social security disability, complete Form MO-A, Part 3. Enter the amount from Form MO-A, Part 3, Total Exemption on MO-1040, Line 8. Attach a copy of your federal return (pages 1 and 2), Forms 1099-R, Form W-2P, and/ or SSA-1099. Failure to attach these copies will result in the disallowance of your pension exemption, social security exemption, and/ or social security disability exemption.

#### LINE 9 — FILING STATUS AND EXEMPTION AMOUNT

Check the box applicable to your filing status. You must use the same filing status as on your Federal Form 1040 with two exceptions:

- 1. 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".
- 2. 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. Note: You must attach a copy of your federal return to verify this filing status. Only one box may be checked on Line 9, Boxes A through G.

Enter on Line 9 the amount of exemption claimed for your filing status on Boxes A through G. The amounts are listed on Form MO-1040. Attach a copy of your federal return.

#### LINE 10 — TAX FROM FEDERAL RETURN

Use the chart below to locate your tax on your federal return.

#### Do not enter your federal income tax withheld as shown on your Forms W-2 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". If you used a method other than the federal tax table to determine your federal tax, attach appropriate schedule.

| Federal<br>Form | Line Numbers  |  |  |  |  |  |  |  |
|-----------------|---|--|--|--|--|--|--|--|
| 1040            | Line 55 minus Lines 45, 63, 64a, 66, 67, and amounts from Forms 8801, 8839 and 8885 on Line 71. |  |  |  |  |  |  |  |
| 1040A           | Line 35 minus Lines 40, 41a, 43 and<br>any alternative minimum tax included<br>on Line 28.      |  |  |  |  |  |  |  |
| 1040EZ          | Line 11 minus Line 8 and 9a.  |  |  |  |  |  |  |  |
| 1040X           | Line 8 minus Lines 13 and 14, except amounts from Forms 2439 and 4136.                          |  |  |  |  |  |  |  |

#### LINE 11 — OTHER FEDERAL TAX

Enter the total amount of Lines 45, 47, 58, and any recapture taxes included on Line 60 from Federal Form 1040. Enter the amount of alternative minimum tax included on Line 28 of Federal Form 1040A. For amended returns enter the other taxes reported on Line 9 of Federal Form 1040X except: **do not include** self-employment tax, FICA tax, or railroad retirement tax on this line. **Attach a copy of your federal Forms 4255, 8611, or 8828 if claiming recapture taxes.** 

#### LINE 13 — FEDERAL INCOME TAX DEDUCTION

If you checked Box A, B, D, E, F, or G on Line 9, your federal tax deduction may not exceed \$5,000. If you checked Box C on Line 9, your federal tax deduction may not exceed \$10,000.

#### LINE 14 — STANDARD OR ITEMIZED DEDUCTIONS

**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-1040, Line 14.

Use the chart below to determine your standard deduction if you or your spouse marked any of the boxes for: 65 or older, blind or claimed as a dependent. If you claimed an additional standard deduction on your federal return, you must complete Form MO-L on page 25, and attach a copy of your Federal Schedule L.

| 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 \$5,700 if single or \$11,400 if married. **Itemized Deductions:** 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 federal return. To figure your itemized deductions, complete the Form MO-A, Part 2. Attach a copy of your federal return (pages 1 and 2) and Federal Schedule A.

#### LINES 15 AND 16 — TOTAL NUMBER OF DEPENDENTS

Do not include yourself or your spouse as dependents.

Line 15—Multiply by \$1,200 the total number of dependents you claimed on Line 6c of your federal return.

Line 16—Multiply by \$1,000 the total number of dependents you claimed on Line 15 that were age 65 or older by the last day of the taxable year. Do not include dependents that receive state funding or Medicaid. Attach a copy of your federal return (pages 1 and 2).

#### LINE 17 — LONG-TERM CARE INSURANCE DEDUCTION

If you paid premiums for qualified longterm care insurance in 2010, 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 below only if you paid premiums for a qualified long-term care insurance policy; and the policy is for at least 12 months coverage.

#### LINE 18 — HEALTH CARE SHARING MINISTRY

If you made contributions to a qualifying health care sharing ministry, enter the amounts you paid in 2010. Do not include amounts excluded from your federal taxable income.

#### WORKSHEET FOR LONG-TERM CARE INSURANCE DEDUCTION

| Α.  | Enter the amount paid for qualified long-term care insurance policy   |  |  |  |  |  |
|---|---|--|--|--|--|--|
|   | If you itemized on your federal return and your federal itemized deductions included medical expenses, go to Line B. If not, skip to H. |  |  |  |  |  |
| Β.  | Enter the amount from Federal Schedule A, Line 4B) \$   |  |  |  |  |  |
| C.  | Enter the amount from Federal Schedule A, Line 1  |  |  |  |  |  |
| 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   |  |  |  |  |  |
| Н.  | Enter Line G (or Line A if you did not have to complete Lines B through G) on Form MO-1040, Line 17                                     |  |  |  |  |  |
| Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A (if you itemized your deductions). |   |  |  |  |  |  |

#### LINE 20 — SUBTOTAL

Subtract Line 19 from Line 6. If less than zero, enter "0". **Do not enter a negative amount.** 

#### LINE 22 — ENTERPRISE ZONE INCOME OR RURAL EMPOWERMENT ZONE MODIFICATION

To claim the Enterprise Zone Income or Rural Empowerment Zone Modification, you must first receive notification of approval from the **Department of Economic Development**.

Enterprise Zone Income Modification: If you or your spouse have exempt income from a business facility located in an enterprise zone that has been approved by the Department of Economic Development, enter one-half of the Missouri taxable income attributed to the new business facility in the enterprise zone (refer to Form 4354) on Line 22.

Rural Empowerment Zone Modification: If you or your spouse have exempt income from a new business facility located within a rural empowerment zone that has been approved by the Department of Economic Development, enter the Missouri taxable income attributed to a new business facility in a rural empowerment zone. Enter on Line 22.

For additional information on either modification, you can access the web site at **www.ded.missouri.gov** or contact the Department of Economic Development, Incentives Section, P.O. Box 118, Jefferson City, MO 65102-0118.

# FIGURE YOUR TAX

LINE 25 — MISSOURI TAX

If your Missouri taxable income is less than \$9,000, use the tax table on page 26 to locate your tax. If greater than \$9,000, use the worksheet to calculate the tax.

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

#### LINES 26 AND 27 — RESIDENT CREDIT OR MISSOURI INCOME PERCENTAGE

**Note:** A taxpayer filing as a resident who paid taxes to another state or political subdivision may take a credit for tax paid by using Form MO-CR. A taxpayer filing as a nonresident may calculate their Missouri income percentage by using the Form MO-NRI. A Form MO-CR and a Form MO-NRI may not be used by the same taxpayer on Form MO-1040. (If filing a combined return, one spouse may use Form MO-NRI and the other spouse may elect to use Form MO-CR). See Lines 26 and 27. Visit **http://dor.mo.gov/personal/individual/** for more information and examples.

# Attach a copy of your other state's or politi - cal subdivision's return.

<u>Line 26</u>—Missouri Resident(s) You should take the resident credit (Form MO-CR) if:

- you are a full-year Missouri resident; and
- you paid income tax to other state(s) or political subdivisions.

Line 27—Nonresident(s) You should determine your Missouri income percentage (Form MO-NRI) if:

- you are a nonresident; and
- you had income from other state(s) or political subdivisions.

The amount on Line 27 should be 100 percent unless you use Form MO-NRI and determine a lesser percentage. If you do not enter a percentage on Line 27, your tax will be based on all of your income, regardless of where it was earned.

Line 26 or 27—Part-year Resident(s) You may take either the resident credit or the Missouri income percentage. Complete both Forms MO-CR and MO-NRI and use the one that is to your advantage. All income earned while living in Missouri is taxable to Missouri.

# Attach a copy of your other state or political subdivision's return.

#### LINE 29 — TAX ON LUMP SUM DISTRIBUTIONS AND RECAPTURE TAX ON MISSOURI LOW INCOME HOUSING CREDITS

*Lump Sum Distributions.* A taxpayer who receives a lump sum distribution may be required to file Federal Form 4972. Because this income is not included in your Missouri adjusted gross income, a separate calculation must be made to compute the Missouri tax on this distribution. You are subject to the tax if your state of legal residence was Missouri at the time you received the lump sum distribution. The amount of tax is 10 percent of your federal tax liability on the distribution received in 2010.

You must compute this tax by multiplying the amount shown as tax on a Lump Sum Distribution (Federal Form 4972) by 10 percent. For example, if your Federal Form 1040, Line 44 includes \$1,000 tax as a result of a Lump Sum Distribution (Federal Form 4972), the amount of tax on Form MO-1040, Line 29, would be \$100. Check the Lump Sum Distribution box on Line 29. **Attach a copy of Federal Form 4972.** 

**Recapture Tax.** If you are required to recapture a portion of any federal low income housing credits taken on a low income housing project, you are also required to recapture a portion of any state credits taken. The state recapture amount is the proportion of the state credit that equals the proportion the federal recapture amount bears to the original federal low income housing credit amount. Attach a copy of your federal return (pages 1 and 2) and Federal Form 8611.

#### FIGURE YOUR PAYMENTS AND CREDITS

#### LINE 32 — MISSOURI WITHHOLDING Include only Missouri withholding as shown on your Forms W-2, 1099, or 1099-R.

Do not include withholding for federal taxes, local taxes, city earnings taxes, other state's withholding, or payments submitted with Form MO-2NR or Form MO-2ENT. Attach a copy of all Forms W-2 and 1099. See Diagram 1, Form W-2, on page 44.

#### LINE 33 — ESTIMATED TAX PAYMENTS

Include any estimated tax payments made on your 2010 return and any overpayment applied from your 2009 Missouri return.

#### LINE 34 — NONRESIDENT PARTNER OR S CORPORATION SHAREHOLDER TAX WITHHELD

Include the payments from your distributive share by the partnership or S corporation, if you are a nonresident partner or S corporation shareholder as shown on Forms MO-2NR and MO-NRP. **Attach Forms MO-2NR and MO-NRP.** 

#### LINE 35 — NONRESIDENT ENTERTAINER TAX WITHHOLDING

Include your share of the payments from gross earnings as a nonresident entertainer, as shown on Forms MO-2ENT, Line 6. Attach a schedule showing the date(s) and place(s) of the performance(s), the nonresident entertainer entity's name, and how your share of the amount paid was calculated. **Attach Form MO-2ENT.** 

#### LINE 36 — EXTENSION OF TIME TO FILE

If you filed for an extension of time to file, enter on Line 36 the amount you paid to the Department of Revenue with Form MO-60.

#### LINE 37 — MISCELLANEOUS TAX CREDITS

You may be eligible for certain tax credits. The total amount of tax credit is computed by completing Form MO-TC, Miscellaneous Income Tax Credits. Enter the total tax credit amount from Form MO-TC, Line 13 on Form MO-1040, Line 37. Attach Form MO-TC, along with any applicable schedules, certificates, and/or federal forms. You can find a list of available credits and the agency to contact for information, forms, and approval to claim each credit on the Form MO-TC, Miscellaneous Income Tax Credits, located in this book.

#### LINE 38 — 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 36-38.

#### LINE 40 — AMENDED RETURN ONLY: PAYMENT ON ORIGINAL RETURN

Enter any payment(s) applied to your original filed return including any penalties and/or interest.

#### LINE 41 — AMENDED RETURN ONLY: OVERPAYMENT ON ORIGINAL RETURN

Enter the overpayment claimed or adjusted on your original return including interest.

#### **Indicate the Reason for Amending Your Return:**

Check the box relating to why you are filing an amended return.

- Box A—Mark Box A (federal audit) if you have knowledge or have received a notice that your federal return you previously filed was incorrect, or if the Internal Revenue Service adjusted your original return. You must attach a copy of your amended federal return or a copy of your revenue agent's report. Enter the month, day, and year your audit was finalized.
- Box B—Mark Box B if you have a net operating loss carryback on your amended return. Indicate the year your loss occurred.
- Box C-Mark Box C if you have an investment tax carryback on your amended return. Indicate the year your credit occurred.
- Box D—Mark Box D if you are filing an amended Missouri return as a result of filing an amended federal return. Enter the month, day, and year you filed your amended federal return.

#### FIGURE YOUR REFUND **OR AMOUNT DUE**

#### LINE 43 — OVERPAYMENT

If Line 39 is larger than Line 31, or if filing an amended return, Line 42 is larger than Line 31, enter the difference (overpayment) on Line 43. All or a portion of an overpayment can be refunded to you.

#### LINE 44 — APPLY OVERPAYMENT TO **NEXT YEAR'S TAXES**

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

#### LINE 45 — TRUST FUNDS

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



Children's Trust Fund Children's Trust Fund, Missouri's

Foundation for Child Abuse Prevention, is a non-profit organization dedicated to the vision of children free to grow and reach their full potential in a nurturing and healthy environment free from child abuse and neglect. Rather than reacting to abuse after the fact, Children's Trust Fund provides funding for education, public awareness, training, and communitybased prevention projects statewide that help support and strengthen families to prevent child abuse and neglect. Your contribution may be applied to the annual \$25 donation needed to acquire a one-year logo use authorization form, which is required to purchase the popular "prevent child abuse" license plate featuring the handprints logo. For more information, please contact: Children's Trust Fund, P.O. Box 1641, Jefferson City, MO 65102-1641, or call (573) 751-5147. (Minimum contribution: \$2, or \$4 if married filing combined)

Veterans Trust Fund — The Veterans Trust Fund expands the Missouri Veterans Commission's ability to provide quality healthcare at its seven veterans homes and to assist veterans and dependents through its Service to Veterans Program. Because of the availability of this fund, nursing care staff receive specialized training and assistance for the treatment of residents suffering from Alzheimer's, dementias, and other extraordinary ailments; and Veterans Service Officers and Assistants receive comprehensive training relating to veteran's benefits. Contributions may be made at any time directly to: Veterans Trust Fund, c/o The Missouri Veterans Commission, P.O. Drawer 147, Jefferson City, MO 65102-0147 or call (573) 751-3779. (Minimum contribution: \$2, or \$4 if married filing combined)

**Elderly Home Delivered Meals** Trust Fund — The Elderly Home A Delivered Meals Trust Fund Í provides an opportunity to support the home delivered meals program for Missouri's senior citizens. More than 5.5 million meals are provided each year to home bound senior citizens. These nutritionally balanced meals, delivered to the homes of seniors on the average of one meal per day, five days per week, help them live independently in their homes. The need for home delivered meals increases yearly as persons are living longer and may need assistance. For more information, please contact: Elderly Home Delivered Meals Trust Fund, c/o Division of Senior Services and Regulation, P.O. Box 570, 912 Wildwood Dr., Jefferson City, MO 65102, or call (573) 526-8567. (Minimum contribution: \$2, or *\$4 if married filing combined)* 

Missouri National Guard Trust Fund — The Missouri National 仫 Guard Trust Fund expands the capability to provide/coordinate Military Funeral Honors Ceremonies for veterans of Missouri and veterans buried in Missouri who have served their country in an honorable manner. Military Funeral Honors may be composed of "Two Member Detail" who may render honors, fold, and present the United States of America flag to primary next-of-kin, and sound Taps; "Four Member Detail" who may render honors, fire volleys, sound Taps, and fold and present the United States of America flag to primary next-of-kin; or "Veterans' Organization Detail" who may render honors, fire volleys, sound Taps, and fold and present the United States of America flag to primary next-of-kin. Contributions may be made at any time directly to Missouri National Guard Trust Fund, ATTN: JFMO-J1/SSH, 2302 Militia Drive, Jefferson City, MO 65101-1203 or call (573) 638-9663. (Minimum contribution: \$2, or \$4 if married filing combined).

Workers' Memorial Trust Fund --- The Workers Workers' Memorial Fund has been established to create a permanent memorial for all workers who suffered a job related death or injuries that resulted in a permanent disability while on the job in Missouri. The memorial will be located on the grounds of the state capitol. Requests for information and contributions may be made at any time directly to Workers' Memorial Fund, ATTN: Office of Administration, 301 W. High St., Room 570, Jefferson City, MO 65101. (Minimum contribution: \$1, or \$2 if married *filing combined*)

Childhood Lead Testing Fund — The LEAD Childhood Lead Testing Fund is used to support the administration of childhood lead programs, blood lead tests

for uninsured children, educational materials, analysis of blood lead test reports and case management. Lead poisoning affects children regardless of race, economic status or where they live. Activities supported by this fund ensure that Missouri children at risk for lead poisoning are tested and receive appropriate follow-up activities to protect their health and well being from the harmful effects of lead. Requests for information and contributions may be made at any time directly to the Missouri Department of Health and Senior Services, Childhood Lead Testing Fund, PO Box 570, Jefferson City, MO 65102-0570. (Minimum contribution: \$1, or \$2 if married *filing combined*)

General Revenue Trust Fund — General Revenue Requests for information and contributions may be made at any time directly to General Revenue Fund, ATTN: Department of Revenue, P.O. Box 3022, Jefferson City, MO 65105-3022. (Minimum contribution: \$1, or \$2 if married filing combined)

Missouri Military Military Family Relief Family Relief Fund Fund — For more information, please contact: Missouri Military Family Relief Fund, 2302 Militia Drive, ATTN: JFMO-J1/SS, Jefferson City, MO 65201-1203. (Minimum contribution: \$1, or *\$2 if married filing combined)* 

After-School Retreat Reading and Assessment Grant Program **Fund** — The After-School Retreat Reading and Assessment Grant Program Fund has been established to fund the development of after school programs which are educational in nature, with an emphasis in reading and student reading assessment. The Department of Elementary and Secondary Education will establish a grant program to administer and distribute contributions. Direct contributions can be made by sending a check made payable to the Treasurer State of Missouri to: Director of Community Education, P.O. Box 480, Jefferson City, MO 65102. The contributor should note that the purpose of the check is for the After-School Retreat Reading and Assessment Program Fund.

#### Additional Trust Funds

If you choose to give to additional trust funds, enter the two-digit additional trust fund code in the spaces provided on Line 45. If you want to give to more than two additional trust funds, please submit a contribution directly to the fund. For additional information, see http://dor.mo.gov/personal/individual/.

Donations received from the following funds are designated specifically for Missouri residents.

| <u>Trust Funds</u>                       | <u>Codes</u> |
|--|--------------|
| American Cancer Society High Plains      |              |
| Division, Inc., Fund                     | 01           |
| American Diabetes Association            |              |
| Gateway Area Fund                        | 02           |
| American Heart Association Fund          | 03           |
| American Lung Association of             |              |
| Missouri Fund                            | 04           |
| Amyotrophic Lateral Sclerosis (ALS-Lo    |              |
| Gehrig's Disease) Fund                   | 05           |
| Arthritis Foundation Fund                | 09           |
| Breast Cancer Awareness Fund             | 13           |
| Cervical Cancer Fund                     | 12           |
| March of Dimes Fund                      | 08           |
| Muscular Dystrophy Association Fund.     |              |
| National Multiple Sclerosis Society Fund | 10           |



American Cancer Society Heartland Division, Inc., Fund (01) — For more information

anytime, call toll free 1-800-ACS-2345 or visit www.cancer.org. Donations can be sent directly to the American Cancer Society at 1100 Pennsylvania Avenue, Kansas City, MO 64105. (Minimum irrevocable contribution: *\$1, not to exceed \$200)* 



American Diabetes Associa-tion Gateway Area Fund (02) — Requests for informa-

tion may be made by calling 1-800-238-3594 or contacting Gateway Area Diabetes Association Fund, 10820 Sunset Office Drive, St. Louis, MO 63127. (Minimum irrevocable contribution: \$1, not to exceed \$200)



**American Heart Association Fund** (03) — For more information, please contact: American Heart Association,

4643 Lindell Boulevard, St. Louis, MO 63108, or call (314) 367-3383. (Minimum irrevocable contribution: \$1, not to exceed \$200)

American Lung Association of Missouri **Fund** (04) — For more information, please contact: American Lung Association Missouri Fund, 1118 Hampton Avenue, St. Louis, MO 63139-3196. (Minimum irrevocable contribution: \$1, not to exceed \$200)

**ALS Lou Gehrig's Disease Fund** (05) — Call 1-888-873-8539 for ASSOCIATION patient services in Eastern Missouri and 1-800-878-2062 for patient services in Western Missouri. (Minimum irrevocable contribution: \$1, not to exceed \$200)

ARTHRITIS Arthritis Foundation Fund (09) THE CALL CALL AND A CALL 1-800-402-2491 and/or visit www.arthritis.org. Contributions can be made at any time directly to the Arthritis Foundation, 9433 Olive Blvd., Suite 100, St. Louis, MO 63132. (Minimum irrevocable contribution: \$1, not to exceed \$200)



**Breast Cancer Awareness** Fund (13) — All funds raised

are designated for the sole purpose of providing breast cancer services. For more information, please contact the Missouri Women's Council, 301 W. High, Jefferson City, MO 65101 or call 573-751-0810.



**Cervical Cancer Prevention** Program (12) — For more information, contact the Missouri Department of Health and Senior

Services, Show Me Healthy Women Program, P.O. Box 570, Jefferson City, MO 65102-0570 or call (573) 752-2845. www.dhss.mo.gov/BreastCervCancer/ (No minimum contribution; irrevocable trust fund)

March of Dimes Fund (08) -March of Dimes Send requests for information 0 and contributions directly to the Greater Missouri Chapter March of Dimes at 2001 S. Hanley Road, Suite 510, Brentwood, MO 63144. (Minimum irrevocable contribution: \$1, not to exceed \$200)

Muscular Dystrophy Association Fund (07) — Requests for information and contributions may be made at any time directly to: MDA Missouri Divisional Office; 9200 Ward Parkway, Suite 350; Kansas City, MO 64114-3387; (816) 444-1554. (Minimum irrevocable contribution: \$1, not to exceed \$200)



National Multiple Sclerosis Society Fund (10) — Call 1-800-FIGHT MS or visit

our web site at www.nationalmssociety.org or contacting National Multiple Sclerosis Society Fund, 1867 Lackland Hill Parkway, St. Louis, MO 63146. (Minimum irrevocable contribution: \$1, not to exceed \$200)

#### LINE 46 — REFUND

Subtract Lines 44 and 45 from Line 43 and enter on Line 46.

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 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 48 — UNDERPAYMENT OF **ESTIMATED TAX PENALTY**

If the total payments and credits amount on Line 39 less Line 36 or Line 42 less Line 36, is less than 90 percent (66-2/3 percent for farmers) of the amount on Line 31, or if your estimated tax payments were not paid timely, you may owe a penalty. Complete Form MO-2210, Underpayment of Estimated Tax for Individuals, see pages 31-34. If you owe a penalty, enter the penalty amount on Line 48. If you have an overpayment on Line 43, the Department of Revenue will reduce your overpayment by the amount of the penalty.

#### LINE 49 — AMOUNT DUE

Payments must be postmarked by April 18, 2011, 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. By submitting payment by check, you authorize the Department of Revenue to process the check electronically upon receipt. Do not postdate. The Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds. If you mail your payment after your return is filed, attach your payment to the Form MO-1040V found on page 40.

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

**Credit Card:** The Department accepts MasterCard, Discover,



Visa, and American Express. You can pay online at http://dor.mo.gov/ personal/individual/, or by calling (888) 929-0513. The convenience fees listed below will be charged to your account for processing credit card payments:

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.

| 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-\$1,500.00 | 2.75%           |
| \$1,500.01-\$2,000.00 | 2.70%           |
| \$2,000.01 or more    | 2.60%           |

#### MAIL FORM MO-1040, ATTACHMENTS, AND PAYMENT (IF NECESSARY) TO:

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 500 Jefferson City, MO 65106-0500.

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

**Department of Revenue** 

P.O. Box 329

Jefferson City, MO 65107-0329.

2-D barcode returns, see page 2.

#### SIGN RETURN

You **must sign** Form MO-1040. Both spouses must sign 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 your preparer's firm, indicate "yes" by checking the appropriate box.

# FORM MO-A Information to Complete Form MO-A

#### PART 1

#### MISSOURI MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

Form MO-A, Part 1, computes Missouri modifications to federal adjusted gross income. Modifications on Lines 1, 2, 3, 4 and 5 **include income** that is exempt from federal tax, but taxable for state tax purposes. Modifications on Lines 7, 8, 9, 10, 11, 12 and 13 **exclude income** that is exempt from state tax, but taxable for federal tax purposes. If after reviewing the instructions for Part 1, you have no modifications, enter on Form MO-1040, Lines 3 and 5, the same amount(s) entered on Form MO-1040, Line 1.

#### LINE 1 — INTEREST ON STATE AND LOCAL OBLIGATIONS

If you received income from an obligation of a state or political subdivision **other than Missouri,** enter the amount of that income, reduced by the related expenses incurred (management fees, trustee fees, interest, etc.) if the expenses are more than \$500.

#### LINE 2 — PARTNERSHIP, FIDUCIARY, S CORPORATION, OTHER

Enter positive adjustments (additions) reported from partnerships, fiduciaries, S corporations, or other sources. The partnership, fiduciary, or S corporation must notify you of the amount of any such adjustment (addition) to which you are entitled. Check the boxes applicable on Line 2 and attach a copy of the notification received.

Net Operating Loss - Carryback/Carry forward: In the year of your net operating loss, enter on Form MO-A, Part 1, Line 2, as an addition modification, the amount of your eligible net operating loss to be carried back or carried forward from the loss year. Enter the sum of the current year's net operating loss (Federal Form 1045, Schedule A, Line 25) expressed as a positive number, plus any unused net operating losses from prior years (Federal Form 1045, Schedule A, Line 24). If your net operating loss carries forward from the carryback year, enter as an addition modification the unused portion of your net operating loss, as computed on Federal Form 1045, Schedule B, Line 10, or Federal Form 1045, Line 10. Please attach Federal Form 1045, Schedules A and B, and/or the calculation of your net operating loss carryback/ carryforward.

**Non-medical Withdrawal from Individual Medical Account (IMA):** Any monies you withdraw from your Individual Medical Account (IMA) for non-medical purposes are taxable to Missouri. The interest earned on such monies is also taxable to Missouri. These taxable monies are reported on the statement provided by the administrator of the IMA.

**Non-qualified Withdrawal from Family Development Account:** The amount of annual deposits previously subtracted must be added to your federal adjusted gross income if the withdrawal from the account was not for a qualified use.

#### LINE 3 — NONQUALIFIED DISTRIBUTION FROM A QUALIFIED 529 PLAN

Any distribution made by the Missouri Savings for Tuition Program (MOST), the 529 plan administered by the Missouri Higher Education Deposit Program, or any other qualified 529 plan, not used for qualified higher education expenses, must be added to the participant's (taxpayer who made contributions to the plan) federal adjusted gross income. The amount of the distribution that must be added includes contributions previously exempt from state tax and deductible earnings generated from the program (if the earnings are not already included in federal adjusted gross income). The participant is responsible for adding the nonqualified distribution amount to his/her federal adjusted gross income. If the participant is deceased, the beneficiary of the savings program must claim the nonqualified taxable distribution as an addition to federal adjusted gross income on the Missouri income tax return.

#### LINE 4 — FOOD PANTRY CONTRIBUTIONS INCLUDED ON SCHEDULE A

If you are claiming the Food Pantry Tax Credit, (Form MO-FPT) and you included your donations as an itemized deduction on your federal Schedule A, report the amount of your donations, as noted on Form MO-FPT.

#### LINE 5 — NONRESIDENT PROPERTY TAX

If you are a nonresident or part-year resident and you reported property taxes paid to another state or political subdivision on Line 9 of your federal Schedule A, you must report that amount on Line 5 of Form MO-A, unless that state or political subdivision allows a subtraction to income for Missouri property taxes. For a list of states that allow a subtraction for Missouri property taxes, visit http://dor.mo.gov/ faq/personal/nonresident.php.

#### LINE 6 — TOTAL ADDITIONS

Add Lines 1 through 5. Enter the totals on Form MO-A, Part 1, Line 6 and on Form MO-1040, Line 2.

#### LINE 7 — INTEREST ON EXEMPT FEDERAL OBLIGATIONS

Interest from **direct obligations** of the U.S. Government, such as U.S. savings bonds, U.S. treasury bills, bonds, and notes is exempt from state taxation under the laws of the United States. **Attach a detailed list or all Federal Forms 1099.** Taxpayers who claim exclusion for interest from direct U.S. obligations must identify the specific securities owned, e.g., "U.S. savings bond". A general description such as "interest on U.S. obligation" or "U.S. Government securities" **is not acceptable.** (See Regulation 12 CSR 10-2.150 for the taxability of various U.S. Government related obligations.) **Failure to identify the specific security will result in the disallowance of the deduction.** 

A federally taxed distribution received from a mutual fund investing exclusively in direct U.S. Government obligations is exempt. If the mutual fund invests in both exempt (direct) and non-exempt (indirect) federal obligations, the deduction allowed will be the distribution received from the mutual fund attributable to the interest on the direct U.S. Government obligations, as determined by the mutual fund. Attach a copy of the year-end statement received from the mutual fund showing either the amount of monies received or the percentage of funds received from direct U.S. Government obligations, or a summary statement received from the mutual fund which clearly identifies the exempt and non-exempt portions of the U.S. Government obligation interest. The statement does not need to list each obligation separately. Failure to attach the requested document will result in the disallowance of the deduction.

To arrive at the amount of related expenses, you may use actual expenses or a reasonable estimate. In general, you should use the same or similar method used to compute related expenses for federal income tax purposes, provided that the method reasonably reflects related expenses for Missouri-exempt income.

If you fail to compute reasonable related expenses, the Director of Revenue will make an adjustment based on the best information made available. If sufficient information is not made available or if your records do not provide sufficient information, the Director of Revenue will use the following formula to compute related expenses:

Exempt income x Expense = Reduction to Total Income x Items = Reduction to

The principal expense item in this formula is interest expense; however, the Director of Revenue may include other expense items because of their direct relationship to the production of exempt income. You may propose an alternative method provided that it properly reflects the amount of related expenses.

#### LINE 8 — STATE INCOME TAX REFUND

Enter the amount of any state income tax refund included in your federal adjusted gross income on Form MO-1040, Line 1 (from Federal Form 1040, Line 10). Attach a copy of Federal Form 1040 (pages 1 and 2).

#### LINE 9 — PARTNERSHIP, FIDUCIARY, S CORPORATION, RAILROAD RETIREMENT BENEFITS, OTHER

Enter negative adjustments (subtractions), reported from partnerships, fiduciaries, and S corporations. The partnership, fiduciary, and S corporation must notify you of the amount of any such adjustment (subtraction) to which you are entitled. Check the boxes applicable on Line 9 and attach a copy of the notification received. Failure to attach a copy of the notification furnished to you will result in the disallowance of the modification.

**Railroad Retirement Benefits Administered by the Railroad Retirement Board,** such as all Tier I and Tier II benefits and any railroad retirement sick pay, disability, and unemployment benefits, included in federal adjusted gross income (Form MO-1040, Line 1), are exempt from state taxation.

If you have other sources of negative adjustments, indicate the source on the line provided. Other sources of negative adjustments may be:

- 1. Contributions into a Missouri Individual Medical Account (IMA). Contributions that were made by your employer into an Individual Medical Account (IMA) and used to pay your health care expenses are exempt from Missouri income tax. The interest income earned on the IMA account is also exempt from Missouri income tax. The IMA contribution is identified in Box 14 of your Form W-2, Wage and Tax Statement. Reduce the amount of contributions by the amount of medical and dental expenses deducted on Federal Form 1040, Schedule A, Line 4, but paid for by the IMA and included in Missouri itemized deductions.
- 2. Additional Capital Gain Deduction Due to Difference in Basis. If during the taxable year you realized a gain from the sale of property or other capital assets that had a higher tax basis for Missouri tax purposes than for federal tax purposes, you may exclude the gain or the difference in the basis of the property so disposed, whichever is smaller. If the gain was considered a long-term capital gain for federal income tax purposes, the exclusion is limited to the gain or 50 percent of the difference, whichever is smaller. No difference in basis can be claimed for any property obtained after December 31, 1972. If your basis for Missouri purposes is less than the basis for federal income tax purposes, no adjustment is required.
- 3. *Accumulation Distribution.* If during 2010, you received a distribution as beneficiary of a trust that was made from accumulated earnings of prior years and you filed Federal Form 4970, the amount

may be excluded from Missouri income to the extent that it was reported in your federal adjusted gross income.

- 4. Capital Gain Exclusion on Sale of Low Income Housing. If during 2010, you sold a federally subsidized (HUD) low income housing project to a nonprofit or governmental organization, and at least 40 percent of the units are occupied by persons or families having incomes of 60 percent or less of the median income, you may exclude 25 percent of the capital gain from Missouri tax. However, the buyer of the property must agree to preserve or increase the low income occupancy of the project. To use this exclusion, enter as "other" 25 percent of the capital gain reported on your Federal Form 1040. Attach a copy of your Federal Form 1040 (pages 1 and 2), Federal Form 4797, and an explanation.
- 5. Family Development Account. A family development account holder may subtract the amount of annual deposits made to the account (not to exceed \$2,000). Approved withdrawals from the family development account are also exempt from state tax. Interest earned by a family development account is exempt from state taxation and may be subtracted from an account holder's federal adjusted gross income. Any money withdrawn for an unapproved use is subject to tax. Attach proper certification and a copy of your Form 1099.
- 6. Federally Taxable—Missouri Exempt Obligations. The amount of any bond issued by the Missouri Higher Education Loan Authority (MOHELA) including interest or proceeds resulting from the sale of the bond is exempt from Missouri tax. If the amount is included in federal adjusted gross income, the amount can be subtracted for Missouri tax purposes pursuant to Section 173.440, RSMo.
- 7. Military Income of Nonresident Military **Personnel.** Enter the amount of any military income received by nonresident military personnel stationed in Missouri. The Civil Relief Act, H.R. 100, prohibits states from including the military income of a nonresident servicemember when determining the individual income tax rate for either the servicemember or the servicemember's spouse on a combined return. Nonresident active duty military servicemembers who are required to file a 2010 Missouri return may subtract the military income received from their federal adjusted gross income. Nonresident servicemembers' spouses, who are in Missouri due to military orders, and have declared another state as their state of residence, may subtract their income from their federal adjusted gross income. Attach a copy of the Form W-2 reporting your military income.

#### FORM MO-NFT, No Franchise Tax Due

- 8. Build America Bonds and Recovery Zone Bonds Interest. Enter any interest received from Build America or Recovery Zone Bonds, which is included in your federal adjusted gross income. Attach a copy of your Form 1099-INT or any other applicable documentation.
- 9. Combat Pay Included in Federal Adjusted Gross Income Earned by Military Personnel with a Missouri Home of Record. The IRS allows enlisted members, warrant officers and commissioned warrant officers to exclude their military pay received while serving in a combat zone, or while hospitalized as a result of injuries incurred while serving in a combat zone. The exclusion of combat pay received by a commissioned officer (other than a commissioned warrant officer) is limited to the highest rate of enlisted pay. Subtract all military income received while serving in a combat zone, which is included in Federal Adjusted Gross Income (FAGI) and is not otherwise excluded. In most cases combat pay is not included in Box 1, Wages, of Form W-2 and therefore is not included in FAGI. However if Box 1 includes combat pay, the portion consisting of combat pay may be taken as a subtraction for Missouri purposes.
  - **EXAMPLE 1:** A resident of Missouri, is an enlisted member of the military. He enters a combat zone in July and is there through December. He earns \$12,000 January through June, and earns \$20,000 July through December. Box 1 of his Form W-2 should only indicate the \$12,000 he received prior to entering the combat zone. He is **not** entitled to a subtraction, as his combat pay is not included in his FAGI.
  - **EXAMPLE 2:** A resident of Missouri, is a high-ranking commissioned officer. He enters a combat zone in July and is there through December. He earns \$50,000 January through June, and earns \$70,000 July through December. The IRS limits his exclusion to \$40,000, causing Box 1 of his Form W-2 to indicate \$80,000. He **is** entitled to a subtraction of \$30,000, which repre sents the portion of Box 1 of Form W-2 attributable to combat pay that is included in his FAGI.
- 10. *Net Operating Loss.* Any amount of net operating loss taken against federal taxable income but disallowed for Missouri income tax purposes after June 18, 2002, (when choosing the five-year option at the federal level) may be carried forward and taken against any income on the Missouri income tax return for a *Instructions continued on page 35*

Form MO-NFT is only for **corporations**. Complete Form MO-NFT and attach to your individual income tax return (Form MO-1040) if your **corporation's** assets or apportioned assets are \$10,000,000 or less and no corporation franchise tax is due. See "To Obtain Forms" on Page 3 for information on how to obtain Form MO-NFT. **Note:** If a corporation fails or neglects to file a Missouri corporation franchise tax report pursuant to Chapter 147, the Director of Revenue will notify the secretary of state to begin administrative dissolution proceedings.



# MISSOURI DEPARTMENT OF REVENUE

# )40

|                                  |  | INDIVIDUAL INCOME TAX RETURN-LON  | IG FOF   | RM   |  |   |                                      | 20     | )1(  | ) F                   | FORM N                              | 10              | ·1040                                    |
|----------------------------------|--|---|--|--|--|---|--------------------------------------|--------|--|-----------------------|-------------------------------------|-----------------|--|
| FC                               |  | ALENDAR YEAR JAN. 1–DEC. 31, 2010, OR FISCAL YEAR   |  |  |  | 20  |                                      | ENDIN  |  |                       |                                     |                 | 20                                       |
| A                                | ME   | NDED RETURN — CHECK HERE  |  |  |  |   |                                      |        |  |                       |                                     | VEND<br>(Assign | TWARE<br>OR CODE<br>ed by DOR)           |
| S                                | SOC  | CIAL SECURITY NUMBER  | SPOUSE'S SOC   | IAL SECU   | RITY NUMBER  | _   |                                      |        |  |                       |                                     |                 |  |
| DRES                             | LAS  |   | FIRST N  |  |  |   |                                      |        |  |                       |                                     |                 | ECEASED<br>2010                          |
| ID AD                            | SPC  | DUSE'S LAST NAME  | FIRST N  | IAME   |  |   | M. INI                               | ΓIAL   |  | SU                    | FFIX (JR, SR, e                     | tc.) DE         | ECEASED                                  |
| NAME AND ADDRESS                 | IN C   | ARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIV   | RE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) |  |  |   |                                      |        |  | )E                    |                                     |                 |  |
| NA                               | PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE) CITY, TOWN, OR POST OFFICE, S  |   |  |  |  |   |                                      | STATE, | AND ZIP  | CODE                  |                                     |                 |  |
| tru<br>a                         | ıst fuı<br>desci   | ay contribute to any one or all of the<br>nds on Line 45. See pages 9–10 for<br>ription of each trust fund, as well as<br>nd codes to enter on Line 45.   | De   | derly<br>me<br>divered<br>sals<br>Fund                         | nal (Worl  | Workers'<br>Memorial<br>Trust<br>Fund                     | Childh<br>Lead<br>Testir<br>Trust Fu | ng (   | Missouri<br>Military<br>Family<br>Relief<br>Trust Fund | F                     | General<br>Revenue<br>Trust<br>Fund |                 | After<br>School<br>Retreat<br>Trust Fund |
|                                  | <b>GE 6</b> 2<br>YOU   | PLEASE CHECK THE APPROPRIATE BOXES TH/       2 THROUGH 64     AGE 65 OR OLDER       URSELF     YOURSELF       DUSE     SPOUSE   | AT APPI<br>BLIND<br>YOUF                                       | RSELF  | <u>10</u>  | OR YOUR S<br>0% DISABLED<br>YOURSELF<br>SPOUSE            |                                      | SE AS  | NON-C  | <b>DBLIG</b><br>URSEL | ATED SPOU                           |                 | 0.                                       |
|                                  |  |   |  |  |  |   | Yourse                               | elf    |  |                       | Spous                               | se              |  |
|                                  |  | Federal adjusted gross income from your 2010 federal retu   |  |  |  |   |                                      |        |  | 1S                    |                                     |                 | 00                                       |
| ш                                |  | Total additions (from Form MO-A, Part 1, Line 6)<br>Total income — Add Lines 1 and 2  |  |  |  | . 2Y<br>. 3Y  |                                      |        |  | 2S<br>3S              |                                     |                 | 00                                       |
| INCOME                           |  | Total subtractions (from Form MO-A, Part 1, Line 14)  |  |  |  |   |                                      |        | 00   | 4S                    |                                     |                 | 00                                       |
| ž                                |  | Missouri adjusted gross income - Subtract Line 4 from Li  |  |  |  |   |                                      |        | 00   | 5S                    |                                     |                 | 00                                       |
|                                  |  | Total Missouri adjusted gross income — Add columns 5Y a   |  |  |  |   |                                      | 6      |  |                       | 0                                   | 0               |  |
| _                                | _  | Income percentages — Divide column . and by l   |  |  |  |   |                                      |        | %  | 7S                    |                                     |                 | %  |
|                                  |  | <ul> <li>Pension and Social Security/Social Security Disability exe<br/>Mark your filing status box below and enter the appropriate</li> <li>A. Single — \$2,100 (See Box B before checking.)</li> <li>B. Claimed as a dependent on another person's feder<br/>tax return — \$0.00</li> <li>C. Married filing concerta _ \$2,100</li> <li>D. Married filing concerta _ \$2,100</li> </ul> | e exempti<br>eral  | on amount on I<br>E. Marrie<br>NOT fi<br>F. Head<br>G. Qualify | Line 9.<br>d filing so<br>ing) — S<br>of house<br>ing wide | eparate (spous<br>64,200<br>ehold — \$3,50<br>ow(er) with | se                                   | 8      |  |                       | 0                                   |                 |  |
| S                                | <ul> <li>D. Married filing separate — \$2,100</li> <li>Constraint for the form form form form form form form form</li></ul>  |   |  |  |  |   |                                      |        |  |                       |                                     |                 |  |
| <u>S</u>                         | 11.  | Other tax from federal return — Attach copy of your federa  | al return (  | pages 1 and 2  | • 11   |   | 00                                   | ]      |  |                       |                                     |                 |  |
| DUC                              |  | Total tax from federal return — Add Lines 10 and 11   |  |  |  | ual film  | 00                                   |        |  |                       |                                     |                 |  |
| DE                               |  | Federal tax deduction — Enter amount from Line 12 ne<br>\$10,000 for combined filers.   |  |  |  |   |                                      | 13     |  |                       | 0                                   | 0               |  |
| <b>EXEMPTIONS AND DEDUCTIONS</b> | 14. Missouri standard deduction OR itemized deductions. Single or Married Filing Separate — <b>\$5,700</b> ; Head of Household— <b>\$8,400</b> ; Married Filing a Combined Return or Qualifying Widow(er) — <b>\$11,400</b> ; If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you claimed an additional standard |   |  |  |  |   |                                      |        |  |                       | 0                                   |                 |  |
| EMPT                             | 15.  | deduction or you are itemizing, see Form MO-A, Part 2, or For<br>Number of dependents from Federal Form 1040 OR 1040.<br>(DO NOT INCLUDE YOURSELF OR SPOUSE.)   | A, Line 6c   | ;  |  | <b>X</b> \$1,200  |                                      | 14     |  |                       | 0                                   | 0 6             | Do not<br>include                        |
| EX                               | 16.  | Number of dependents on Line 15 who are 65 years of ag<br>receive Medicaid or state funding (DO NOT INCLUDE YO  | e or older   | and do not   |  | X \$1,200   |                                      | 16     |  |                       | 0                                   | <u>بر</u>       | yourself<br>or<br>spouse.                |
|                                  | 17.  | 7. Long-term care insurance deduction   |  |  |  |   |                                      |        |  |                       | 0                                   | 0               |  |
|                                  | 18.  | Health care sharing ministry deduction  | ring ministry deduction  |  |  |   |                                      |        |  |                       | 0                                   |                 |  |
|                                  |  | Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and  | J 18   |  |  |   |                                      | 19     |  |                       | 0                                   |                 |  |
|                                  |  | Subtotal — Subtract Line 19 from Line 6   |  |  |  |   |                                      | 20     | 00   |                       | 0                                   | 0               | 00                                       |
|                                  |  | Multiply Line 20 by appropriate percentages (%) on Lines  |  |  |  |   |                                      |        | 00   |                       |                                     |                 | 00                                       |
|                                  | 22.<br>23.   | Enterprise zone or rural empowerment zone income modif<br>Subtract Line 22 from Line 21. Enter here and on Line 24  |  |  |  |   |                                      |        | 00   |                       |                                     |                 | 00                                       |

|            |      |  |                                       |   | Yoursel                         |             |                 | Spouse                   |                         |
|------------|------|--|---------------------------------------|---|---------------------------------|-------------|-----------------|--------------------------|-------------------------|
|            | 24.  | Taxable income amount from Lines 23Y and 23S   |                                       |   | 24Y                             | 0           | 0 24S           |                          | 00                      |
|            | 25   | Tax (See tax table on page 26 of the instructions.)  |                                       |   | 25Y                             |             | 0 25S           |                          | 00                      |
|            |      | Resident credit — Attach Form MO-CR and others   |                                       |   | 26Y                             |             | 0 265           |                          | 00                      |
|            | 20.  | Resident credit — Attach Form wo-ch and other a  |                                       |   | 201                             | : 0         | 0 200           |                          | 00                      |
| .AX        | 27.  | Missouri income percentage — Enter 100% unless y<br>Attach Form MO-NRI and a copy of your federal<br>if you or your spouse is a professional entertainer or<br>YOURSELF SPOUSE   | return if less than 100               | %. Check the box ional athletic team.   | 27Y                             | 0           | 6 27S           |                          | %                       |
|            | 28   | Balance — Subtract Line 26 from Line 25: OR  |                                       |   |                                 |             |                 |                          |                         |
|            | 20.  | Multiply Line 25 by percentage on Line 2   | 77                                    |   | 28Y                             | 0           | 0 285           |                          | 00                      |
|            | 29   | Other taxes (Check box and attach federal form inc   |                                       |   |                                 |             |                 |                          |                         |
|            | 20.  | Lump sum distribution (Form 4972)  | aloatoa.j                             |   |                                 |             |                 |                          |                         |
|            |      |  | 0014)                                 |   | 00)/                            | 0           | 0 000           |                          | 00                      |
|            |      | Recapture of low income housing credit (F  |                                       |   |                                 |             | 0 295           |                          | 00                      |
|            |      | Subtotal — Add Lines 28 and 29   |                                       |   | 30Y                             | - 'T        | <b>0</b> 30S    |                          | 00                      |
|            | 31.  | Total Tax — Add Lines 30Y and 30S  |                                       |   |                                 | 31          |                 | 00                       |                         |
| LS         | 32.  | MISSOURI tax withheld — Attach Forms W-2 and   | l/or 1099                             |   |                                 | 32          |                 | 00                       |                         |
| ā          | 33.  | 2010 Missouri estimated tax payments (include overp  | payment from 2009 appl                | ied to 2010)                            |                                 | 33          |                 | 00                       |                         |
| 뿚          |      | Missouri tax payments for nonresident partners or S con  |                                       |   |                                 | 34          |                 | 00                       |                         |
| 2          |      | Missouri tax payments for nonresident entertainers   |                                       |   |                                 | 35          |                 | 00                       | 1                       |
| <b>T</b> S |      | Amount paid with Missouri extension of time to file  |                                       |   |                                 |             |                 | 00                       |                         |
| ENT        |      |  | · · · · · · · · · · · · · · · · · · · |   |                                 |             |                 | 00                       |                         |
| Ξ          |      | Miscellaneous tax credits (from Form MO-TC, Line   |                                       |   |                                 |             |                 |                          |                         |
| A          |      | Property tax credit — Attach Form MO-PTS   |                                       |   |                                 |             |                 | 00                       | _                       |
|            |      | Total payments and credits — Add Lines 32 throug   |                                       |   |                                 | 39          |                 | 00                       |                         |
|            |      | p Lines 40–42 if you are not filing an amend   |                                       |   |                                 |             |                 |                          |                         |
| RETURN     | 40.  | Amount paid on original return   |                                       |   |                                 | 40          |                 | 00                       | -                       |
| 5          | 41.  | Overpayment as shown (or adjusted) on original re  | eturn                                 |   | <u></u>                         | 41          |                 | 00                       |                         |
| ШЩ.        |      | INDICATE REASON FOR AMENDING.  |                                       |   | MMDDYYY                         |             |                 |                          |                         |
| IENDED F   |      | A. Federal audit   | Enter c                               | late of IRS report.                     |                                 |             |                 |                          |                         |
| Ы          |      | B. Net operating loss carryback  |                                       |   |                                 | 1           |                 |                          |                         |
| Ш          |      | C. Investment tax credit carryback   |                                       | -                                       |                                 | 1           |                 |                          |                         |
| AM         |      | D. Correction other than A, B, or C Ente   |                                       | -                                       |                                 | 1           |                 |                          |                         |
|            | 12   | Amended Return — total payments and credits. A   |                                       |   | rom Line 30                     | 42          |                 | 00                       | -                       |
|            |      |  |                                       |   |                                 | 42          |                 | 00                       |                         |
|            | 43.  | If Line 39, or if amended return, Line 42, is larger the   |                                       |   |                                 | 40          |                 | 00                       |                         |
|            |      | (amount of <b>OVERPAYMENT</b> ) here   | •••••                                 | • |                                 | 43          |                 | 00                       | -                       |
|            | 44.  | Amount of Line 43 to be applied to your 2011 estim   | nated tax                             |   |                                 | 44          |                 | 00                       |                         |
| ₽          | 15   | Enter the amount of  | Elderly & Missouri                    | Workers'                                | hildhood Missouri               | General     | 08              | After Addl. Trust A      | ddl. Trust              |
| 5          | 45.  | vour donation in the   | Elderly<br>Home<br>Delivered<br>Meals | Vorkers' Memorial                       | Lead Military General           | Revenue     |                 | School Fund Code Fi      | und Code<br>See Instr.) |
| <b>山</b>   |      | trust fund boxes to the  | Meals<br>Trust Fund                   | Fund Trus                               | st Fund Relief                  | Fund        |                 | ist Fund                 |                         |
| œ          |      | right. See instructions  | indstrund                             |   | Trust Fund                      |             |                 |                          |                         |
|            |      | for trust fund codes. <b>45</b> 00 00  | 00 00                                 | 00                                      | 00 00                           | 00          |                 | 00 00                    | 00                      |
|            | 46.  | Overpayment to be refunded to you. Subtract Lines  | s 44 and 45 from Line 4               | 3 and enter here.                       | Sign below and                  |             |                 |                          |                         |
|            |      | mail return to: Department of Revenue, PO Box 5  |                                       |   |                                 | 46          |                 | 00                       |                         |
|            | 47   | •  |                                       |   |                                 | 47          |                 | 00                       |                         |
|            | 47.  | If Line 31 is larger than Line 39 or Line 42, enter th   | le difference (amount o               | UNDERPAYMEN                             | r) nere                         | 47          |                 | 00                       |                         |
| AMOUNT DUE | 48.  | Underpayment of estimated tax penalty - Attach   | Form MO-2210. Enter                   | penalty amount he                       | ere                             | 48          |                 | 00                       |                         |
| ā          | 10   | Total amount due — Add Lines 47 and 48 and enter   | or horo <b>Sign bolow</b> or          | nd mail return and r                    | avment to:                      |             |                 |                          |                         |
| E          | -3.  | Department of Revenue, PO Box 329, Jefferson   | -                                     |   | Jayment to.                     |             |                 |                          |                         |
| 8          |      | <ul> <li>A second s</li></ul> | · · · · · · · · · · · · · · · · · · · |   | vider (LLC funde enhu)          |             |                 |                          |                         |
| ž          |      | Please write your social security number(s) and daytin   |                                       |   |                                 | 40          |                 | 00                       |                         |
|            |      | Make payable to Missouri Department of Revenue.  |                                       | · · · · · · · · · · · · Al              | MOUNT YOU OWE                   | 49          |                 | 00                       |                         |
|            | lf   | you pay by check, you authorize the Department of  | Revenue to process th                 | e check electronica                     | ally. Any returned chee         | k may       | be prese        | nted again electro       | onically.               |
|            | Und  | er penalties of perjury, I declare that I have examined this return, incl  | luding accompanying schedule          | s and statements, and to                | the best of my knowledge an     | d belief it | is true, corre  | ect, and complete. Dec   | aration of              |
|            | prep | arer (other than taxpayer) is based on all information of which he/sh  | ne has any knowledge. As prov         | vided in Chapter 143, RSI               | Mo, a penalty of up to \$500 s  | hall be in  | nposed on ar    | y individual who files a | rivolous                |
|            | retu | n. I also declare under penalties of perjury that I employ no illegal or u   | unauthorized aliens as defined u      | under federal law and that              | I am not eligible for any tax e | kemption    | , credit or aba | atement if I employ such | n aliens.               |
| E          | lau  | thorize the Director of Revenue or delegate to discuss   | my return and attachmer               | E-MAIL ADDRESS                          | 1                               | PREPARE     | R'S TELEPHO     | DNE                      |                         |
| SIGNATURE  | with | the preparer or any member of the preparer's firm.   | YES NO                                |   |                                 | r<br>L      | )               |                          |                         |
| N          | SIGN | IATURE   | DATE                                  | PREPARER'S SIGNATURE                    | I                               |             | FE              | IN, SSN, OR PTIN         |                         |
| Sig        |      |  |                                       |   |                                 |             |                 |                          |                         |
|            | SPO  | USE'S SIGNATURE (If filing combined, BOTH must sign)   | DAYTIME TELEPHONE                     | PREPARER'S ADDRESS A                    | ND ZIP CODE                     |             | I               | DATE                     |                         |
|            |      |  | ( )                                   |   |                                 |             |                 |                          |                         |
|            |      |  | . /                                   |   |                                 |             |                 |                          |                         |

This form is available upon request in alternative accessible format(s).

| 3   | Permuth  | 10.  |
|-----|--|------|
| 31  | WARTMENT.  | - Q. |
| 3.0 | XCAN   |      |
|     |  | 1318 |
|     | 1030   | 12:2 |
| 16. | A DESCRIPTION OF THE PARTY OF T | 12   |
| 96  | ATRISICIL SP   | 1    |
|     | Munner   |      |

MISSOURI DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX ADJUSTMENTS Attachment Sequence No. 1040-01

ATTACH TO FORM MO-1040. ATTACH A COPY OF YOUR FEDERAL RETURN. See information beginning on page 11 to assist you in completing this form.

| LAST NAME FIRST NAME  |                        | INITIAL |               | SOCIAL S | SECURITY NO. |                       |      |
|---|------------------------|---------|---------------|----------|--------------|-----------------------|------|
|   |                        |         |               |          |              |                       |      |
| SPOUSE'S LAST NAME FIRST NAME   |                        |         | INITIAL       |          | SPOUSE'      | S SOCIAL SECURITY NO. | •    |
| PART 1 — MISSOURI MODIFICATIONS TO FEDERAL ADJUST   | ED GROSS INCO          | ME (    | SEE PAGE 11). |          |              |                       |      |
| ADDITIONS   |                        |         | Y—YOURSELF    |          |              | S—SPOUSE              |      |
| 1. Interest on state and local obligations other than Missouri source   |                        | 1Y      |               | 00       | 1S           |                       | 00   |
| 2. Partnership; Fiduciary; S corporation; Net Operating Loss (Carr  |                        | 2Y      |               | 00       | 2S           |                       | 00   |
| 3. Nonqualified distribution received from a qualified 529 plan (higher education sa not used for qualified higher education expenses   |                        | 3Y      |               | 00       | 3S           |                       | 00   |
| 4. Food Pantry contributions included on federal Schedule A   |                        | 4Y      |               | 00       | 4S           |                       | 00   |
| 5. Nonresident Property Tax   |                        |         |               | 00       | 5S           |                       | 00   |
| 6. TOTAL ADDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter here and on Form MO-1040, Line 2  |                        |         |               | 00       | 6S           |                       | 00   |
| SUBTRACTIONS  |                        |         |               |          |              |                       |      |
| <ol> <li>Interest from exempt federal obligations included in federal adjusted gross increlated expenses if expenses were over \$500). Attach a detailed list or all federal federal expenses.</li> </ol>   |                        | 7Y      |               | 00       | 7S           |                       | 00   |
| 8. Any state income tax refund included in federal adjusted gross income  |                        | 8Y      |               | 00       | 8S           |                       | 00   |
| 9.       Partnership;       Fiduciary;       S corporation;       Railroad retirement         Net Operating Loss;       Military (nonresident);       Build America and Recover         Combat pay included in federal adjusted gross income;       MO Public-Privation         Other (description)       Attach supportint | ery Zone Bond Interest | 9Y      |               | 00       | 9S           |                       | 00   |
| 10. Exempt contributions made to a qualified 529 plan (higher education savings   | program)               | 10Y     |               | 00       | 10S          |                       | 00   |
| 11. Qualified Health Insurance Premiums   |                        | 11Y     |               | 00       | 11S          |                       | 00   |
| <ul> <li>12. Missouri depreciation adjustment (Section 143.121, RSMo)</li> <li>Sold or disposed property previously taken as addition modification</li> </ul>   |                        | 12Y     |               | 00       | 12S          |                       | 00   |
| 13. Home Energy Audit Expenses  |                        | 13Y     |               | 00       | 13S          |                       | 00   |
| 14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on  | Form MO-1040, Line 4.  | 14Y     |               | 00       | 14S          |                       | 00   |
| PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete  |                        |         |               | duct     | ions         | on your fede          | eral |
| return. Attach a copy of your federal Form 1040 (pages 1 and  | 2) and federal Sc      | :hedu   | ule A.        |          |              |                       |      |
| 1. Total federal itemized deductions from federal Form 1040, Line 40  |                        |         |               | . 1      |              |                       | 00   |
| 2. 2010 (FICA) — yourself — Social security \$ +  | - Medicare \$          |         |               | . 2      | 2            |                       | 00   |
| 3. 2010 (FICA) — spouse — Social security \$+   |                        |         |               |          | }            |                       | 00   |
| 4. 2010 Railroad retirement tax — yourself (Tier I and Tier II) \$  | + Medicare \$          |         |               | . 4      | ŀ            |                       | 00   |
| 5. 2010 Railroad retirement tax — spouse (Tier I and Tier II) \$  |                        |         |               |          | ;            |                       | 00   |
| 6. 2010 Self-employment tax — Amount from federal Form 1040, Line 27  |                        |         |               |          | ;            |                       | 00   |
| 7. TOTAL — Add Lines 1 through 6.   |                        |         |               | . 7      | ,            |                       | 00   |
| 8. State and local income taxes — from federal Schedule A, Line 5   |                        |         | 00            |          |              |                       |      |
| 9. Earnings taxes included in Line 8  |                        |         | 0(            | 0        |              |                       | 1    |
| 10. Net state income taxes — Subtract Line 9 from Line 8  |                        |         |               | . 1(     | )            |                       | 00   |
| 11. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 from Line 7. Ent  | er here and on Form M  | 10-104  | 10, Line 14   | . 1      | 1            |                       | 00   |
| NOTE: IF LINE 11 IS LESS THAN YOUR FEDERAL ST   |                        |         |               |          |              | PAGE 7                |      |

2010

FORM

**MO-A** 

For Privacy Notice, see instructions.

#### **PART 3 - PENSION EXEMPTION**

|          | PUB | LIC PENSION CALCULATION — Pensions received from any federal, state, or local government   |       |                        |     |            |    |
|----------|-----|--|-------|------------------------|-----|------------|----|
|          | 1.  | Missouri adjusted gross income from Form MO-1040, Line 6   | 1     |                        |     |            | 00 |
|          |     | Taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b  | 2     |                        |     |            | 00 |
|          |     | Subtract Line 2 from Line 1  | 3     |                        |     |            | 00 |
|          |     | Select the appropriate filing status and enter amount on Line 4. Married filing combined - \$100,000; Single, Head of                            |       |                        |     |            |    |
|          |     | Household, Married Filing Separate, and Qualifying Widow - \$85,000  | 4     |                        |     |            | 00 |
|          |     |  | 5     |                        |     |            | 00 |
| 4        | 5.  | Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0   |       | Y - YOURSELF           |     | S - SPOUSE |    |
| Z        | 6.  | Taxable pension for each spouse from public sources from federal Form 1040A, Line 12b or 1040, Line 16b  | 6Y    | 00                     | 6S  |            | 00 |
| 2        | 7.  | Multiply Line 6 by 65%   | 7Y    | 00                     | 7S  |            | 00 |
| <u>د</u> | 8.  | Amount from Line 7 or \$33,703 (maximum social security benefit), whichever is less.   | 8Y    | 00                     | 8S  |            | 00 |
| л<br>Л   | 9.  | Amount from Line 6 or \$6,000, whichever is less   | 9Y    | 00                     | 9S  |            | 00 |
|          | 10. | Amount from Line 8 or Line 9, whichever is greater   | 10Y   | 00                     | 10S |            | 00 |
|          | 11. | If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s)                             |       |                        |     |            |    |
|          |     | 6y and 6s. See instructions if Line 3 of Section C is more than \$0  | 11Y   | 00                     | 11S |            | 00 |
|          | 12. | Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter \$0   | 12Y   | 00                     | 12S |            | 00 |
|          | 13. | Add amounts on Lines 12y and 12s   | 13    |                        |     |            | 00 |
|          | 14. | Total public pension, subtract Line 5, from Line 13.       If Line 5 is greater than Line 13, enter \$0  | 14    |                        |     |            | 00 |
|          | PRI | /ATE PENSION CALCULATION — Annuities, pensions, IRA'S, and 401(k) plans funded by a priv   | ate   | source.                |     |            |    |
|          | 1.  | Missouri adjusted gross income from Form MO-1040, Line 6   | 1     |                        |     |            | 00 |
|          | 2.  | Taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b  | 2     |                        |     |            | 00 |
|          | 3.  | Subtract Line 2 from Line 1.   | 3     |                        |     |            | 00 |
| n        | 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 |
| Ĕ        | 5.  | Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0   | 5     |                        |     |            | 00 |
| <u>ר</u> | 6.  | Taxable pension for each spouse from private sources from federal Form 1040A, Lines 11b and 12b, or federal                                      | 0)(   | Y - YOURSELF           |     | S - SPOUSE | 00 |
| <b>ה</b> |     | Form 1040, Lines 15b and 16b.  | 6Y    | 00                     |     |            | 00 |
|          | 7.  | Amounts from Line 6Y and 6S or \$6,000, whichever is less  | 7Y    | 00                     | 7S  |            | 00 |
|          | 8.  | Add Lines 7Y and 7S  | 8     |                        |     |            | 00 |
|          | 9.  | Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0  | 9     |                        |     |            | 00 |
|          |     | IAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social secu  |       |                        |     |            | e  |
|          |     | ecember 31 and have marked the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to s   | socia | al security disability | ded | uction.    |    |
|          |     | Missouri adjusted gross income from Form MO-1040, Line 6   | 1     |                        |     |            | 00 |
|          | 2.  | Select the appropriate filing status and enter the amount on Line 2. Married filing combined - \$100,000   |       |                        |     |            | 00 |
| 5        |     | Single, Head of Household, Married Filing Separate, and Qualifying Widower - \$85,000  | 2     |                        |     |            | 00 |
| Z        | 3.  | Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0   | 3     | Y - YOURSELF           |     | S - SPOUSE | 00 |
|          | 4.  | Taxable social security benefits for each spouse from federal Form 1040A, Line 14b or federal Form 1040, Line 20b                                | 4Y    | 00                     | 4S  |            | 00 |
|          | 5.  | Taxable social security disability benefits for each spouse from federal Form 1040A, Line 14b or 1040, Line 20b.                                 | 5Y    | 00                     | 55  |            | 00 |
| ע        | 6.  | Multiply Line 4 or Line 5 by 65%.  | 6Y    | 00                     | 6S  |            | 00 |
|          |     | Add Lines 6Y and 6S  | 7     |                        | 100 |            |    |
|          |     |  |       |                        |     |            | 00 |
|          |     | Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0                       | 8     |                        |     |            | 00 |
|          |     | Military retirement benefits included on federal Form 1040A, Line 12b or federal Form 1040, Line 16b   | 1     |                        |     |            | 00 |
| ב        |     | Taxable <b>public pension</b> from federal Form 1040A, Line 12b or federal Form 1040, Line 16b.  | 2     |                        |     |            | 00 |
| Z        |     | Divide Line 1 by Line 2 (Round to whole number)  |       |                        |     |            | 00 |
|          |     |  | 3     |                        |     |            | %  |
| S        |     | Multiply Line 3 by Line 14 of Section A. If you are not claiming a public pension exemption, enter \$0         Subtract Line 4 from Line 1       | 4     |                        |     |            | 00 |
| ע        |     | Total military pension, multiply Line 5 by 15%.  | 5     |                        |     |            | 00 |
|          |     |  | 6     |                        |     |            | 00 |
|          | 101 | AL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY EXEMPTION  |       |                        |     |            |    |
| ш        |     | Add Line 14 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D).<br>Enter total amount here and on Form MO-1040, Line 8. |       | TOTAL<br>EXEMPTION     |     |            | 00 |



## )-1040 20

| G          | 5321 8:2         | MISSOURI DEPARTMENT OF REVENUE   | URN—LONG FOR  | M  |           |                    | 20  | )1(  | 0 1        | FORM                                  | 10-              | 1040                                     |
|------------|------------------|--|---|--|-----------|--------------------|---|--|------------|---------------------------------------|------------------|--|
| FC         |                  | ALENDAR YEAR JAN. 1–DEC. 31, 2010, OR  |   |  |           | 20                 | , END                                     | ING  |            |                                       | _                | 20                                       |
| A          | ME               | NDED RETURN — CHECK HERE   |   |  |           |                    |   |  |            | (                                     | VEND(<br>Assigne | TWARE<br>OR CODE<br>ed by DOR)           |
| S          | SOC              | IAL SECURITY NUMBER  |   | SPOUSE'S SOCIAL                          | SECURIT   | Y NUMBER           |   |  |            |                                       |                  |  |
| RESS       | LAS              |  | FIRST N   | <br>AME                                  |           | N                  | I. INITIAL                                |  | SL         | – JFFIX (JR, SR, et                   | C.) DE           | CEASED                                   |
| ADD        | SPO              | USE'S LAST NAME  | FIRST N   | AME                                      |           | N                  | I. INITIAL                                |  | SL         | JFFIX (JR, SR, et                     | C.) DE           |  |
| <b>ND</b>  |                  |  |   |  |           |                    |   |  |            | (- ) - )                              |                  | 2010                                     |
| MEA        | IN C             | ARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL  | REPRESENTATIVE, ETC.)                               |  |           | C                  | COUNTY OF                                 | RESIDEN  | CE         |                                       |                  |  |
| NAI        | PRE              | SENT ADDRESS (INCLUDE APARTMENT NUMBER OF  | R RURAL ROUTE)                                      | Cl                                       | TY, TOWI  | N, OR POST OFF     | FICE, STATE                               | , and zif  | CODE       |                                       |                  |  |
| tru<br>a c | ist fur<br>descr | y contribute to any one or all of the<br>ds on Line 45. See pages 9–10 for<br>ption of each trust fund, as well as<br>d codes to enter on Line 45. | in's Veterans<br>Trust<br>Fund Del<br>Me<br>Trust F | ne<br>ivered<br>als<br>National<br>Guard | Workers   | Memorial Trust     | Childhood<br>Lead<br>Testing<br>rust Fund | Missou<br>Militar<br>Family<br>Relief<br>Trust Fun | y ]        | General<br>Revenue<br>Revenue<br>Fund |                  | After<br>School<br>Retreat<br>Trust Fund |
|            | Ρ                | LEASE CHECK THE APPROPRIATE  |   | Y TO YOURSE                              |           |                    | OUSE A                                    |  |            |                                       |                  | 0.                                       |
|            |                  | THROUGH 64     AGE 65 OR OLDE       RSELF     VOURSELF   | R BLIND<br>VOUR                                     |  |           | DISABLED           |   |  | OBLIC      | GATED SPOUS                           | <u>SE</u>        |  |
|            | ] SPC            |  |   |  | _         | POUSE              |   |  | POUSE      |                                       |                  |  |
|            |                  |  |   |  |           | Yo                 | ourself                                   |  |            | Spous                                 | е                |  |
|            |                  | Federal adjusted gross income from your 24   | · · · · · · · · · · · · · · · · · · ·               |  | · · · ·   | 1Y                 |   | 00   | 1S         |                                       |                  | 00                                       |
|            |                  | Total additions (from Form MO-A, Part 1, Li  | · · · · · · · · · · · · · · · · · · ·               |  |           | 2Y                 |   | 00   | 2S         |                                       |                  | 00                                       |
|            |                  | Total income — Add Lines 1 and 2 Total subtractions (from Form MO-A, Part 1  |   |  | E E       | 3Y<br>4Y           |   | 00   | 3S<br>4S   |                                       |                  | 00                                       |
| INC        |                  | Missouri adjusted gross income — Subtract  |   |  |           | 5Y                 |   | 00   | 5S         |                                       |                  | 00                                       |
|            |                  | Total Missouri adjusted gross income - Add   |   |  |           |                    | 6   |  |            | 0                                     | 0                |  |
|            | 7.               | Income percentages — Divide column   | ור by ו רי Line                                     | Must equal 100%                          | %.)       | 7Y                 |   | %  | 7S         |                                       |                  | %  |
|            | 8.               | Pension and Social Security/Social Security  | Disability exemption (fro                           | om Form MO-A, P                          | art 3, Se | ection E.)         | 8   |  |            | 0                                     | 0                |  |
|            | 9.               | Mark your filing status box below and enter  |   |  |           |                    |   |  |            |                                       |                  |  |
|            |                  | A. Single — \$2,100 (See Box B before B. Claimed as a dependent on anothe  | e checking.)  | E. Married fili<br>NOT filing            | ing sepa  | arate (spouse      |   |  |            |                                       |                  |  |
|            |                  | tax return — \$0.00  |   | F. Head of h                             |           |                    |   |  |            |                                       |                  |  |
|            |                  | C. Married filing joint federal & combined<br>D. Married filing separate — \$2,100   | d Missouri — \$4,200                                | G. Qualifying dependen                   | widow(    | er) with           | 9   |  |            | 0                                     | 0                |  |
|            | 10.              | Tax from federal return ( <b>Do not enter federa</b>   |   | e from Forme 0001                        | 0000      | ad 0005 an Lin     | . 71                                      |  |            |                                       |                  |  |
|            |                  | <ul> <li>Federal Form 1040, Line 55 minus Lines 45, 64</li> <li>Federal Form 1040A, Line 35 minus Lines 40,</li> </ul>                             |   |  |           |                    | e / I                                     |  |            |                                       |                  |  |
| ١S         |                  | Federal Form 1040EZ, Line 11 minus Line 8 an   | d 9a  |  | 10        |                    | 00  |  |            |                                       |                  |  |
|            | 11.              | Other tax from federal return — Attach copy  | of your federal return (                            | pages 1 and 2).                          | 11        |                    | 00  |  |            |                                       |                  |  |
| DC<br>DC   |                  | Total tax from federal return — Add Lines 1  |   |  | 12        |                    | 00  |  |            |                                       | _                |  |
|            | 13.              | Federal tax deduction — Enter amount fu<br>\$10.000 for combined filers.   |   |  |           |                    | 13  |  |            | 0                                     |                  |  |
| AND DI     | 14.              | Missouri standard deduction OR itemized d  |   |  |           |                    | 15  |  |            |                                       | 4                |  |
| S A        |                  | Household- \$8,400; Married Filing a Combin  | ned Return or Qualifying V                          | Vidow(er) — \$11,4                       | 00; If yo | ou are age 65      | or  |  |            |                                       |                  |  |
| IONS /     |                  | older, blind, or claimed as a dependent, see deduction or you are itemizing, see Form MO   |   |  |           |                    |   |  |            | 0                                     | 2                |  |
| ИΡТ        | 15.              | Number of dependents from Federal Form   |   |  |           | ]                  |   |  |            |                                       |                  | Do not                                   |
| XE         |                  | (DO NOT INCLUDE YOURSELF OR SPOU   | JSE.)   |  |           | <b>X</b> \$1,200 = | 15  |  |            | 0                                     | Jrv              | include<br>yourself                      |
| •••        | 16.              | Number of dependents on Line 15 who are receive Medicaid or state funding (DO NOT  |   |  |           | <b>X</b> \$1,000 = | 16  |  |            | 0                                     | ) <i>F</i>       | or<br>spouse.                            |
|            |                  | Long-term care insurance deduction   |   |  |           |                    |   |  |            | 0                                     |                  |  |
|            |                  | Health care sharing ministry deduction   |   |  |           |                    |   |  |            | 0                                     | _                |  |
|            |                  | Total deductions — Add Lines 8, 9, 13, 14,   |   |  |           |                    |   |  |            | 0                                     | _                |  |
|            |                  | Subtotal — Subtract Line 19 from Line 6  |   |  |           |                    | 20  | 00   | 210        | U                                     | J                | 00                                       |
|            |                  | Multiply Line 20 by appropriate percentages<br>Enterprise zone or rural empowerment zone   |   |  |           | 21 Y<br>22 Y       |   |  | 21S<br>22S |                                       |                  | 00                                       |
|            |                  | Subtract Line 22 from Line 21. Enter here a  |   |  | - F       | 23Y                |   |  | 23S        |                                       |                  | 00                                       |

For Privacy Notice, see Instructions.

|              |          |   |                                       |                         | Yourself   |                         |                   |        |           |            | Spouse        |                          |
|--------------|----------|---|---------------------------------------|-------------------------|------------|-------------------------|-------------------|--------|-----------|------------|---------------|--------------------------|
|              | 24.      | Taxable income amount from Lines 23Y and 23S  |                                       |                         | 24Y        |                         |                   | 00     | 24S       |            |               | 00                       |
|              | 25.      | Tax (See tax table on page 26 of the instructions.)   | )                                     |                         | 25Y        |                         |                   | 00     | 25S       |            |               | 00                       |
|              |          | Resident credit — Attach Form MO-CR and other   |                                       |                         | 26Y        |                         |                   |        | 26S       |            |               | 00                       |
|              |          |   |                                       |                         | 201        |                         | i                 | 00     | 200       |            |               |                          |
|              | 27.      | Missouri income percentage — Enter 100% unless  |                                       |                         |            |                         |                   |        |           |            |               |                          |
|              |          | Attach Form MO-NRI and a copy of your federal   |                                       |                         |            |                         |                   |        |           |            |               |                          |
| ×            |          | if you or your spouse is a professional entertainer o   |                                       |                         |            |                         |                   | 0/     |           |            |               | 0/                       |
| TAX          |          |   |                                       | •••••                   | 27Y        |                         |                   | 70     | 27S       |            |               | %                        |
|              | 28.      | Balance — Subtract Line 26 from Line 25; OR   |                                       |                         |            |                         |                   | ~~     |           |            |               | 00                       |
|              |          | Multiply Line 25 by percentage on Line  |                                       |                         | 28Y        |                         |                   | 00     | 28S       |            |               | 00                       |
|              | 29.      | Other taxes (Check box and attach federal form in   | ndicated.)                            |                         |            |                         |                   |        |           |            |               |                          |
|              |          | Lump sum distribution (Form 4972)   |                                       |                         |            |                         |                   |        |           |            |               |                          |
|              |          | Recapture of low income housing credit (F   | Form 8611)                            |                         | . 29Y      |                         |                   | 00     | 29S       |            |               | 00                       |
|              | 30.      | Subtotal — Add Lines 28 and 29  |                                       |                         | 30Y        |                         |                   | 00     | 30S       |            |               | 00                       |
|              | 31.      | Total Tax — Add Lines 30Y and 30S   |                                       |                         |            |                         | 31                |        |           |            | 00            | )                        |
| ပ            |          | MISSOURI tax withheld — Attach Forms W-2 and  |                                       |                         |            |                         | 32                |        |           |            | 00            | )                        |
| Б            | 33.      | 2010 Missouri estimated tax payments (include over  | rpayment from 2009 appl               | ied to 2010)            |            |                         | 33                |        |           |            | 00            |                          |
| R            |          | Missouri tax payments for nonresident partners or S co  |                                       |                         |            |                         | 34                |        |           |            | 00            | )                        |
| $\mathbf{S}$ |          | Missouri tax payments for nonresident entertainer   |                                       |                         |            |                         | 35                |        |           |            | 00            |                          |
| TS           |          | Amount paid with Missouri extension of time to file   |                                       |                         |            |                         |                   |        |           |            | 00            | _                        |
| E            |          | Miscellaneous tax credits (from Form MO-TC, Line  |                                       |                         |            |                         |                   |        |           |            | 00            | _                        |
| ž            |          | Property tax credit — Attach Form MO-PTS  |                                       |                         |            |                         |                   |        |           |            | 00            | _                        |
| PA           |          | Total payments and credits — Add Lines 32 through   |                                       |                         |            |                         |                   |        |           |            | Ŏ             |                          |
|              |          | p Lines 40–42 if you are not filing an amen   |                                       |                         |            |                         |                   |        |           |            |               |                          |
| z            |          | Amount paid on original return  |                                       |                         |            |                         | 40                |        |           |            | 00            |                          |
| <b>N</b>     |          | Overpayment as shown (or adjusted) on original re-  |                                       |                         |            |                         |                   |        |           |            | 00            |                          |
| RETUF        | 41.      | INDICATE REASON FOR AMENDING.   | etuini                                |                         | MN         |                         | 41                |        |           |            | 100           | 4                        |
| В            |          | A. Federal audit  | Entor                                 | late of IDC report      |            |                         |                   |        |           |            |               |                          |
| ENDED        |          |   |                                       |                         |            |                         | 1                 |        |           |            |               |                          |
| R            |          | B. Net operating loss carryback   |                                       |                         |            |                         | 1                 |        |           |            |               |                          |
| AM           |          | C. Investment tax credit carryback  |                                       |                         |            |                         | -                 |        |           |            |               |                          |
|              | 10       | D. Correction other than A, B, or C Enter   |                                       |                         | from Li    |                         | 42                |        |           |            | 00            |                          |
|              | _        | Amended Return — total payments and credits. A  |                                       |                         |            | ne 39                   | 42                |        |           |            | 00            | ,                        |
|              | 43.      | If Line 39, or if amended return, Line 42, is larger the (amount of <b>OVERPAYMENT</b> ) here.            |                                       |                         |            |                         | 43                |        |           |            | 00            |                          |
|              |          |   |                                       |                         |            |                         |                   |        |           |            |               |                          |
|              | 44.      | Amount of Line 43 to be applied to your 2011 estir  | mated tax                             |                         |            |                         | 44                |        |           |            | 00            | )                        |
| B            | 45.      | Enter the amount of   | Elderly & Missouri                    | Workers'                | Childhood  | Missouri<br>Military    | Gener             |        |           | After A    |               | Addl. Trust<br>Fund Code |
| E            |          | your donation in the  | Elderly<br>Home<br>Delivered<br>Maals | Vorkers Trust           | Testing    | Family Beven            | S Tru             | st 【   |           | Retreat (  |               | See Instr.)              |
| RE           |          | trust fund boxes to the   | Meals<br>Trust Fund                   | Fund Tr                 | ust Fund   | Relief<br>Trust Fund    | <del>کر</del> Fur | Ia     | Iru       | st Fund    |               | l                        |
|              |          | right. See instructions for trust fund codes. <b>45</b> 00 00   | 00 00                                 | 00                      | 00         | 00                      |                   | 00     |           | 00         | 00            | 00                       |
|              | 40       |   | 1991 1991                             |                         | 1.5.5      | 1 1 2 2 1               | - <sup>1</sup>    |        |           |            |               | 100                      |
|              | 46.      | Overpayment to be refunded to you. Subtract Line mail return to: Department of Revenue, PO Box            | 500. Jefferson City M                 | <b>O 65106-0500</b>     | Sign       |                         | 46                |        |           |            | 00            | )                        |
|              | 47       |   |                                       |                         |            |                         |                   |        |           |            |               |                          |
|              |          | If Line 31 is larger than Line 39 or Line 42, enter the   |                                       |                         | · ·        |                         | 47                | -      |           |            | 00            | -                        |
| AMOUNT DUE   | 48.      | Underpayment of estimated tax penalty — Attach  | Form MO-2210. Enter                   | penalty amount h        | ere        |                         | 48                |        |           |            | 00            | 2                        |
|              | 49.      | Total amount due - Add Lines 47 and 48 and ent  | ter here. Sign below a                | nd mail return and      | payme      | nt to:                  |                   |        |           |            |               |                          |
| S            |          | Department of Revenue, PO Box 329, Jefferson  | n City, MO 65107-0329                 |                         |            |                         |                   |        |           |            |               |                          |
| <b>B</b>     |          | Please write your social security number(s) and dayti   | ime phone number on yo                | ur check or money       | order (l   | J.S. funds only).       |                   |        |           |            |               |                          |
| A            |          | Make payable to Missouri Department of Revenue  | ə                                     | Α                       | MOUN       | <b>IT YOU OWE</b>       | 49                |        |           |            | 00            | )                        |
|              | lf       | you pay by check, you authorize the Department of   | f Revenue to process th               | e check electronic      | ally. A    | ny returned che         | ck ma             | ay be  | preser    | nted ag    | ain electr    | onically.                |
|              |          | er penalties of perjury, I declare that I have examined this return, inc                                  |                                       |                         | -          | -                       |                   | -      |           |            |               | -                        |
|              | prep     | arer (other than taxpayer) is based on all information of which he/s                                      | she has any knowledge. As prov        | vided in Chapter 143, R | SMo, a pe  | enalty of up to \$500 s | hall be           | e impo | sed on an | y individu | ual who files | a frivolous              |
| ш            | <u> </u> | n. I also declare under penalties of perjury that I employ no illegal or                                  |                                       |                         | at I am no |                         |                   |        |           |            | I employ suc  | on aliens.               |
| UR           |          | thorize the Director of Revenue or delegate to discuss the preparer or any member of the preparer's firm. |                                       | nts E-MAIL ADDRESS      |            |                         | PREPA<br>(        | HER'S  | TELEPHO   | NE         |               |                          |
| GNATURE      |          |   |                                       |                         |            |                         | (                 |        | /<br>     | N CON C    |               |                          |
| SIGN         | SIGN     | ATURE   | DATE                                  | PREPARER'S SIGNATUR     |            |                         |                   |        | FEI       | N, SSN, C  | in r i IN     |                          |
| 0)           | SPO      | JSE'S SIGNATURE (If filing combined, BOTH must sign)  | DAYTIME TELEPHONE                     | PREPARER'S ADDRESS      | AND ZIP (  | CODE                    |                   |        |           |            | DATE          |                          |
|              |          |   | ( )                                   |                         |            |                         |                   |        |           |            |               |                          |
|              |          |   | S                                     |                         |            |                         |                   |        |           |            |               |                          |

This form is available upon request in alternative accessible format(s).

| 3   | Perinant     | h.   |
|-----|--------------|------|
| 30  | STMENT.      | -9h. |
| 7   | *            | 1    |
|     |              |      |
|     | 1320         | 1.2  |
| 16. | A DEVENT     | 18   |
| 96  | ATTRONCE AND | 7    |
|     | Muncers      |      |

MISSOURI DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX ADJUSTMENTS Attachment Sequence No. 1040-01

ATTACH TO FORM MO-1040. ATTACH A COPY OF YOUR FEDERAL RETURN. See information beginning on page 11 to assist you in completing this form.

| LAST NAME   |   | FIRST NAME                              |              | INITIAL   | SOCIAL S | ECURITY NO.           |
|-------------|---|---|--------------|-----------|----------|-----------------------|
| 00011051014 |   |   |              |           |          | S SOCIAL SECURITY NO. |
| SPOUSE'S LA | AST NAME  | FIRST NAME                              |              | INITIAL   |          | S SOCIAL SECURITY NO. |
| PART 1      | - MISSOURI MODIFICATIONS TO FED   | ERAL ADJUSTED GROSS INC                 | OME (SEE     | PAGE 11). |          |                       |
| ADDITI      | IONS  |   |              | YOURSELF  |          | S-SPOUSE              |
| 1. Intere   | st on state and local obligations other than Missouri   | source                                  | . <u>1</u> Y | 00        | 1S       | 00                    |
|             | artnership;  Fiduciary;  S corporation;  Net O ther (description)   | perating Loss (Carryback/Carryforward)  | ;<br>2Y      | 00        | 2S       | 00                    |
|             | ualified distribution received from a qualified 529 plan (I sed for qualified higher education expenses   | • • • • •                               | . <u>3</u> Y | 00        | 3S       | 00                    |
| 4. Food     | Pantry contributions included on federal Schedule A   |   | . 4Y         | 00        | 4S       | 00                    |
| 5. Nonre    | esident Property Tax  |   | . 5Y         | 00        | 5S       | 00                    |
| 6. TOTA     | AL ADDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter   | here and on Form MO-1040, Line 2        | . 6Y         | 00        | 6S       | 00                    |
| SUBTRA      | ACTIONS   |   |              |           |          |                       |
|             | st from exempt federal obligations included in federal development of the development of |   | 7Y           | 00        | 7S       | 00                    |
| 8. Any st   | tate income tax refund included in federal adjusted gr  | oss income                              | . 8Y         | 00        | 8S       | 00                    |
| Net Net     | rtnership; Fiduciary; S corporation;<br>t Operating Loss; Military (nonresident); Build A<br>mbat pay included in federal adjusted gross income;  | · · · · · · · · · · · · · · · · · · ·   |              |           |          |                       |
| Oth         | ner (description)   | Attach supporting documentation.        | . <u>9</u> Y | 00        |          | 00                    |
| 10. Exemp   | ot contributions made to a qualified 529 plan (higher e   | education savings program)              | . 10Y        | 00        | 10S      | 00                    |
| 11. Qualifi | ied Health Insurance Premiums.  |   | . 11Y        | 00        | 11S      | 00                    |
|             | uri depreciation adjustment (Section 143.121, RSMo)<br>old or disposed property previously taken as addition  |   | . 12Y        | 00        | 12S      | 00                    |
| 13. Home    | Energy Audit Expenses   |   | . 13Y        | 00        | 13S      | 00                    |
| 14. TOTAL   | L SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13   | 3. Enter here and on Form MO-1040, Line | 4. 14Y       | 00        | 14S      | 00                    |
|             | 2 — MISSOURI ITEMIZED DEDUCTIONS  |   |              |           | tions    | on your federal       |
| return.     | Attach a copy of your federal Form 104  | 0 (pages 1 and 2) and federal 3         | Schedule A   |           |          |                       |
| 1. Total    | federal itemized deductions from federal Form 1040  | , Line 40                               |              |           | 1        | 00                    |
| 2. 2010     | (FICA) — yourself — Social security \$  | + Medicare \$                           |              |           | 2        | 00                    |
| 3. 2010     | (FICA) — spouse — Social security \$  | + Medicare \$                           |              |           | 3        | 00                    |
| 4. 2010     | Railroad retirement tax — yourself (Tier I and Tier II  | ) \$+ Medicare                          | \$           |           | 4        | 00                    |
| 5. 2010     | Railroad retirement tax — spouse (Tier I and Tier II)   | \$+ Medicare                            | \$           |           | 5        | 00                    |
| 6. 2010     | Self-employment tax — Amount from federal Form 1  | 040, Line 27                            |              |           | 6        | 00                    |
| 7. TOT/     | AL — Add Lines 1 through 6.   |   |              |           | 7        | 00                    |
| 8. State    | e and local income taxes — from federal Schedule /  | A, Line 5                               | . 8          | 00        |          |                       |
|             | ings taxes included in Line 8   |   |              | 00        |          |                       |
|             | state income taxes — Subtract Line 9 from Line 8  |   |              | 1         | 0        | 00                    |
|             | SOURI ITEMIZED DEDUCTIONS — Subtract Line 10  |   |              |           | 1        | 00                    |
|             | NOTE: IF LINE 11 IS LESS THAN YOUR  |   |              |           |          | PAGE 7.               |

2010

FORM

**MO-A** 

#### **PART 3 - PENSION EXEMPTION**

|          | PUBLIC PENSION CALCULATION — Pensions received from any federal, state, or local government  | nt.           |              |      |            |    |
|----------|--|---------------|--------------|------|------------|----|
|          | 1. Missouri adjusted gross income from Form MO-1040, Line 6  | 1             |              |      |            | 00 |
|          | 2. <b>Taxable</b> social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b  |               |              |      |            | 00 |
|          | 3. Subtract Line 2 from Line 1   | . 3           |              |      |            | 00 |
|          | <ol> <li>Solutiat Line 2 non Line 1</li> <li>Select the appropriate filing status and enter amount on Line 4. Married filing combined - \$100,000; Single, Head of</li> </ol>  |               |              |      |            |    |
|          | 4. Select the appropriate ming status and enter amount on Line 4. Marned ming combined - \$100,000, Single, Head of<br>Household, Married Filing Separate, and Qualifying Widow - \$85,000                             | 4             |              |      |            | 00 |
|          |  | -             |              |      |            | 00 |
| 4        | 5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0  | · 🗖           | Y - YOURSELF |      | S - SPOUSE |    |
| Z        | 6. <b>Taxable</b> pension for each spouse from public sources from federal Form 1040A, Line 12b or 1040, Line 16b  |               | 00           | 6S   |            | 00 |
| 2        | 7. Multiply Line 6 by 65%  | . <u>7</u> Y  | 00           | 7S   |            | 00 |
| <u>د</u> | 8. Amount from Line 7 or \$33,703 (maximum social security benefit), whichever is less.  | . <u>8</u> Y  | 00           | 8S   |            | 00 |
| り        | 9. Amount from Line 6 or \$6,000, whichever is less  | . 9Y          | 00           | 9S   |            | 00 |
|          | 10. Amount from Line 8 or Line 9, whichever is greater   | . 10Y         | 00           | 10S  |            | 00 |
|          | 11. If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s)   |               |              |      |            |    |
|          | 6y and 6s. See instructions if Line 3 of Section C is more than \$0.   | . <u>11</u> Y | 00           | 11S  |            | 00 |
|          | 12. Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter \$0   | . 12Y         | 00           | 12S  |            | 00 |
|          | 13. Add amounts on Lines 12y and 12s   |               |              |      |            | 00 |
|          | 14. Total public pension, subtract Line 5, from Line 13. If Line 5 is greater than Line 13, enter \$0  | . 14          |              |      |            | 00 |
|          | PRIVATE PENSION CALCULATION — Annuities, pensions, IRA'S, and 401(k) plans funded by a pr  | ivate         | source.      |      |            |    |
|          | 1. Missouri adjusted gross income from Form MO-1040, Line 6  | 1             |              |      |            | 00 |
|          | 2. Taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b   | 2             |              |      |            | 00 |
|          | 3. Subtract Line 2 from Line 1.  | 3             |              |      |            | 00 |
| n        | 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             |              |      |            | 00 |
| С<br>Ц   | 6. Taxable pension for each spouse from private sources from federal Form 1040A, Lines 11b and 12b, or federal   | 6Y            | Y - YOURSELF | 6S   | S - SPOUSE | 00 |
| <b>N</b> | Form 1040, Lines 15b and 16b.  |               | 00           | 7S   |            | -  |
|          | 7. Amounts from Line 6Y and 6S or \$6,000, whichever is less   |               | 00           | 13   |            | 00 |
|          | 8. Add Lines 7Y and 7S   |               |              |      |            | 00 |
|          | 9. Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0   |               |              |      |            | 00 |
|          | SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social sec<br>by December 31 and have marked the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to                |               |              |      |            | е  |
|          | Missouri adjusted gross income from Form MO-1040, Line 6   |               |              | ucuu |            | 00 |
|          |  | · -           |              |      |            |    |
|          | <ol> <li>Select the appropriate filing status and enter the amount on Line 2. Married filing combined - \$100,000<br/>Single, Head of Household, Married Filing Separate, and Qualifying Widower - \$85,000</li> </ol> | 2             |              |      |            | 00 |
| 5        | 3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0  |               |              |      |            | 00 |
| ECHON    |  |               | Y - YOURSELF |      | S - SPOUSE |    |
|          | 4. Taxable social security benefits for each spouse from federal Form 1040A, Line 14b or federal Form 1040, Line 20b   | . <u>4</u> Y  | 00           | 4S   |            | 00 |
|          | 5. Taxable social security disability benefits for each spouse from federal Form 1040A, Line 14b or 1040, Line 20b.  | 5Y            | 00           | 5S   |            | 00 |
| N        | 6. Multiply Line 4 or Line 5 by 65%  | . 6Y          | 00           | 6S   |            | 00 |
|          | 7. Add Lines 6Y and 6S   | . 7           |              |      |            | 00 |
|          | 8. Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0  | . 8           |              |      |            | 00 |
|          | MILITARY PENSION CALCULATION   |               |              |      |            |    |
|          | 1. Military retirement benefits included on federal Form 1040A, Line 12b or federal Form 1040, Line 16b  | . 1           |              |      |            | 00 |
| ב<br>Z   | 2. Taxable public pension from federal Form 1040A, Line 12b or federal Form 1040, Line 16b.  |               |              |      |            | 00 |
| อิ       | 3. Divide Line 1 by Line 2 (Round to whole number)   | . 3           |              |      |            | %  |
|          | 4. Multiply Line 3 by Line 14 of Section A. If you are not claiming a public pension exemption, enter \$0  | . 4           |              |      |            | 00 |
| Ц        | 5. Subtract Line 4 from Line 1   | 5             |              |      |            | 00 |
| N        | 6. Total military pension, multiply Line 5 by 15%.   |               |              |      |            | 00 |
|          | TOTAL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY EXEMPTION   |               | <br>         |      |            |    |
|          | Add Line 14 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D).   |               | TOTAL        |      |            |    |
| ш        | Enter total amount here and on Form MO-1040. Line 8.   |               | EXEMPTION    |      |            | 00 |

| MISSOURI DEPARTMENT C   | MISSOURI DEPARTMENT OF REVENUE 2010 |                      | Attachment Sequence No. 1040-03  |          |    |                              |  |  |  |
|---|-------------------------------------|----------------------|--|----------|----|------------------------------|--|--|--|
| CREDIT FOR INCOME<br>OTHER STATES OR POL  |                                     | FORM<br>MO-CR        |  |          |    |                              |  |  |  |
| Complete this form if you and/or your<br>or political subdivision. If you had m<br>for each state or political subdivision            | ultiple credits, complete a         |                      | <ul> <li>Attach a copy of all income tax returns for each<br/>state or political subdivision.</li> <li>Attach Form MO-CR to Form MO-1040.</li> </ul> |          |    |                              |  |  |  |
| YOUR NAME   | YOUR SOCIAL SECURITY NO.            | YOUR SPOUSE'S NAM    | ME   |          |    | SPOUSE'S SOCIAL SECURITY NO. |  |  |  |
| 1. Claimant's total adjusted gross income   |                                     |                      | ``   | YOURSELF |    | SPOUSE                       |  |  |  |
| (Form MO-1040, Line 5Y and/or Line 5S)  |                                     |                      | 1  | 00       | 1  | 00                           |  |  |  |
| 2. Claimant's Missouri income tax<br>(Form MO-1040, Line 25Y and/or Line 25S  | 3)                                  |                      | 2  | 00       | 2  | 00                           |  |  |  |
| USE TWO LETTER ABBREVIATION FOR STATE OR<br>NAME OF POLITICAL SUBDIVISION. See table on back.   |                                     |                      | STATE  | OF:      |    | STATE OF:                    |  |  |  |
| 3. Wages and commissions  |                                     |                      | 3  | 00       | 3  | 00                           |  |  |  |
| 4. Other (describe nature)  |                                     |                      | 4  | 00       | 4  | 00                           |  |  |  |
| 5. Total — Add Lines 3 and 4  |                                     |                      | 5  | 00       | 5  | 00                           |  |  |  |
| 6. Less: related adjustments (from Federal For  | rm 1040A, Line 20, OR Federal Fo    | orm 1040, Line 36).  | 6  | 00       | 6  | 00                           |  |  |  |
| 7. Net amounts — Subtract Line 6 from Line  | 5                                   |                      | 7  | 00       | 7  | 00                           |  |  |  |
| 8. Percentage of your income taxed — Divide   | e Line 7 by Line 1                  |                      | 8  | %        | 8  | %                            |  |  |  |
| 9. Maximum credit — Multiply Line 2 by perc   | entage on Line 8                    |                      | 9  | 00       | 9  | 00                           |  |  |  |
| 10. Income tax you paid to another state or polit<br>The income tax is reduced by all credits, ex                                     |                                     |                      | 10   | 00       | 10 | 00                           |  |  |  |
| 11. Credit — Enter the smaller amount of Line<br>Line 26Y or Line 26S. (If you have multipl<br>each Form MO-CR before entering on For | e credits, add the amounts on Lir   | ne 11 from           | 11   | 00       | 11 | 00                           |  |  |  |
| MO 860-1095 (12-2010)   | For Privacy Not                     | tice see instruction | s  |          |    |                              |  |  |  |

| -    |               | Ν |
|------|---------------|---|
|      |               | 0 |
| Min. | Manual States | 6 |

## MISSOURI DEPARTMENT OF REVENUE CREDIT FOR INCOME TAXES PAID TO

| CREDIT FOR INCOME<br>OTHER STATES OR POL  |                                   | FORM<br>MO-CR     |  |                |    |                             |  |  |  |  |
|---|-----------------------------------|-------------------|--|----------------|----|-----------------------------|--|--|--|--|
| Complete this form if you and/or your<br>or political subdivision. If you had m<br>for each state or political subdivision            | ultiple credits, complete a       |                   | <ul> <li>Attach a copy of all income tax returns for each state or political subdivision.</li> <li>Attach Form MO-CR to Form MO-1040.</li> </ul> |                |    |                             |  |  |  |  |
| YOUR NAME   | YOUR SOCIAL SECURITY NO.          | YOUR SPOUSE'S NAM |  |                | SP | POUSE'S SOCIAL SECURITY NO. |  |  |  |  |
| 1. Claimant's total adjusted gross income<br>(Form MO-1040, Line 5Y and/or Line 5S)   |                                   |                   |  | YOURSELF<br>00 | 1  | SPOUSE 00                   |  |  |  |  |
| 2. Claimant's Missouri income tax<br>(Form MO-1040, Line 25Y and/or Line 25S  | ;)                                |                   | 2  | 00             | 2  | 00                          |  |  |  |  |
| USE TWO LETTER ABBREVIATION FOR STATI<br>NAME OF POLITICAL SUBDIVISION. See table   |                                   |                   | STAT   | E OF:          |    | STATE OF:                   |  |  |  |  |
| 3. Wages and commissions  |                                   |                   | 3  | 00             | 3  | 00                          |  |  |  |  |
| 4. Other (describe nature)  |                                   |                   | 4  | 00             | 4  | 00                          |  |  |  |  |
| 5. Total — Add Lines 3 and 4  |                                   |                   | 5  | 00             | 5  | 00                          |  |  |  |  |
| 6. Less: related adjustments (from Federal For  | m 1040A, Line 20, OR Federal Fo   | rm 1040, Line 36) | 6  | 00             | 6  | 00                          |  |  |  |  |
| 7. Net amounts — Subtract Line 6 from Line  | 5                                 |                   | 7  | 00             | 7  | 00                          |  |  |  |  |
| 8. Percentage of your income taxed - Divide   | e Line 7 by Line 1                |                   | 8  | %              | 8  | %                           |  |  |  |  |
| 9. Maximum credit — Multiply Line 2 by perc   | entage on Line 8                  |                   | 9  | 00             | 9  | 00                          |  |  |  |  |
| 10. Income tax you paid to another state or polit<br>The income tax is reduced by all credits, ex                                     |                                   |                   | 10   | 00             | 10 | 00                          |  |  |  |  |
| 11. Credit — Enter the smaller amount of Line<br>Line 26Y or Line 26S. (If you have multipl<br>each Form MO-CR before entering on For | e credits, add the amounts on Lin | e 11 from         | 11   | 00             | 11 | 00                          |  |  |  |  |

2010

Attachment Sequence No. 1040-03

#### **INFORMATION TO COMPLETE FORM MO-CR**

Complete this form if you are a Missouri resident, resident estate, or resident trust with income from another state(s). A part-year resident may elect to use this form to determine his/her tax as if he/she were a resident for the entire taxable year. If you pay tax to more than one state, you must complete a separate Form MO-CR for each state. Before you begin: Complete your Missouri return, Form MO-1040 (Lines 1–25). Complete the other state's return(s) to determine the amount of income tax you paid to the other state(s). Line 1 — Enter the amount from Form MO-1040. Line 5Y and/or 5S. Line 8 — Divide Line 7 by Line 1. If greater than 100%, enter 100%, Round whole percent, such as 91% instead of 90.5%. If percentage is less than 0.5%, Line 2 — Enter the amount from Form MO-1040, Line 25Y and/or 25S. use exact percentage. Enter percentage on Line 8. Lines 3 and 4 - Enter the total amount of wages, commissions, and other Line 9 — Multiply Line 2 by percentage on Line 8. Enter amount on Line 9. income you and/or your spouse received from the other state(s), as reported on Line 10 — Enter your income tax liability as reported on the other state(s) the other state(s) return. income tax return. This is not income tax withheld. The income tax entered Line 5 — Add Lines 3 and 4; enter the total on Line 5. must be reduced by all credits, except withholding and estimated tax. If both you and your spouse paid income tax to the other state(s), each must claim his/her Line 6 — Enter any federal adjustments from: own portion of the tax liability. Federal Form 1040 ..... Line 36 Federal Form 1040A .... Line 20 Line 11 — Enter the smaller amount from Form MO-CR. Line 9 or Line 10. This is your Missouri resident credit. Enter the amount on Form MO-1040, Lines 26Y Line 7 — Subtract Line 6 from Line 5. Enter the difference on Line 7. and 26S. (If you have multiple credits, add the amounts on Line 11 from each MO-CR). Your total credit cannot exceed the tax paid or the percent of tax due Missouri on that part of your income.

#### **Two Letter Abbreviations for States**

| AL—Alabama    | CT—Connecticut | HI—Hawaii   | KY—Kentucky      | MN-Minnesota     | NJ—New Jersey     | OK-Oklahoma       | TN—Tennessee  | WV—West Virginia |
|---------------|----------------|-------------|------------------|------------------|-------------------|-------------------|---------------|------------------|
| AK—Alaska     | DC—District of | ID—Idaho    | LA-Louisiana     | MS-Mississippi   | NM—New Mexico     | OR—Oregon         | TX—Texas      | WI-Wisconsin     |
| AZ—Arizona    | Columbia       | IL—Illinois | ME-Maine         | MT-Montana       | NY-New York       | PA-Pennsylvania   | UT—Utah       | WY—Wyoming       |
| AR—Arkansas   | DE-Delaware    | IN—Indiana  | MD—Maryland      | NE-Nebraska      | NC—North Carolina | RI—Rhode Island   | VT—Vermont    |                  |
| CA-California | FL—Florida     | IA—Iowa     | MA—Massachusetts | NV-Nevada        | ND—North Dakota   | SC—South Carolina | VA—Virginia   |                  |
| CO-Colorado   | GA—Georgia     | KS—Kansas   | MI—Michigan      | NH-New Hampshire | OH—Ohio           | SD—South Dakota   | WA—Washington |                  |
|               |                |             |                  |                  |                   |                   |               |                  |

MO 860-1095 (12-2010)

# INFORMATION TO COMPLETE FORM MO-CR

This form is available upon request in alternative accessible format(s).

Complete this form if you are a Missouri resident, resident estate, or resident trust with income from another state(s). A part-year resident may elect to use this form to determine his/her tax as if he/she were a resident for the entire taxable year. If you pay tax to more than one state, you must complete a separate Form MO-CR for each state.

Before you begin:

- Complete your Missouri return, Form MO-1040 (Lines 1-25).
- Complete the other state's return(s) to determine the amount of income tax you paid to the other state(s).

Line 1 — Enter the amount from Form MO-1040, Line 5Y and/or 5S.

Line 2 — Enter the amount from Form MO-1040, Line 25Y and/or 25S.

Lines 3 and 4 — Enter the total amount of wages, commissions, and other income you and/or your spouse received from the other state(s), as reported on the other state(s) return.

Line 5 — Add Lines 3 and 4; enter the total on Line 5.

Line 6 — Enter any federal adjustments from: Federal Form 1040 . . . . . Line 36 Federal Form 1040A . . . . . Line 20

Line 7 — Subtract Line 6 from Line 5. Enter the difference on Line 7.

Line 8 — Divide Line 7 by Line 1. If greater than 100%, enter 100%. Round whole percent, such as 91% instead of 90.5%. If percentage is less than 0.5%, use exact percentage. Enter percentage on Line 8.

Line 9 — Multiply Line 2 by percentage on Line 8. Enter amount on Line 9.

Line 10 — Enter your income tax liability as reported on the other state(s) income tax return. This is not income tax withheld. The income tax entered must be reduced by all credits, except withholding and estimated tax. If both you and your spouse paid income tax to the other state(s), each must claim his/her own portion of the tax liability.

Line 11 — Enter the smaller amount from Form MO-CR, Line 9 or Line 10. This is your Missouri resident credit. Enter the amount on Form MO-1040, Lines 26Y and 26S. (If you have multiple credits, add the amounts on Line 11 from each MO-CR). Your total credit cannot exceed the tax paid or the percent of tax due Missouri on that part of your income.

#### **Two Letter Abbreviations for States**

| AL—Alabama    | CT—Connecticut | HI—Hawaii   | KY—Kentucky      | MN-Minnesota     | NJ—New Jersey     | OK—Oklahoma       | TN—Tennessee  | WV—West Virginia |
|---------------|----------------|-------------|------------------|------------------|-------------------|-------------------|---------------|------------------|
| AK—Alaska     | DC-District of | ID—Idaho    | LA-Louisiana     | MS-Mississippi   | NM—New Mexico     | OR—Oregon         | TX—Texas      | WI-Wisconsin     |
| AZ—Arizona    | Columbia       | IL—Illinois | ME-Maine         | MT-Montana       | NY-New York       | PA-Pennsylvania   | UT—Utah       | WY—Wyoming       |
| AR—Arkansas   | DE-Delaware    | IN—Indiana  | MD-Maryland      | NE-Nebraska      | NC—North Carolina | RI-Rhode Island   | VT—Vermont    |                  |
| CA-California | FL—Florida     | IA—Iowa     | MA-Massachusetts | NV-Nevada        | ND—North Dakota   | SC—South Carolina | VA-Virginia   |                  |
| CO-Colorado   | GA—Georgia     | KS—Kansas   | MI-Michigan      | NH-New Hampshire | OH—Ohio           | SD—South Dakota   | WA—Washington |                  |

#### This form is available upon request in alternative accessible format(s).

MO 860-1095 (12-2010)

|        | AND IN COMPANY |
|--------|----------------|
| 11 19  |                |
|        |                |
| himmen |                |

MISSOURI DEPARTMENT OF REVENUE MISSOURI INCOME PERCENTAGE

| 2010          |
|---------------|
| FORM          |
| <b>MO-NRI</b> |

Attachment Sequence No. 1040-04 Attach Federal Return. See Instructions and Diagram on page 2 of Form MO-NRI.

| PART A  | RESIDENT/NONRE  | SIDENT S   | ΤΔΤΙΙ   | S - C  | hec   | k your status in the app   | ronr  | iate ho     | ox below               |   |
|---|---|--|---|--|---|--|---|-------------|------------------------|---|
| NAME (YOURSELF)   | REOIDENT/NORICE   |  |   |  | ME (SP  |  |   |             |                        | •   |
| ······································  |   |  |   |  |   | ,  |   |             |                        |   |
| ADDRESS   |   |  |   | ADI  | DRESS   |  |   |             |                        |   |
| CITY, STATE, ZIP CODE   |   | SOCIAL SECURITY  |   | CIT  | V CTA   | TE, ZIP CODE   |   |             | SOCIAL SECURIT         |   |
| GIT, STATE, ZIF CODE  |   | SOCIAL SECONIT   | TNUMBER   | GI   | 1, 31A  | IE, ZIF GODE   |   |             | SOCIAL SECONI          | TNUMBER   |
| 1. NONRESIDENT  | OF MISSOURI What was your   | r state of residen   | ce during 2   | 010?   | 1.  | NONRESIDENT OF MISSOURI  | What w  | as your sta | ate of residence       | e during 2010?  |
|   |   |  |   |  |   |  |   |             |                        |   |
| 2. PART-YEAR MIS  |   | Data Exami   | Date To   | 2. PART-YEAR MISSOURI RESIDENT   |   |  |   |             |                        | Data Tai  |
| a. Indicate the date you t  | were a Missouri resident in 2010.   | Date From:   | Date 10   | ):   | a   | . Indicate the date you were a Missouri resid  | ient in 2   | 010.        | Date From:             | Date To:  |
| b. Indicate other state of  | residence and date you resided the  | re. Date From:   | Date To   | ):   | b   | . Indicate other state of residence and date   | you resi  | ded there.  | Date From:             | Date To:  |
| Pagad on the Military   | · Spausa's Pasidanav I  | Poliof Act i   | fyou or   | a tha an   |   | of a military acryicomombary   | rooidi  | na outoi    | do of Misso            |   |
| because your spouse i   | s there on military orders,<br>m MO-NRI. You must rep   | and Missour  | i is your   | state of   | resic   | e of a military servicemember i<br>lence, any income you earn is ta  | axable  | to Miss     | ouri.                  | Sull Solely   |
|   | RESIDENT TAX STATU  |  |   |  | 3   | MILITARY/NONRESIDENT T   |   |             |                        |   |
|   | d complete Part C—Misso   | uri Income Po  | ercentag  | e.   |   | status below and complete Par  | rt C—   | Missouri    | Income Per             | rcentage.   |
| a. Missouri Home of   |   |  |   |  | а   | Missouri Home of Record  |   |             |                        |   |
|   | during the 2010 tax year mainta   |  |   |  |   | I did not at any time during the 2010  |   |             |                        |   |
|   | or did I spend more than 30 day<br>a permanent place of abode in  |  | -   |  |   | abode in Missouri nor did I spend mo<br>year. I did maintain a permanent pla   |   |             |                        | •   |
|   |   |  |   | ·  | 1.  | , , , ,  | 1   |             |                        | ·   |
| b. <u>Non-Missouri Hom</u>  | i during 2010 solely because my   | coouco or Lwo  | a ctationa  | d  | D   | . Non-Missouri Home of Record<br>I resided in Missouri during 2010 sole  |   |             | pouso or Lwar          | estationed  |
|   |   |  |   |  |   | at   |   |             |                        |   |
| at on military orders, my home of record is in the state of   |   |  |   |  |   | record is in the state of  |   | 01111111    | tary orders, m         | , vitome of   |
|   | DADT D  | БЛІ  |   |  |   |  |   |             |                        |   |
|   |   |  | SHEE  |  |   |  |   |             |                        |   |
|   |   | - WORK   | FEDERAL   | FEDERAL  |   | SSOURI SOURCE INCO<br>YOURSELF OR  |   | SP          | OUSE (ON               | Δ   |
|   | TED GROSS INCOME  | <u> </u>   |   |  |   | YOURSELF OR<br>ONE INCOME FILER  |   |             | OUSE (ON<br>BINED RETI |   |
|   |   | <u> </u>   | FEDERAL<br>FORM   | FEDERAL<br>FORM  |   | YOURSELF OR  |   | COME        |                        | URN)  |
| с   | TED GROSS INCOME  |  | FEDERAL<br>FORM<br>1040A<br>LINE  | FEDERAL<br>FORM<br>1040<br>LINE  | A   | YOURSELF OR<br>ONE INCOME FILER<br>MISSOURI SOURCES<br>00  | A   | COME        | BINED RETU             | URN)<br>CES   |
| C<br>A. Wages, salaries, tips   | TED GROSS INCOME<br>COMPUTATIONS  |  | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a  | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a  | A   | YOURSELF OR<br>ONE INCOME FILER<br>MISSOURI SOURCES<br>00<br>00  | AB  | COME        | BINED RETU             | URN)<br>CES<br>00<br>00   |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income  | TED GROSS INCOME<br>COMPUTATIONS  |  | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a  | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a  | A<br>B<br>C   | YOURSELF OR<br>ONE INCOME FILER<br>MISSOURI SOURCES<br>00<br>00<br>00  | A<br>B<br>C   | COME        | BINED RETU             | URN)<br>CES<br>00<br>00<br>00   |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom  | TED GROSS INCOME<br>COMPUTATIONS<br>a, etc  |  | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a  | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10  | A<br>B<br>C<br>D  | YOURSELF OR<br>ONE INCOME FILER<br>MISSOURI SOURCES<br>00<br>00<br>00<br>00  | A<br>B<br>C<br>D  | COME        | BINED RETU             | URN)<br>CES<br>00<br>00<br>00<br>00   |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received   | TED GROSS INCOME<br>COMPUTATIONS  |  | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>none<br>none  | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11  | A<br>B<br>C<br>D<br>E   | YOURSELF OR<br>ONE INCOME FILER<br>MISSOURI SOURCES<br>00<br>00<br>00<br>00<br>00<br>00  | A<br>B<br>C<br>D<br>E   | COME        | BINED RETU             | URN)<br>CES<br>00<br>00<br>00<br>00<br>00   |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received<br>F. Business income or  | TED GROSS INCOME<br>COMPUTATIONS<br>s, etc  |  | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>9a<br>none<br>none<br>none  | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>12  | A<br>B<br>C<br>D<br>E<br>F  | YOURSELF OR<br>ONE INCOME FILER<br>MISSOURI SOURCES<br>00<br>00<br>00<br>00<br>00<br>00<br>00  | A<br>B<br>C<br>D<br>E<br>F  | COME        | BINED RETU             | URN)<br>CES<br>00<br>00<br>00<br>00<br>00<br>00<br>00   |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received<br>F. Business income or<br>G. Capital gain or (loss)   | TED GROSS INCOME<br>COMPUTATIONS<br>s, etc.<br>me<br>ne tax refunds<br>(loss)   |  | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>none<br>none<br>none<br>10  | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>12<br>13  | A<br>B<br>C<br>D<br>E<br>F<br>G   | YOURSELF OR<br>ONE INCOME FILER<br>MISSOURI SOURCES<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00  | A<br>B<br>C<br>D<br>E<br>F<br>G   | COME        | BINED RETU             | URN)<br>CES<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00   |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received<br>F. Business income or<br>G. Capital gain or (loss)<br>H. Other gains or (losse   | TED GROSS INCOME<br>COMPUTATIONS<br>s, etc  |  | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>none<br>none<br>none<br>10<br>none  | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>12<br>13<br>14  | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H  | YOURSELF OR<br>ONE INCOME FILER<br>MISSOURI SOURCES<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00  | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H  | COME        | BINED RETU             | URN)<br>CES<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00   |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received<br>F. Business income or (<br>G. Capital gain or (loss)<br>H. Other gains or (losse<br>I. Taxable IRA distribut   | TED GROSS INCOME<br>COMPUTATIONS<br>a, etc.<br>me<br>ne tax refunds<br>(loss)<br>(loss)   |  | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>9a<br>none<br>none<br>10<br>none<br>11b   | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>11<br>12<br>13<br>14<br>15b   | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I   | YOURSELF OR<br>ONE INCOME FILER<br>MISSOURI SOURCES<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00  | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I   | COME        | BINED RETU             | URN)<br>CES<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00   |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received<br>F. Business income or (<br>G. Capital gain or (loss)<br>H. Other gains or (losse<br>I. Taxable IRA distribut<br>J. Taxable pensions an   | TED GROSS INCOME<br>COMPUTATIONS<br>a, etc  |  | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>none<br>none<br>none<br>10<br>none<br>11b<br>12b  | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>11<br>12<br>13<br>14<br>15b<br>16b  | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J  | YOURSELF OR<br>ONE INCOME FILER           MISSOURI SOURCES           00   | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J  | COME        | BINED RETU             | URN)<br>CES<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00   |
| <ul> <li>A. Wages, salaries, tips</li> <li>B. Taxable interest inco</li> <li>C. Dividend income</li> <li>D. State and local incom</li> <li>E. Alimony received</li> <li>F. Business income or (G. Capital gain or (loss)</li> <li>H. Other gains or (losse</li> <li>I. Taxable IRA distribut</li> <li>J. Taxable pensions an</li> <li>K. Rents, royalties, part</li> </ul>  | TED GROSS INCOME<br>COMPUTATIONS<br>a, etc.<br>me<br>ne tax refunds<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(l | usts, etc  | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>9a<br>none<br>none<br>100<br>none<br>110<br>12b<br>none   | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>12<br>13<br>14<br>15b<br>16b<br>17  | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I   | YOURSELF OR<br>ONE INCOME FILER           MISSOURI SOURCES           00  | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J  | COME        | BINED RETU             | URN)<br>CES<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00   |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received<br>F. Business income or (<br>G. Capital gain or (loss)<br>H. Other gains or (losse<br>I. Taxable IRA distribut<br>J. Taxable pensions an<br>K. Rents, royalties, part<br>L. Farm income or (loss   | TED GROSS INCOME<br>COMPUTATIONS<br>s, etc.<br>me<br>ne tax refunds<br>(loss)<br>(loss)<br>s)<br>tions<br>d annuities<br>nerships, S corporations, tru<br>s)  | usts, etc  | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>9a<br>none<br>none<br>10<br>none<br>11b<br>12b<br>none<br>11b   | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>12<br>13<br>14<br>15b<br>16b<br>17<br>18  | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L                                    | YOURSELF OR<br>ONE INCOME FILER           MISSOURI SOURCES           00  | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L  | COME        | BINED RETU             | URN)<br>CES<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00   |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received<br>F. Business income or (<br>G. Capital gain or (loss)<br>H. Other gains or (losse<br>I. Taxable IRA distribut<br>J. Taxable pensions an<br>K. Rents, royalties, part<br>L. Farm income or (loss<br>M. Unemployment comp   | TED GROSS INCOME         COMPUTATIONS         S, etc.         ime         ime         ine tax refunds         (loss)         is)         itions         id annuities         inerships, S corporations, trues         is)   | ısts, etc.   | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>9a<br>none<br>none<br>10<br>none<br>11b<br>12b<br>none<br>11b<br>12b<br>none<br>13  | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>12<br>13<br>14<br>15b<br>16b<br>17<br>18<br>19  | A<br>B<br>C<br>D<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M                                    | YOURSELF OR<br>ONE INCOME FILER           MISSOURI SOURCES           00              | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L  | COME        | BINED RETU             | URN)<br>CES<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>0  |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received<br>F. Business income or r<br>G. Capital gain or (loss)<br>H. Other gains or (losse<br>I. Taxable IRA distribut<br>J. Taxable pensions an<br>K. Rents, royalties, part<br>L. Farm income or (losse<br>M. Unemployment comp<br>N. Taxable social secur   | TED GROSS INCOME         COMPUTATIONS         a, etc.         ime         ime         ine tax refunds         (loss)         as)         itions         ind annuities         inerships, S corporations, trues)         pensation         ity benefits  | ısts, etc.   | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>9a<br>none<br>none<br>10<br>none<br>11b<br>12b<br>none<br>11b<br>12b<br>none<br>13<br>14b   | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>12<br>13<br>14<br>15b<br>16b<br>17<br>18<br>19<br>20b   | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>N                               | YOURSELF OR<br>ONE INCOME FILER           MISSOURI SOURCES           00                           | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N                                    | COME        | BINED RETU             | URN)           CES           00  |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received<br>F. Business income or (<br>G. Capital gain or (loss)<br>H. Other gains or (loss)<br>H. Other gains or (loss)<br>I. Taxable IRA distribut<br>J. Taxable pensions an<br>K. Rents, royalties, part<br>L. Farm income or (loss)<br>M. Unemployment comp<br>N. Taxable social secur<br>O. Other income  | TED GROSS INCOME<br>COMPUTATIONS<br>a, etc.<br>me<br>ne tax refunds<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(loss)<br>(l | usts, etc  | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>9a<br>none<br>none<br>none<br>10<br>none<br>11b<br>12b<br>none<br>11b<br>12b<br>none<br>13<br>14b<br>none   | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>12<br>13<br>14<br>15b<br>16b<br>17<br>16b<br>177<br>18<br>19<br>20b<br>21                       | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O                     | YOURSELF OR<br>ONE INCOME FILER           MISSOURI SOURCES           00              | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O                               | COME        | BINED RETU             | URN)           CES           00   |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received<br>F. Business income or (<br>G. Capital gain or (loss)<br>H. Other gains or (losse<br>I. Taxable IRA distribut<br>J. Taxable pensions an<br>K. Rents, royalties, part<br>L. Farm income or (loss<br>M. Unemployment comp<br>N. Taxable social secur<br>O. Other income<br>P. Total — Add Lines A   | TED GROSS INCOME<br>COMPUTATIONS<br>(on the second  | ısts, etc.   | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>9a<br>none<br>none<br>none<br>10<br>none<br>11b<br>12b<br>none<br>11b<br>12b<br>none<br>13<br>14b<br>none   | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>12<br>13<br>14<br>15b<br>16b<br>17<br>18<br>19<br>20b   | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O<br>P                | YOURSELF OR<br>ONE INCOME FILER           MISSOURI SOURCES           00                           | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O<br>O<br>P                     | COME        | BINED RETU             | URN)           CES           00  |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received<br>F. Business income or I<br>G. Capital gain or (loss)<br>H. Other gains or (losse<br>I. Taxable IRA distribut<br>J. Taxable pensions an<br>K. Rents, royalties, part<br>L. Farm income or (loss<br>M. Unemployment comp<br>N. Taxable social secur<br>O. Other income<br>P. Total — Add Lines A<br>Q. Less: federal adjustm   | TED GROSS INCOME         COMPUTATIONS         ine tax refunds         ine tax refunds         (loss)         is)         itions         id annuities         inerships, S corporations, trues         is)         ity benefits         through O.         nents to income   | ısts, etc.   | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>9a<br>none<br>none<br>10<br>none<br>10<br>none<br>11b<br>12b<br>none<br>11b<br>12b<br>none<br>13<br>14b<br>none<br>15                                     | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>12<br>13<br>14<br>15b<br>16b<br>17<br>18<br>16b<br>177<br>18<br>19<br>20b<br>21<br>22           | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O                     | YOURSELF OR<br>ONE INCOME FILER           MISSOURI SOURCES           00 | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O<br>O<br>P                     | COME        | BINED RETU             | URN)           CES           00   |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received<br>F. Business income or I<br>G. Capital gain or (loss)<br>H. Other gains or (losse<br>I. Taxable IRA distribut<br>J. Taxable pensions an<br>K. Rents, royalties, part<br>L. Farm income or (loss<br>M. Unemployment comp<br>N. Taxable social secur<br>O. Other income<br>P. Total — Add Lines A<br>Q. Less: federal adjustin<br>R. <b>SUBTOTAL</b> (Line P -  | TED GROSS INCOME<br>COMPUTATIONS<br>(on the second  | Ists, etc.   | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>9a<br>none<br>none<br>10<br>none<br>10<br>none<br>11b<br>12b<br>none<br>11b<br>12b<br>none<br>13<br>14b<br>none<br>15                                     | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>12<br>13<br>14<br>15b<br>16b<br>17<br>18<br>16b<br>177<br>18<br>19<br>20b<br>21<br>22           | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O<br>P                | YOURSELF OR<br>ONE INCOME FILER           MISSOURI SOURCES           00 | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O<br>P<br>Q                     | COME        | BINED RETU             | URN)           CES           00  |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received<br>F. Business income or r<br>G. Capital gain or (loss)<br>H. Other gains or (losse<br>I. Taxable IRA distribut<br>J. Taxable pensions an<br>K. Rents, royalties, part<br>L. Farm income or (loss<br>M. Unemployment comp<br>N. Taxable social secur<br>O. Other income<br>P. Total — Add Lines A<br>Q. Less: federal adjustin<br>R. <b>SUBTOTAL</b> (Line P -<br><b>STOP and ENTER this</b><br>S. Missouri modification  | TED GROSS INCOME         COMPUTATIONS         ine tax refunds         ine tax refunds         (loss)         is)         itions         id annuities         inerships, S corporations, trues         is)         ity benefits         through O.         - Line Q) If no modifications   | usts, etc  | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>9a<br>none<br>none<br>10<br>none<br>11b<br>12b<br>none<br>13<br>14b<br>none<br>13<br>14b<br>none<br>15<br>20  | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>12<br>13<br>14<br>15b<br>16b<br>17<br>18<br>19<br>20b<br>21<br>20<br>20<br>21<br>22<br>36<br>37 | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O<br>P<br>Q           | YOURSELF OR<br>ONE INCOME FILER           MISSOURI SOURCES           00              | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O<br>O<br>P<br>Q<br>Q<br>R      | COME        | BINED RETU             | URN)<br>CES<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>0  |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received<br>F. Business income or (<br>G. Capital gain or (loss)<br>H. Other gains or (loss)<br>H. Other gains or (loss)<br>I. Taxable IRA distribut<br>J. Taxable pensions an<br>K. Rents, royalties, part<br>L. Farm income or (loss)<br>M. Unemployment comp<br>N. Taxable social secur<br>O. Other income<br>P. Total — Add Lines A<br>Q. Less: federal adjustin<br>R. <b>SUBTOTAL</b> (Line P -<br><b>STOP and ENTER this</b><br>S. Missouri modification<br>(Missouri source from<br>T. Missouri modification                          | TED GROSS INCOME         COMPUTATIONS         a, etc.         ime         ine tax refunds         ine tax refunds         (loss)         is)         ions         id annuities         inerships, S corporations, trust         s)         beinsation         ity benefits         - Line Q) If no modifications         amount on reverse side, Par         is — additions to federal adj         in Form MO-1040, Line 2)         is — subtractions from federal  | to income,<br>t <b>C, Line 1</b><br>usted gross in                                 | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>9a<br>none<br>none<br>none<br>10<br>none<br>11b<br>12b<br>none<br>11b<br>12b<br>none<br>13<br>14b<br>none<br>13<br>14b<br>none<br>15<br>20<br>21<br>come  | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>12<br>13<br>14<br>15b<br>16b<br>17<br>18<br>19<br>20b<br>21<br>20<br>20<br>21<br>22<br>36<br>37 | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O<br>P<br>Q<br>Q      | YOURSELF OR<br>ONE INCOME FILER           MISSOURI SOURCES           00              | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O<br>P<br>Q<br>Q<br>R<br>R      | COME        | BINED RETU             | URN)           CES           00   |
| A. Wages, salaries, tips<br>B. Taxable interest inco<br>C. Dividend income<br>D. State and local incom<br>E. Alimony received<br>F. Business income or (<br>G. Capital gain or (loss)<br>H. Other gains or (losse<br>I. Taxable IRA distribut<br>J. Taxable pensions an<br>K. Rents, royalties, part<br>L. Farm income or (loss<br>M. Unemployment comp<br>N. Taxable social secur<br>O. Other income<br>P. Total — Add Lines A<br>Q. Less: federal adjustin<br>R. <b>SUBTOTAL</b> (Line P -<br><b>STOP and ENTER this</b><br>S. Missouri modification<br>(Missouri source from<br>T. Missouri modification<br>(Missouri source from<br>U. <b>MISSOURI INCOME</b> | TED GROSS INCOME         COMPUTATIONS         ime         ime         ine tax refunds         ine tax refunds         (loss)         is)         isis)         isis)         isis)         isis)         isis)         isis)         isis)         isis)         isis         inerships, S corporations, trues         isity benefits         ity benefits         - Line Q) If no modifications         isis — additions to federal adj         in Form MO-1040, Line 2)   | ists, etc<br>to income,<br>t <b>C, Line 1</b><br>usted gross in<br>al adjusted gro | FEDERAL<br>FORM<br>1040A<br>LINE<br>NO.<br>7<br>8a<br>9a<br>none<br>none<br>10<br>none<br>10<br>none<br>11b<br>12b<br>none<br>11b<br>12b<br>none<br>11b<br>12b<br>none<br>13<br>14b<br>none<br>15<br>20<br>21<br>come | FEDERAL<br>FORM<br>1040<br>LINE<br>NO.<br>7<br>8a<br>9a<br>10<br>11<br>12<br>13<br>14<br>15b<br>16b<br>17<br>18<br>19<br>20b<br>21<br>22<br>36<br>37                   | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O<br>P<br>Q<br>R<br>R | YOURSELF OR<br>ONE INCOME FILER           MISSOURI SOURCES           00                           | A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O<br>P<br>Q<br>Q<br>R<br>R<br>S | COME        | BINED RETU             | URN)           CES           00 |

For Privacy Notice, see instructions.

PAGE 2

| PART C — MISSOURI INCOME   | PE   | CENTAGE  |  |  |  |   |
|--|--|--|--|--|--|---|
|  | Yo   | urself or One Inco   | me Filer   | S  | pouse (on a Combined Return  | n)  |
| <ol> <li>Missouri income — Enter wages, salaries, etc. from Missouri. (You must file a<br/>Missouri return if the amount on this line is more than \$600.)</li> </ol>  | 1  |  | 00   | 1  |  | 00  |
| <ol> <li>Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S<br/>or from your federal form if you are a military nonresident<br/>and you are not required to file a Missouri return).</li> </ol>  | 2  |  | 00   | 2  |  | 00  |
| <ol> <li>MISSOURI INCOME PERCENTAGE (divide Line 1 by Line 2). If greater than 100%, enter<br/>100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%.<br/>However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here<br/>and on Form MO-1040, Lines 27Y and 27S.</li> </ol>  | 3  |  | %  | 3  |  | %   |
| INCTOR   |  |  |  |  |  |   |
| INSTRUCTIONS<br><u>PART A, LINE 1: NONRESIDENTS OF MISSOURI</u> — If you are a Missouri nonresident and<br>C. Attach a copy of your federal return and this form to your Missouri return.  | had N  | lissouri source in   | come, cor  | nplete   | Part A, Line 1, Part B, and  | Part                                      |
| <b>PART A, LINE 2: PART-YEAR RESIDENT</b> — If you were a Missouri part-year resident with Form MO-NRI or Form MO-CR, whichever is to your benefit. When using Form MO-NRI, c includes any income (pensions, annuities, etc.) that you received while living in Missouri. Attac  | ompl   | ete Part A, Line 2   | , Part B,  | and P  | art C. Missouri source inco  | ome                                       |
| <ul> <li>a) Did not have any Missouri income other than military income, were not in Missouri for m but did maintain living quarters elsewhere, you qualify as a nonresident for tax purposes</li> <li>b) Did have Missouri income other than military income, were in Missouri for more thar cannot use this form. You must file Form MO-1040 because 100% of your income is tax</li> <li>c) Did not have Missouri income other than military income but spent more than 30 days must file Form MO-1040 because 100% of your income is tax</li> <li>d) Are married to a Missouri resident, who is not in the military, but lives with you outside your Missouri income percentage. However, any income earned by your spouse is taxate MILITARY NONRESIDENT STATIONED IN MISSOURI — If you are a military nonreside</li> <li>a) Earned non-military income while in Missouri, you must file Form MO-1040. Com should be subtracted from your federal adjusted gross income using Form MO-A, Part</li> <li>b) Only had military income while in Missouri, you may complete a No Ret http://dor.mo.gov/personal/individual/.</li> <li>NOTE: IF YOU FILE A JOINT FEDERAL RETURN, YOU MUST FILE A COMBINED MISSO COMPLETE EACH COLUMN OF PART B AND PART C OF THIS FORM. DO NOT COMBINED</li> </ul> | s. Con<br>a 30 c<br>xable,<br>in Mis<br>y inco<br>of Mis<br>ole to<br>ent, s<br>plete<br>1, Lin<br>urn F | mplete Part A, Lin<br>lays and/or main<br>including your mi<br>ssouri and/or main<br>me. <b>Do not com</b><br>ssouri on military of<br>Missouri. Your sp<br><i>tationed in Miss</i><br>Part A, Line 3, Part<br>Part A, Line 3, Part<br>e 9, as a "Military<br>Required-Milita<br><b>RETURN (REGA</b> ) | e 3 and e<br>cained a h<br>litary inco-<br>ntained a<br>plete this<br>orders, yoo<br>ouse is no<br>puri and y<br>art B and<br>(nonresid<br>ry Online<br>RDLESS | nter "(<br>nome i<br>ome. D<br>home<br>form<br>ou may<br>ot eligi<br>you:<br>Part (<br>dent) \$<br>e For<br>OF W | " on Part C, Line 1.<br>in Missouri during the year<br>to not complete this form.<br>in Missouri during the year<br>v use Form MO-NRI to calcu-<br>ble to complete Form MO-NI<br>C. The nonresident military<br>Subtraction".<br>m at the following addres<br>HOM EARNED THE INCOM | you<br>you<br>Ilate<br>RI.<br>pay<br>ess: |
| Use this diagram to determine if you or your spouse are  | a R  | ESIDENT  |  | NO   | NRESIDENT  |   |
| Are you domiciled* in Misso  |  |  |  |  |  |   |
| 1. Did you maintain a permanent  | un   |  |  |  |  | _   |
| <ul> <li>2. Did you maintain a permanent place of residency in Missouri?</li> <li>YES NO</li> </ul>  |  |  |  |  | aintain a permanent<br>sidency in Missouri?  |   |
| days in Missouri?  |  |  |  |  | end more than 183<br>ssouri?   |   |
| YES NO   |  |  | uays   |  | ssoun  |   |
| You are a Resident.  |  | You an   |  | YES<br>to<br>botl  | NO to either   | a   |
| You are a<br>Nonresident<br>(for tax   |  | Reside   |  |  | Nonreside  | nt.                                       |
| purposes). You are a Resident.   |  |  |  |  |  |   |
| *Domicile (Home of Record) — The place an individual intends to be his/her permanent home; a place lished, continues until the individual moves to a new location with the true intention of making his/her  |  |  |  |  |  |   |
| Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief it is to information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imp  | osed o   | rrect, and complete. D<br>In any individual who fi   | eclaration of les a frivolou   | of prepa<br>us returr  | 1.   | on all                                    |
| SIGNATURE DATE SPOUSE'S SIGNA  | IURE   |  |  |  | DATE   |   |

This form is available upon request in alternative accessible format(s).





You must complete Form MO-L if you are increasing your standard deduction by a net disaster loss and/or new motor vehicle tax. Be sure to attach your federal return and federal Schedule L when you file.

| YOUR NAME  | YOUR SOCIAL SECURITY NO.     |  |  |  |  |  |  |  |    |  |  |
|--|------------------------------|--|--|--|--|--|--|--|----|--|--|
|  |                              |  |  |  |  |  |  |  |    |  |  |
| SPOUSE'S NAME  | SPOUSE'S SOCIAL SECURITY NO. |  |  |  |  |  |  |  |    |  |  |
|  |                              |  |  |  |  |  |  |  |    |  |  |
| <ol> <li>Enter the standard deduction for your filing status:</li> <li>Single or Married Filing Separately - \$5,700</li> <li>Married Filing Combined or Qualifying Widow(er) - \$11,400</li> <li>Head of Household - \$8,400</li> </ol> |                              |  |  |  |  |  |  |  |    |  |  |
| Claimed as a dependent - enter amount from Line 4 of federal Schedule L  | 1.                           |  |  |  |  |  |  |  | 00 |  |  |
| 2. If you are over 65 or blind, enter the amount reported on Line 5 of federal Schedule L.   | 2.                           |  |  |  |  |  |  |  | 00 |  |  |
| 3. Enter the amount of any net disaster loss included in your standard deduction and reported on Line 6 of federal Schedule L.   | 3.                           |  |  |  |  |  |  |  | 00 |  |  |
| 4. Enter the amount of any new motor vehicle taxes included in your standard deduction and reported on Line 17 of federal Schedule L.  | 4.                           |  |  |  |  |  |  |  | 00 |  |  |
| 5. Add the amounts shown on Lines 1 through 4 and report the total here and on Form MO-1040 Line 14, MO-1040A Line 6 or MO-1040P Line 8  | 5.                           |  |  |  |  |  |  |  | 00 |  |  |

MO-L (12-2010)

| and the second s |  |   |  |  |
|--|--|---|--|--|
| MISSOURI DEPARTMENT OF REV   |  | 2010  |  |  |
| HOME ENERGY AUDIT EXP  |  | FORM<br>MO-HEA  |  |  |
|  | LINGL  |   |  |  |
| NAME OF TAXPATER   |  |   |  |  |
| ADDRESS  | CITY   |   | STATE  | ZIP  |
|  |  |   |  |  |
| QUALIFICATIONS   |  |   |  |  |
| Any taxpayer who paid an individual certified by the D<br>for the audit and the implementation of any energy eff<br>for a single taxpayer or a married couple filing a comb<br>you must have incurred expenses in the taxable ye<br>federal adjusted gross income or reimbursed through  | ficiency recommendatio<br>bined return. The maxim<br>ar for which you are fili | ns made by the audit<br>um total lifetime subt<br>ng a claim, and the e | or. The maximum yearly sub<br>raction you may claim is \$2,0 | traction may not exceed \$1,000,<br>000. To qualify for the deduction, |
| INSTRUCTIONS - IN THE SPACES PROVIDED E  | BELOW:   |   |  |  |
| • Report the name of the auditor who conducted the a   | udit • Enter the   | total amount paid to i  | mplement the energy efficier                                 | ncy recommendations on Line B  |
| Report the auditor's certification number  |  | 1   | the audit and any implement                                  | ed recommendations on Line C   |
| • Summarize each of the auditor's recommendations  |  | olicable receipts   |  |  |
| Enter the amount paid for the audit on Line A  | Attach cor   | mpleted MO-HEA and  | receipts to Form MO-1040                                     |  |
| NAME OF AUDITOR  |  |   | AUDITOR CERT   | TFICATION NUMBER   |
| SUMMARY OF RECOMMENDATIONS   |  |   |  |  |
| 1.   |  |   |  |  |
| 2.   |  |   |  |  |
| 3.   |  |   |  |  |
| 4.   |  |   |  |  |
| 5.   |  |   |  |  |
| A. Amount paid for audit   |  |   | Α.   | 00   |
| <b>B.</b> Amount paid to implement recommendations   |  |   |  | 00   |
| C. Total Paid - Add Lines A and B and enter here. Enter I  |  |   |  | 00   |
| MO-A. If you are filing a combined return, you may split   |  |   |  | 00   |
|  |  | 25  |  |  |

|                              |  |                          |                |                     |                |                | 20                  | )10 TA         | X TAB          | LE                  |                |                          |                     |                |                |  |                |
|------------------------------|--|--------------------------|----------------|---------------------|----------------|----------------|---------------------|----------------|----------------|---------------------|----------------|--------------------------|---------------------|----------------|----------------|--|----------------|
|                              |  | i                        |                |                     |                |                |                     |                |                |                     |                | e the table<br>r.mo.gov/ |                     |                | ١/.            |  |                |
| If Line 2                    | If Line 24 is If |                          |                |                     |                |                |                     |                |                | If Line 24 is       |                |                          |                     |                |                |  |                |
| At<br>least                  | But<br>less<br>than  | Your<br>tax is           | At<br>least    | But<br>less<br>than | Your<br>tax is | At<br>least    | But<br>less<br>than | Your<br>tax is | At<br>least    | But<br>less<br>than | Your<br>tax is | At<br>least              | But<br>less<br>than | Your<br>tax is | At<br>least    | But<br>less<br>than                    | Your<br>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<br>400                   | 400<br>500   | 5                        | 1,800<br>1,900 | 1,900<br>2,000      | 32<br>34       | 3,300<br>3,400 | 3,400<br>3,500      | 71<br>74       | 4,800          | 4,900<br>5.000      | 120<br>123     | 6,300<br>6,400           | 6,400<br>6,500      | 181<br>185     | 7,800          | 7,900<br>8,000                         | 253<br>258     |
| 500                          | 600  | 8                        | 2.000          | 2,000               | 36             | 3,400          | 3,500               | 74             | 5.000          | 5.100               | 123            | 6.500                    | 6.600               | 100            | 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<br>20                 | 2,600<br>2,700 | 2,700<br>2.800      | 51<br>54       | 4,100<br>4.200 | 4,200<br>4,300      | 95<br>99       | 5,600<br>5,700 | 5,700               | 151<br>155     | 7,100                    | 7,200<br>7.300      | 218<br>223     | 8,600<br>8,700 | 8,700                                  | 296<br>301     |
| 1,200                        | 1,300<br>1,400   | 20<br>22                 | 2,700          | 2,800               | 54<br>56       | 4,200          | 4,300               | 99<br>102      | 5,700          | 5,800<br>5.900      | 155            | 7,200                    | 7,300               | 223            | 8,700          | 8,800<br>8,900                         | 301            |
| 1,300                        | 1,400  | 24                       | 2,800          | 2,900               | 59             | 4,300          | 4,400               | 102            | 5,800          | 6.000               | 163            | 7,300                    | 7,400               | 233            | 8,900          | 9.000                                  | 312            |
| 1,100                        | 1,000  | 21                       | 2,000          | 0,000               | 00             | 1,100          | ,                   | rself          | 0,000          |                     | pouse          | 7,100                    | Exan                |                | 9.000          | 0,000                                  | 315            |
| TAX<br>000                   |  | uri taxabl<br>act \$9,00 |                |                     |                |                | ;                   |                |                | \$                  |                |                          | \$ 12               | ,000 🔫         | tax is \$      | re than \$9<br>315 PLUS<br>ss over \$9 | 6% of          |
|                              |  | ence                     |                |                     |                |                |                     | ,              |                |                     | 0,000          |                          |                     | ,000<br>,000   | Round          | to neares                              | t whole        |
| NIN<br>SiN                   | Multip   | ly by 6%                 | · · · · ·      |                     |                | x              |                     | 6%             | х              |                     | 6%             |                          | - ф 0<br>Х          | 6%             |                | nd enter c<br>), Page 2,               |                |
| FIGURING TA)<br>OVER \$9,000 | Add \$   | n income<br>315 (tax     | on first       | \$9,000)            |                | + \$           | 5                   | 315            | =              |                     | 315            |                          | = \$<br>+ \$        | 180<br>315     |                |  |                |
| ш.                           | ΤΟΤΑ   | L MISSO                  |                |                     |                |                |                     |                |                |                     |                | :                        | = \$                | 495            |                |  |                |
|                              |  |                          |                | A separ             | rate tax       | must be        | сотри               | ted for y      | ou and         | your sp             | ouse.          |                          |                     |                |                |  |                |

#### QUALIFIED HEALTH INSURANCE PREMIUMS WORKSHEET FOR MO-A, LINE 11

Complete this worksheet if you included health insurance premiums paid as an itemized deduction or had health insurance premiums withheld from your social security benefits.

If you had premiums withheld from your social security benefits, complete Lines 1 through 4 to determine your taxable percentage of social security income and the corresponding taxable portion of your health insurance premiums included in your taxable income.

| 1. | Enter amount from Line 14a (federal Form 1040A) or 20a (federal Form 1040). If \$0, skip to Line 6 and enter your total health insurance premiums paid.  |     | 1       |     |        |
|----|--|-----|---------|-----|--------|
| 2. | Enter amount from Line 14b (federal Form 1040A) or 20b (federal Form 1040).  |     | 2       |     |        |
| 3. | Divide Line 2 by Line 1  |     | 3       | Q   | %      |
|    |  |     | ourself |     | Spouse |
| 4. | Enter the health insurance premiums withheld from your social security income.   | 4Y  |         | 4S  |        |
| 5. | Multiply the amounts on Line 4Y and 4S by the percentage on Line 3.  | 5Y  |         | 5S  |        |
| 6. | Enter the total of all other health insurance premiums paid, which were not included in 4Y or 4S.  | 6Y  |         | 6S  |        |
| 7. | Add the amounts from Lines 5 and 6. If you itemized on your federal return and your federal itemized deductions included health insurance premiums as medical expenses, go on to Line 8. If not, enter amounts from 7Y and 7S on Line 11 of Form MO-A. | 7Y  |         | 7S  |        |
| 8. | Add the amounts from 7Y and 7S.  |     | 8       |     |        |
| 9. | Divide Line 7Y and 7S by the total found on Line 8.  | 9Y  |         | 9S  |        |
| 10 | . Enter the amount from Federal Schedule A, Line 1.  |     | 10      |     |        |
| 11 | . Enter the amount from Schedule A, Line 4.  |     | 11      |     |        |
| 12 | . Divide Line 11 by Line 10 (round to full percent).   |     | 12      |     |        |
| 13 | . Multiply Line 8 by percent on Line 12.   |     | 13      |     |        |
| 14 | . Subtract Line 13 from Line 8.  |     | 14      |     |        |
| 15 | . Multiply Line 14 by the percentages found on Lines 9Y and 9S. Enter the amounts on Line 15Y and 15S of this worksheet on Line 11 of Form MO-A.   | 15Y |         | 15S |        |
|    |  |     |         |     |        |



NAME

QUALIFICATIONS

#### MISSOURI DEPARTMENT OF REVENUE **PROPERTY TAX CF**

| 2010  |
|-------|
| FORM  |
| MO-PT |

| ROPERTY T | AX CREDIT           | MO-PT    | S                     |                 |
|-----------|---------------------|----------|-----------------------|-----------------|
| THIS FORM | MUST BE ATTACHED TO | FORM MO- | 1040 <u>OR</u> FORM I | MO-1040P.       |
|           | FIRST NAME          | INITIAL  | BIRTHDATE             | SOCIAL SECURITY |
|           |                     |          | //                    |                 |
| IAME      | FIRST NAME          | INITIAL  | BIRTHDATE             | SPOUSE'S SOCIAL |
|           |                     |          | //                    |                 |

| NAME           | LAST NAME   | FIRST NAME   | INITIAL  | BIRTHDATE / /   | SOC             | IAL SECURITY NO.                              |             |
|----------------|---|--|--|---|-----------------|---|-------------|
| Ž              | SPOUSE'S LAST NAME  | FIRST NAME   | INITIAL  | //<br>BIRTHDATE<br>/ /                                    | SPO             | USE'S SOCIAL SECURITY N                       | NO.         |
|                | You must check a qualificati  | on to be eligible for a credit. Check only   | vone. Copies o   | of letters, forms, etc., r                                | nust b          | e included with cla                           | aim.        |
| QUALIFICATIONS | · ·   | ler (Attach a copy of Form   | ☐ C. 100% Dis  | abled (Attach a copy of Administration or For             | of the          | letter from Social                            |             |
| QUALIFI        |   | n as a result of military service Ietter from Department of  |  | of age or older and rece<br>enefits <b>(Attach a copy</b> |                 |   |             |
| FIL            | ING STATUS Single   | Married — Filing Combined 🛛 Marrie   | d — Living Sep   | arate for Entire Year                                     | lf ma<br>you mi | arried filing combine<br>ust report both inco | ed,<br>mes. |
|                | (rent receipt(s   | Failure to provide the attac<br>), tax receipt(s), Forms 1099, W-2, et   |  |   | your            | claim.  |             |
| 1.             | Enter the amount of income fro  | om Form MO-1040, Line 6, OR Form MO-104  | 0P. Line 4   |   | 1               |   | 00          |
|                | Enter the amount of nontaxabl before any deductions and/or t  | e social security benefits received by you and<br>he amount of social security equivalent railro<br>1099 and/or RRB-1099.  | l/or your minor ch<br>ad retirement ber                    | nildren<br>nefits.  | 2               |   | 00          |
| 3.             | Enter the total amount of pens<br>Include tax exempt interest fro   | ions, annuities, dividends, rental income, or i<br>m Form MO-A, Part 1, Line 7 (if filing Form N   | nterest income no<br>O-1040).                              | ot included in Line 1.                                    |                 |   |             |
| 4.             | Enter the amount of railroad re   | 9-R, 1099-DIV, 1099-INT, 1099-MISC, etc<br>tirement benefits (not included in Line 2) before<br>ar II). If filing Form MO-1040, refer to Form  | ore any deductior  | IS.   |                 |   | 00          |
| 5.             |   | ayments or benefits before any deductions.   |  |   | 5               |   | 00          |
| 6.             | Temporary Assistance paymen<br>Attach a copy of Forms SSA-  | d by you and/or your <b>minor children</b> from: puts (TA and/or TANF).<br>1099, a letter from the Social Security Adm<br>assistance received and Employment Secu  | inistration and/o  | or Social Services that                                   | 6               |   | 00          |
| 7.             | Enter the amount of nonbusine   | ess loss(es). You must include nonbusiness<br>Include capital loss from Federal Form 104   | osses in your ho   | usehold income  |                 |   | 00          |
| 8.             | TOTAL household income —  | Add Lines 1 through 7. Enter total here.   |  |   | 8               |   | 00          |
| 9.             | If married and filing combine<br>b. Enter \$2,000 if you re   | is is Single or Married Living Separate;   |  |   | . 9             | -   | 00          |
| 10.            | <ul> <li>a. If you rented or did</li> <li>If the total is greater</li> <li>b. If you owned and o</li> </ul> | tract Line 9 from Line 8 and enter the amount<br>not own and occupy your home for the ent<br>than \$27,500, STOP - no credit is allowed. I<br>ccupied your home for the entire year, Line<br>than \$30,000, STOP - no credit is allowed. I | ire year, Line 10<br>Do not file this c<br>10 cannot excee | cannot exceed \$27,500.<br>laim.<br>ed \$30,000.          | . 10            |   | 00          |
| 11.            | Attach a copy of PAID real e  | the total amount of property tax paid for you<br>state tax receipt(s). If your home is on mo<br>48, Assessor's Certification.  |  | s or you own a  | . 11            |   | 00          |
| 12.            | If you rented, enter amount from  | n Form MO-CRP, Line 9. Attach rent receipts<br>ity that does not pay property tax, you are n   | and/or a stateme   | ent from your landlord.                                   | 12              |   | 00          |
| 13.            | Add Lines 11 and 12. If you re  | nted your home, enter the total or \$750, which  | hever is less. If y  | ou owned your home,                                       |                 |   | 00          |
| 14.            | Apply Lines 10 and 13 to the c<br>your Property Tax Credit. You<br>Note: Renters - maximum allow            | hart in the instructions for MO-1040, pages 4<br>must use the chart to see how much credit<br>wed is \$750. Owners - maximum allowed is \$   | 1-43 or MO-1040<br>you are allowed.<br>1,100.              | P, pages 29-31 to figure                                  |                 |   | 00          |
|                |   | 0-1040, Line 38 OR Form MO-1040P, Line 20  |  |   | 14              |   | 00          |

For Privacy Notice, see instructions.

| MISSOURI DEPARTMENT OF REVENUE<br>CERTIFICATION OF RENT PAID FOR 2010  |  |   |   | 2010<br>FORM<br>MO-CRP       | FAILURE TO PROVIDE LANDLORD<br>INFORMATION WILL RESULT IN<br>DENIAL OR DELAY OF YOUR CLAIN |   |                  |  |  |
|--|--|---|---|------------------------------|--|---|------------------|--|--|
| 1. SOCIAL SECURITY NUM   | BER  | SPOUSE'S SOCIAL SECURITY  | YNUMBER   | ARE YOU RE<br>IF YES, EXPL   | LATED TO YOUR LAN<br>AIN.  | NDLORD? YES                               | NO               |  |  |
| 2. NAME  |  |   | 3. LANDLORD'  | S NAME, LAST 4 DIGIT         | S OF SSN, OR FEIN <b>(I</b>  | MUST BE COMPLETI                          | ED)              |  |  |
| PHYSICAL ADDRESS OF RE   | NTAL UNIT <b>(P.O. BOX NOT A</b>   | ALLOWED) APT. NUMBER  | LANDLORD'   | S ADDRESS, CITY, ST.         | ATE, AND ZIP CODE  | (MUST BE COMPLE                           | TED) APT. NUMBER |  |  |
| CITY, STATE, AND ZIP CODI  | E  | I   |   |                              | 4. LANDLORD'S PI   | HONE NUMBER (MUS                          | ST BE COMPLETED) |  |  |
| 5. RENTAL PERIOD<br>DURING YEAR  | FROM: MONTH  | DAY   | - <b>2010</b>   | TO: MON                      | лтн<br>  | DAY -                                     | - <b>2010</b>    |  |  |
| and/or copies of cano  | elled checks (front and b  | (s) for each rent payment for ack). If you received housing <b>not pay property tax, you a</b>  | assistance, ente  | r the amount of rent         | YOU paid.  | 6   | 00               |  |  |
| A. APARTMEN<br>B. MOBILE HO<br>C. BOARDING<br>D. SKILLED O<br>E. HOTEL If m<br>F. LOW INCO<br>G. SHARED R<br>OR CHILDI | NT, HOUSE, MOBILE H<br>DME LOT — 100%<br>HOME / RESIDENTIAL<br>R INTERMEDIATE CAP<br>eals are included, enter<br>ME HOUSING — 100%<br>ESIDENCE — If you sh<br>REN UNDER 18), check | rresponding percentage on I<br>OME, OR DUPLEX — 100%<br>- CARE — 50%<br>RE NURSING HOME — 45%<br>— 50%; Otherwise, enter -<br>(RENT CANNOT EXCEED<br>ared your rent with relatives<br>the appropriate box and en<br>percentage to be entered: | 6<br>— 100%<br>40% OF TOTAI<br>s and/or friends (<br>iter percentage. | OTHER THAN YO                | ,  | 7   | %                |  |  |
|  |  | ntage on Line 7.  |   |                              |  | 8   | 00               |  |  |
|  |  | and on Line 10 of Form MO-  |   |                              |  | 9   | 00               |  |  |
| MO 860-1089 (12-2010)  |  |   | Notice, see ins   |                              |  | 1 1                                       |                  |  |  |
|  | DEPARTMENT OF  | REVENUE   | 0   | 2010<br>FORM<br>MO-CRP       | INFORMATIC   | PROVIDE LA<br>DN WILL RESI<br>DELAY OF YO | ULT IN           |  |  |
| 1. SOCIAL SECURITY NUME  | BER  | SPOUSE'S SOCIAL SECURITY  | NUMBER  | ARE YOU REL<br>IF YES, EXPLA | ATED TO YOUR LAN<br>IN.  | DLORD? YES                                | □ NO             |  |  |
| 2. NAME  |  |   | 3. LANDLORD'S   | NAME, LAST 4 DIGITS          | OF SSN, OR FEIN (M   | IUST BE COMPLETE                          | .D)              |  |  |

| PHYSIC   | AL ADDRESS OF REP   | NTAL UNIT <b>(P.O. BOX NOT AL</b>   | LOWED) APT. NUMBER  | LANDLORD'S AI  | DDRESS, CITY, ST   | ATE, AND ZIP CODE | (MUST | BE COMPLETED)                   | APT. NUMBER      |
|----------|---|---|---|--|--------------------|-------------------|-------|---------------------------------|------------------|
| CITY, ST | ATE, AND ZIP CODE   | E   |   |  |                    | 4. LANDLORD'S P   | HONE  | NUMBER (MUST BE<br><sup>-</sup> | COMPLETED)       |
|          | NTAL PERIOD<br>RING YEAR  | FROM: MONTH   | DAY   | YEAR <b>2010</b>   | TO: MO             | NTH               | C     | YA                              | YEAR <b>2010</b> |
| and      | l/or copies of canc   | elled checks (front and bac   | ) for each rent payment for th<br>ck). If you received housing a<br>ot pay property tax, you are  | assistance, enter th   | e amount of rent   | YOU paid.         | 6     |                                 | 00               |
| 7. Ch    | <ul> <li>A. APARTMEN</li> <li>B. MOBILE HC</li> <li>C. BOARDING</li> <li>D. SKILLED OI</li> <li>E. HOTEL If m</li> <li>F. LOW INCOM</li> <li>G. SHARED R<br/>OR CHILDF</li> </ul> | IT, HOUSE, MOBILE HO<br>DME LOT — 100%<br>HOME / RESIDENTIAL<br>R INTERMEDIATE CARE<br>eals are included, enter –<br>ME HOUSING — 100% (F<br>ESIDENCE — If you sha<br>REN UNDER 18), check th | esponding percentage on Li<br>ME, OR DUPLEX — 100%<br>CARE — 50%<br>NURSING HOME — 45%<br>- 50%; Otherwise, enter —<br>RENT CANNOT EXCEED 4<br>red your rent with relatives a<br>ne appropriate box and enter<br>ercentage to be entered: | - 100%<br>10% OF TOTAL H<br>and/or friends (OT<br>er percentage. | HER THAN YO        | UR SPOUSE         | 7     |                                 | %                |
|          | Auditional  | persons snaring rent/p  | ercentage to be entered:  |  | ∠ ( <b>33</b> %) ⊔ | 3 (23%)           | _ /   |                                 |                  |
| 8. Net   | t rent paid — Mul   | tiply Line 6 by the percent   | tage on Line 7.   |  |                    |                   | 8     |                                 | 00               |
| 9. Mu    | Itiply Line 8 by 20   | %. Enter amount here an   | d on Line 10 of Form MO-P   | TC or Line 12 of F   | Form MO-PTS.       |                   | 9     |                                 | 00               |

For Privacy Notice, see instructions.



NAME (LAST, FIRST)

| 2010  |
|-------|
| FORM  |
| MO-TC |

Attachment Sequence No. 1040-02, 1120-04, 1120S-02

| SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER |
|--|
| SOCIAL SECONT I NOWDEN/I EDENALI.D. NOWDEN |

| SPOUSE'S NAME (LAST, FIRST) | SPO | USE | E'S |
|-----------------------------|-----|-----|-----|

| SPOUSE'S SOCIAL SECURITY NUME | BER |
|-------------------------------|-----|
|                               |     |

| CORPORATION NAME | MO TAX I.D. NUMBER | CHARTE | ER NUN | ARED |  |  |
|------------------|--------------------|--------|--------|------|--|--|
|                  | MO TAX I.D. NUMBER |        |        | IDER |  |  |
|                  |                    |        |        |      |  |  |
|                  |                    |        |        |      |  |  |

• Each credit will apply against your tax liability in the order they appear on the form.

• If you are claiming more than 10 credits, attach an additional sheet.

#### • If you are filing a combined return, both names must be on the certificate/form from the issuing agency.

USE THIS FORM TO CLAIM INCOME TAX CREDITS ON FORM MO-1040, MO-1120, MO-1120S, OR MO-1041. ATTACH TO FORM MO-1040, MO-1120, MO-1120S, OR MO-1041.

|     | BENEFIT<br>NUMBER<br>(Assigned by<br>DED only) | ALPHA<br>CODE<br>(3 Characters)<br>from back | CREDIT NAME   |     | YOURSELF<br>(one income)<br>Corporation Incor<br>Fiduciary     Column 1 | ne | SPOUSE<br>(on a combined return)     Corporation Franchise     Column 2 |
|-----|--|--|---|-----|---|----|---|
| 1.  | DED only                                       | ITOIT BACK                                   |   | 1.  |   | 00 | 00  |
| 2.  |  |  |   | 2.  |   | 00 | 00  |
| 3.  |  |  |   | 3.  |   | 00 | 00  |
| 4.  |  |  |   | 4.  |   | 00 | 00  |
| 5.  |  |  |   | 5.  |   | 00 | 00  |
| 6.  |  |  |   | 6.  |   | 00 | 00  |
| 7.  |  |  |   | 7.  |   | 00 | 00  |
| 8.  |  |  |   | 8.  |   | 00 | 00  |
| 9.  |  |  |   | 9.  |   | 00 | 00  |
| 10. |  |  |   | 10. |   | 00 | 00  |
| 11. | SUBTOTALS — a                                  | dd Lines 1 throu                             | gh 10   | 11. |   | 00 | 00  |
| 12. | for your spouse, o                             | r from Form MO-                              | r from Form MO-1040, Line 30Y for yourself and Line 30S<br>1120, Line 13 plus Line 14 for income or Line 15 for<br>for franchise tax; or Form MO-1041, Line 18    | 12. |   | 00 | 00  |
| 13. | Total Credits — ad<br>Form MO-1120S, L         | d amounts from L<br>ine 16; Form MC          | Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 17;<br>-1040, Line 37; or Form MO-1041, Line 19.) Line 13 cannot exceed the<br>dit is refundable. |     |   | 00 | 00  |

MO 860-2274 (12-2010)

For Privacy Notice, see the instructions.

#### Instructions

- If you are filing an individual income tax return and you have only **one** income, use Column 1.
- If you are filing a combined return and **both** you and your spouse have income, use Column 1 for yourself and Column 2 for your spouse.
- If you are filing a fiduciary return, use Column 1.
- If you are filing a corporation income tax return, use Column 1. If you are filing a corporation franchise tax return, use Column 2.
- If you are a shareholder or partner and claiming a credit, you must attach a copy of the shareholder listing, specifying your percentage of ownership, including the corporation's percentage of ownership, if applicable.

Benefit Number:

Only the credits issued by the Department of Economic Development (DED) will have a benefit number. The number is located on your Certificate of Eligibility Schedule (Certificate).

#### Alpha Code:

This is the three character code located on the back of the form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.

I 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. I also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services.

Miscellaneous tax credits are administered by various agencies. For more information, forms, and approval to claim these credits, contact the following departments. Visit http://dor.mo.gov/taxcredit/ for a description of each credit and more contact information for agencies administering each credit. \*Approved by the Issuing Agency

| Ν   | <b>NISSOURI DEPARTMENT OF ECONOMIC DE</b>                                    |                                      |  |  |  |  |  |  |
|---|--|--------------------------------------|--|--|--|--|--|--|
| P.O. BOX 118, JEFFERSON CITY, MO 65102-0118 |  |                                      |  |  |  |  |  |  |
|   | http://www.ded.mo.gov  |                                      |  |  |  |  |  |  |
| Alpha                                       |  | Attach to                            |  |  |  |  |  |  |
| Code  | Name of Credit and Phone Number  | Form MO-TC                           |  |  |  |  |  |  |
| BEC   | Bond Enhancement — (573) 522-9062  | Certificate*                         |  |  |  |  |  |  |
| BFC   | New or Expanded Business Facility — (573) 522-2790                           | Schedule 150, Fed. K-1,<br>Form 4354 |  |  |  |  |  |  |
| BJI   | Brownfield "Jobs and Investment" — (573) 522-8004                            | Certificate*                         |  |  |  |  |  |  |
| CBC   | Community Bank Investment — (573) 522-8004                                   | Certificate*                         |  |  |  |  |  |  |
| DAL   | Distressed Area Land Assemblage — (573) 522-8004                             | Certificate*                         |  |  |  |  |  |  |
| DFH   | Dry Fire Hydrant — (573) 751-4539  | Certificate*                         |  |  |  |  |  |  |
| DPC   | Development Tax Credit — (573) 526-3285                                      | Certificate*                         |  |  |  |  |  |  |
| DTC   | Demolition — (573) 522-8004  | Certificate*                         |  |  |  |  |  |  |
| EZC   | Enterprise Zone — (573) 751-4539   | Schedule 250, Fed. K-1,<br>Form 4354 |  |  |  |  |  |  |
| FDA   | Family Development Account — (573) 526-5417                                  | Certificate*                         |  |  |  |  |  |  |
| FPC   | Film Production — (573) 751-9048   | Certificate*                         |  |  |  |  |  |  |
| HPC   | Historic Preservation — (573) 522-8004                                       | Certificate*                         |  |  |  |  |  |  |
| ISB   | Small Business Investment (Capital) — (573) 522-2790                         | Certificate*                         |  |  |  |  |  |  |
| MQJ   | Missouri Quality Jobs — (573) 751-4539                                       | Certificate*                         |  |  |  |  |  |  |
| NAC   | Neighborhood Assistance — (573) 751-4539                                     | Certificate*                         |  |  |  |  |  |  |
| NEC   | New Enterprise Creation — (573) 522-2790                                     | Certificate*                         |  |  |  |  |  |  |
| NEZ   | New Enhanced Enterprise Zone — (573) 751-4539                                | Certificate*                         |  |  |  |  |  |  |
| NMC   | New Market Tax Credit — (573) 522-8004                                       | Certificate*                         |  |  |  |  |  |  |
| RCC<br>RCN                                  | Rebuilding Communities — (573) 526-3285                                      | Certificate*                         |  |  |  |  |  |  |
| RCN   | Rebuilding Communities and Neighborhood<br>Preservation Act — (573) 522-8004 | Certificate*                         |  |  |  |  |  |  |
| REC   | Qualified Research Expense — (573) 526-0124                                  | Certificate*                         |  |  |  |  |  |  |
| RTC   | Remediation — (573) 522-8004   | Certificate*                         |  |  |  |  |  |  |
| SBG   | Small Business Guaranty Fees — (573) 751-9048                                | Certificate*                         |  |  |  |  |  |  |
| SBI   | Small Business Incubator — (573) 526-6708                                    | Certificate*                         |  |  |  |  |  |  |
| SCC   | Missouri Business Modernization and  | Continuato                           |  |  |  |  |  |  |
|   | Technology (Seed Capital) — (573) 522-2790                                   | Original Certificate*                |  |  |  |  |  |  |
| TDC   | Transportation Development — (573) 522-2629                                  | Certificate*                         |  |  |  |  |  |  |
| WGC   | Wine and Grape Production — (573) 751-9048                                   | Certificate*                         |  |  |  |  |  |  |
| YOC   | Youth Opportunities — (573) 526-5417   | Certificate*                         |  |  |  |  |  |  |
|   | MISSOURI DEVELOPMENT FINANCE   | BOARD                                |  |  |  |  |  |  |
|   | P.O. BOX 567, JEFFERSON CITY, MO 651   |                                      |  |  |  |  |  |  |
|   | http://www.mdfb.org • (573) 751-84   | 79                                   |  |  |  |  |  |  |
| Alpha                                       |  | Attach to                            |  |  |  |  |  |  |

| Code | Name of Credit  | Form MO-TC   |
|------|---|--------------|
| BUC  | Missouri Business Use Incentives for Large<br>Scale Development (BUILD) | Certificate* |
| DRC  | Development Reserve   | Certificate* |
| EFC  | Export Finance  | Certificate* |
| IDC  | Infrastructure Development  | Certificate* |

#### **MISSOURI DEVELOPMENT HOUSING COMMISSION**

#### 3435 BROADWAY, KANSAS CITY, MO 6411

#### http://www.mhdc.com

| <u>Code</u> | Name of Credit and Phone Number                |
|-------------|--|
| AHC         | Affordable Housing Assistance — (816) 759-6662 |
| LHC         | Missouri Low Income Housing — (816) 759-6668   |

| 64111                                  |
|--|
| Attach to<br>Form MO-TC                |
| Certificate*<br>Eligibility Statement, |

Fed. K-1, 8609A, 8609 (first year)

| MISSOU | RI DEPARTMENT | OF REVENUE |
|--------|---------------|------------|
|        |               |            |

| P.O. BOX 2200, JE  | FFERSON CITY, MO 65105-2200      |
|--------------------|----------------------------------|
| http://dor.mo.gov/ | (573) 526-8733 or (573) 751-4541 |

| Alpha<br><u>Code</u> | Name of Credit                         | Attach to<br>Form MO-TC   |
|----------------------|--|---------------------------|
| ATC                  | Special Needs Adoption                 | Form ATC                  |
| BFT                  | Bank Franchise Tax                     | Form INT-2, INT-2-1       |
| BTC                  | Bank Tax Credit for S Corporation      | Form BTC, and Form        |
|                      | Shareholders                           | INT-3, 2823, INT-2,       |
|                      |  | Fed. K-1                  |
| CIC                  | Children In Crisis                     | Contribution Verification |
|                      |  | from Issuing Agency       |
| DAC                  | Disabled Access                        | Federal Form 8826 and     |
|                      |  | Form MO-8826              |
| DAT                  | Residential Dwelling Accessibility     | Form MO-DAT               |
| FPT                  | Food Pantry Tax                        | Form MO-FPT               |
| SHC                  | Self-Employed Health Insurance         | Form MO-SHC               |
| SSC                  | Public Safety Officer Surviving Spouse | Form MO-SSC               |

#### MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY

P.O. BOX 630, JEFFERSON CITY, MO 65102-0630

http://www.mda.mo.gov • (573) 751-2129

| Alpha<br><u>Code</u> | Name of Credit                               | Attach to<br>Form MO-TC |
|----------------------|--|-------------------------|
| APU                  | Agricultural Product Utilization Contributor | Certificate*            |
| FFC                  | Family Farms Act                             | Certificate*            |
| NGC                  | New Generation Cooperative Incentive         | Certificate*            |
| QBC                  | Qualified Beef                               | Certificate*            |

#### **MISSOURI DEPARTMENT OF NATURAL RESOURCES**

JEFFERSON CITY, MO 65105

|                      | nttp://www.anr.mo.gov                            |                         |
|----------------------|--|-------------------------|
| Alpha<br><u>Code</u> | Name of Credit and Phone Number                  | Attach to<br>Form MO-TC |
| AFI                  | Alternative Fuel Infrastructure - (573) 751-2254 | Certificate*            |
| CPC                  | Charcoal Producers — (573) 751-4817              | Certificate*            |
| WEC                  | Processed Wood Energy — (573) 526-1723           | Certificate*            |

**MISSOURI DEPARTMENT OF SOCIAL SERVICES** 

JEFFERSON CITY, MO 65109

|                      | ttp://www.dss.mo.gov/dfas/taxcredit/index.htm | × /                     |
|----------------------|---|-------------------------|
| Alpha<br><u>Code</u> | Name of Credit                                | Attach to<br>Form MO-TC |
| DVC                  | Shelter for Victims of Domestic Violence      | Certificate*            |
| MHC                  | Maternity Home                                | Certificate*            |
| PRC                  | Pregnancy Resource                            | Certificate*            |
| RTA                  | Residential Treatment Agency                  | Certificate*            |

#### MISSOURI DEPARTMENT OF HEALTH DIVISION OF SENIOR SERVICES

P.O. BOX 570, JEFFERSON CITY, MO 65102-0570

http://www.dhss.mo.gov • (800) 235-5503

Form MO-SCC

| Alpha<br><u>Code</u> | Name of Credit     | Attach to<br><u>Form MO-TC</u> |
|----------------------|--------------------|--------------------------------|
| HCC                  | Health Care Access | Certificate *                  |
| SCT                  | Shared Care        | Must Register Each             |
|                      |                    | Year With Division of          |
|                      |                    | Aging—Attach                   |

Alpha



Attachment Sequence No. 1040-06

|   | <br> |  |      |
|---|------|--|------|
| I | <br> |  | <br> |

| ATTACH THIS FORM TO FORM MO-1040   |   |                               |
|--|---|-------------------------------|
| LAST NAME, FIRST NAME, INITIAL   |   | SOCIAL SECURITY NUMBER        |
| SPOUSE'S LAST NAME, FIRST NAME, INITIAL  |   | SPOUSE'S SOCIAL SECURITY NO.  |
| PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)  | CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE   |                               |
| <ul> <li>If you want to calculate your penalty, you may qualify for the Short Me</li> <li>a. You qualify to use the Short Method on the Federal Form 2210</li> <li>b. All withholding and estimated tax payments were made equally</li> <li>c. You <b>do not</b> annualize your income.</li> <li>If (a) or (b and c) apply to you, complete Part I, Required Annual Payr</li> <li>complete Part I, Required Annual Payment and Part III, Regular Method</li> </ul> | or<br>throughout the year <b>and</b><br>ment and Part II, Short Method. If none of th |                               |
| PART I — REQUIRED ANNUAL PAYMENT   |   |                               |
| 1. Enter your 2010 tax after credits (Form MO-1040, Line 31 less APPROVED Crec<br>from Line 38.)   |   | 1                             |
| 2. Multiply Line 1 by 90 percent (66 2/3 percent for qualified farmers)  |   |                               |
| 3. Withholding taxes. <b>Do not</b> include any estimated tax payments on this line  |   | 3                             |
| 4. Subtract Line 3 from Line 1. If less than \$500, stop here; do not complete or file t   | his form. You do not owe the penalty.   | 4                             |
| 5. Enter the tax shown on your 2009 tax return. If you did not file a 2009 Missour skip line 5 and enter the amount from Line 2 on Line 6.   |   | 5                             |
| 6. Required annual payment. Enter the smaller of Line 2 or Line 5 (Note: If Line stop here; you do not owe the penalty. Do not file Form MO-2210.)   |   | 6                             |
| PART II — SHORT METHOD   |   |                               |
| 7. Enter the amount, if any, from Line 3 above   | 7   | -                             |
| 8. Enter the total amount, if any, of estimated tax payments you made  |   |                               |
| 9. Add Lines 7 and 8   |   | 9                             |
| 10. Total underpayment for year. Subtract Line 9 from Line 6. If zero or less, stop  | o here; you do  |                               |
| not owe the penalty. Do not file Form MO-2210  |   | 10                            |
| <ol> <li>If the amount on Line 10 was paid on or after 04/18/11, enter 0 (zero). If the amount make the following computation to find the amount to enter on Line 12.</li> </ol>   |   |                               |
| Amount on Number of days paid<br>Line 10 X before 04/18/11 X .000  | 00822   | 12                            |
| 13. Penalty. Subtract Line 12 from Line 11. Enter result here and on Form MO-1040,   | Line 48   | 13                            |
| PART II INSTRUCTION  | IS — SHORT METHOD   |                               |
| A. <b>Purpose of the Form</b> — Use this form to determine whether your income tax wa<br>If it is not, you may owe additions to tax on the underpaid amount.   | as sufficiently paid throughout the year by withholding                               | or by estimated tax payments. |
| B. <b>Short Method</b> — You may use the Short Method if you qualify to use the Short M made equally throughout the year and you do not annualize your income.   | lethod on the federal Form 2210 or, all withholding an                                | d estimated tax payments were |
| If you do not qualify to use the Short Method, you must use the Regular Method on p  | bage 2.   |                               |
| NOTE. IF THIS FORM IS NOT ATTACHED TO FOR  | RM MO-1040, ATTACH CHECK OR MONEY   | ORDER PAYABLE                 |

NOTE: TO "DEPARTMENT OF REVENUE" AND MAIL TO P.O. BOX 329, JEFFERSON CITY, MO 65107-0329.

| Form MO-2210 | ) |
|--------------|---|
|--------------|---|

NAME AS SHOWN ON FRONT

1

1

| SO | CIAL | SE | CUR | ITY | NUM | IBER | 1 |
|----|------|----|-----|-----|-----|------|---|
|    |      |    | 1   | 1   |     |      | Ē |

#### PART III — REGULAR METHOD

|            | <b>CTION A — FIGURE YOUR UNDERPAYMENT</b> (COMPLETE LII ou meet any of the exceptions (see instruction D) to the additions to  |   |  | rough 19 and go d | irectly to Line 20. |
|------------|--|---|--|-------------------|---------------------|
| 14.        | Required annual payment (Enter payment as computed on Part I, Line 6)  |   |  |                   |                     |
|            |  |   | DUE DATES OF                             |                   |                     |
|            |  | APR. 15, 2010   | JUNE 15, 2010                            | SEPT. 15, 2010    | JAN. 18, 2011       |
| 15.        | Required installment payments  |   |  |                   |                     |
| 16.        | Estimated tax paid   |   |  |                   |                     |
| 17.        | Overpayment of previous installment  |   |  |                   |                     |
| 18.        | Total payments   |   |  |                   |                     |
| 19.        | Underpayment of current installment  |   |  |                   |                     |
| 19a.       | Overpayment of current installment   |   |  |                   |                     |
| 19b.       | Underpayment of previous installment   |   |  |                   |                     |
| 19c.       | Total overpayment  |   |  |                   |                     |
| 19d.       | Total underpayment   |   |  |                   |                     |
| SEC<br>(Fo | CTION B — EXCEPTIONS TO THE ADDITIONS TO TAX (see in<br>r special exceptions see instruction I for service in a "combat zone   | struction D)<br>e", and instruction   | J for farmers.)                          |                   |                     |
| 20.        | Total amount paid and withheld from January 1 through the installment date indicated   |   |  |                   |                     |
| 21.        | Exception No. 1 — prior year's tax<br>2009 tax   | 25% OF 2009 TAX   | 50% OF 2009 TAX                          | 75% OF 2009 TAX   | 100% OF 2009 TAX    |
| 22.        | Exception No. 2 — tax on prior year's income using 2010 rates and exemptions   | 25% OF TAX  | 50% OF TAX                               | 75% OF TAX        | 100% OF TAX         |
|            |  | 22.5% OF TAX  | 45% OF TAX                               | 67.5% OF TAX      |                     |
| 23.        | Exception No. 3 — tax on annualized 2010 income  | 90% OF TAX  | 90% OF TAX                               | 90% OF TAX        |                     |
| 24.        | Exception No. 4 — tax on 2010 income over 3, 5 and 8-month periods   |   |  |                   |                     |
| SEC        | CTION C — FIGURE THE ADDITIONS TO TAX (Complete Lines  | 25 through 29)  |  |                   |                     |
| 25.        | Amount of underpayment   |   |  |                   |                     |
| 26.        | Date of payment, due date of installment, or April 18, 2011, whichever is earlier  |   |  |                   |                     |
| 27a.       | Number of days between the due date of installment, and either the date of payment, the due date of the next installment, or December 31, 2010, whichever is earlier   |   |  |                   |                     |
| 27b.       | Number of days from January 1, 2011 or installment date to date of payment or April 18, 2011   |   |  |                   |                     |
| 28a.       | Multiply the 3 percent annual interest rate times the amount on Line 25 for the number of days shown on Line 27a.  |   |  |                   |                     |
| 28b.       | Multiply the 3 percent annual interest rate times the amount on Line 25 for the number of days shown on Line 27b.  |   |  |                   |                     |
| 28c.       | Total additions (Line 28a plus Line 28b)   |   |  |                   |                     |
|            | Total amounts on Line 28c. Show this amount on Line 48 of Form MO-1040 as If you have an underpayment on Line 47 of Form MO-1040, enclose your check total of Line 47 and the penalty amount on Line 48. If you have an overpayment or will reduce your overpayment by the amount of the penalty | or money order for particular to the tent of tent | ayment in the amount e<br>ent of Revenue |                   |                     |
|            | <b>NOTE:</b> IF THIS FORM IS NOT ATTACHED TO FO<br>TO "DEPARTMENT OF REVENUE" AND M  |   |  |                   |                     |

#### PART III INSTRUCTIONS — REGULAR METHOD

A. **Purpose of the Form** — Use this form to determine whether your income tax was sufficiently paid throughout the year by withholding or by estimated tax payments. If it is not, you may owe additions to tax on the underpaid amount.

B. Filing an Estimated Declaration and Paying the Tax for Calendar Year Taxpayers — If you file returns on a calendar year basis and are required to file Form MO-1040ES, you are generally required to file a declaration by April 15, and to pay the tax in four installments. (If you are not required to file a declaration until later in the year because of a change in your income or exemptions, you may be required to pay fewer installments.) The chart below shows the due date for declarations and the maximum number of installments required for each.

| Period<br>Requirements<br>First Met | Due Date<br>of<br>Declarations | Maximum Number<br>of Installments<br>Required |
|-------------------------------------|--------------------------------|---|
| Between January 1 and April 1       | April 15                       | 4   |
| Between April 2 and June 1          | June 15                        | 3   |
| Between June 2 and Sept.1           | Sept. 15                       | 2   |
| After Sept. 1                       | Jan. 18                        | 1   |

When the due date falls on a Saturday, Sunday, or legal holiday, the declaration will be considered timely if filed on the next business day.

C. **Fiscal Year Taxpayers** — Fiscal year taxpayers should substitute for the due dates above, the 15th day of the first and last months of the second quarter of your fiscal year; the 15th day of the last month of the third quarter; and the 15th day of the first month of your next fiscal year.

D. Exception to the Additions to Tax — You will not be liable for additions to tax if your 2010 tax payments (amounts shown on Line 20) equal or exceed any amount determined for the same period under the following exception provisions. You may apply a different exception to each underpayment. Please enclose a separate computation page for each payment. If none of the exceptions apply, complete Lines 15 through Line 29.

The percentages shown on Lines 21, 22, and 23, for the April 18, June 15, and Sept. 15 installment dates, are for calendar year taxpayers required to pay installments on four dates.

*Exception 1 — Prior Year's Tax.* — This exception applies if your 2010 tax payments equal or exceed the tax shown on your 2009 tax return. The 2009 return must cover a period of 12 months and show a tax liability.

*Exception 2* — *Tax on Prior Year's Income using 2010 Rates and Exemptions* — This exception applies if your 2010 tax withheld and estimated tax payments equal or exceed the tax that would have been due on your 2009 income if you had computed it at 2010 rates. To determine this exception use the personal exemptions allowed for 2010 but use the other facts and law applicable to your 2009 return.

*Exception 3 — Tax on Annualized 2010 Income —* This exception applies if your 2010 tax payments equal or exceed 90 percent of the tax on your annualized taxable income for periods from the first of the year to the end of the month preceding that in which an installment is due. To annualize your taxable income, follow these four steps.

- (a) Figure your adjusted gross income less itemized deductions from the first of your tax year up to and including the month prior to that in which an installment is due; or, if you use the standard deduction, figure your adjusted gross income for that period.
- (b) Divide the result of step (a) by the number of months in your computation period.
- (c) Multiply the result of step (b) by 12.
- (d) Subtract the deduction for personal exemptions, federal tax and, if you did not itemize, subtract the standard deduction. The result is your annualized taxable income.

Exception 3 may not be used for the fourth installment period.

#### Example I

| (combined return with one dependent)                        |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. Wages, received during Jan., Feb., and Mar               |  |  |  |  |  |
| 2. Self-employment income during Jan., Feb. and Mar \$4,000 |  |  |  |  |  |
| 3. Adjusted gross income                                    |  |  |  |  |  |
| 4. Annualized income (\$10,000 ÷ 3 x 12) \$40,000           |  |  |  |  |  |

5. Less:

|    | (a) Standard deduction                       | \$11,400  |
|----|--|-----------|
|    | (b) Exemptions (2 x \$2,100) + (1 x \$1,200) |           |
|    | (c) Federal tax (joint return)               | . \$1,500 |
| 6. | Annualized taxable income                    | \$21,700  |
| ~  | Income Toy (from Miccouvitor toble)          | ¢1 077    |

If your tax withheld and estimated tax payment for the first installment period of 2010 were at least \$242 (22.5 percent of \$1,077) you do not owe additions to tax for that period.

*Exception 4 — Tax on 2010 Income Over Periods of 3, 5, and 8 months* – This exception applies if your 2010 tax payments equal or exceed 90 percent of the tax on your taxable income for periods starting from the first of the year to the end of the month preceding that in which an installment is due. This exception does not apply to the fourth quarter. To determine if this exception applies for the first three quarters, figure your taxable income from January 1, 2010 to the end of the month preceding that in which an installment is due. Then compute your tax on that amount as though it represented your taxable income for 2010.

| Example II   |          |       |        |          |  |  |  |  |
|--|----------|-------|--------|----------|--|--|--|--|
| (combined return with one dependent, using standard deduction) |          |       |        |          |  |  |  |  |
| (1)  | (2)      | (3)   | (4)    | (5)      |  |  |  |  |
| Computation Income   |          | Тах   | 90%    | Tax      |  |  |  |  |
| Period   |          |       | of Tax | Withheld |  |  |  |  |
| Jan. 1 to Mar. 31  | \$15,000 | 0     | 0      | \$275    |  |  |  |  |
| Jan. 1 to May 31   | \$21,665 | \$120 | \$108  | \$458    |  |  |  |  |
| Jan. 1 to Aug. 31  | \$31,665 | \$667 | \$600  | \$733    |  |  |  |  |

Since the amounts in column (5) are greater than those in column (4) for each of the first three computation periods, there is no additions to tax for first three installment periods.

E. **Figure the Additions to Tax** — For Line 27a, enter the number of days from the due date of the installment to the date of payment or December 31, 2010, whichever is earlier. If the payment date on Line 26 is December 31, 2010, or later and the due date of the installment is April 15, 2010, then enter 260 days; for June 15, 2010, 199 days; September 15, 2010, 107 days.

For Line 27b, enter the number of days from January 1, 2011, or the 2011 installment due date to date of payment or appropriate due date of return, whichever is earlier. If the payment date is April 18, 2011, enter 105 days for the first, second, and third quarters and 91 days for the fourth quarter.

F. **Tax Withheld** — You may consider an equal part of the income tax withheld during the year as paid on each required installment date, unless you establish the dates on which the withholding occurred and consider it paid on those dates.

G. **Overpayment** — Apply as credit against the next installment any installment overpayment shown on Line 19a that is greater than all prior underpayments.

H. **Installment Payments** – If you made more than one payment for any installment, enclose a separate computation for each payment. If you filed your return and paid the balance of tax due by February 1, 2011, consider the balance paid as of January 18, 2011.

I. Exception from the Additions to Tax for Service in a Combat Zone — You may be exempt from an additions to tax for underpayment of estimated tax if you served in the U.S. Armed Forces in an area designated by the President as a combat zone under conditions which qualified you for hostile fire pay. If you are exempt for this reason, write on Line 19, for the applicable installment dates, "Exempt, combat zone."

J. **Farmers** — If (1) your Missouri gross income from farming is at least two-thirds of your total Missouri gross income and (2) you filed a Missouri Individual Income Tax Return and paid tax on or before March 2, 2011, you are exempt from charges for underpayment of estimated tax. If so, write on Line 1, "Exempt, farmer".

If you meet this gross income test but did not file a return or paid the tax when due, complete this form with respect to the last quarter only. Qualified farmers would enter all of Line 14 in the fourth quarter and calculate the appropriate underpayment.

This publication is available upon request in alternative accessible format(s).

#### **Line-by-Line Instructions**

- 14. Enter the required annual payment, as computed on Part I, Line 6.
- 15. Divide the required annual payment (Line 14) by the number of required installments. If the estimated tax was the result of a change in income or exemptions during the year, you may require fewer installments. Otherwise, divide the required annual payment by four and place the amount in each column. (See instructions for farmers.)
- 16. Enter the amount of tax paid during the installment period. (The tax withheld throughout the year may be considered as paid in four equal parts on the due date of the installment, unless a different date is established.)
- 17. Enter the amount, if any, of overpayment reported on Line 19c from the previous installment period.
- 18. Enter the sum of Line 16 and Line 17.
- 19. If the amount on Line 15 is greater than the amount on Line 18, enter the difference here. You have underpaid for the installment period. If not, skip this line and go to Line 19a.
- 19a. If the amount on Line 18 is greater than the amount on Line 15, enter the difference here. You have overpaid for the installment period.
- 19b. Enter the amount of the underpayment (if any) from Line 19d of the previous column.
- 19c. and 19d.

If you filled in Line 19 of this column, add the amount on Line 19b to the amount on Line 19 and enter that total on Line 19d. If you filled in Line 19a of this column, and the amount on Line 19a is greater than any amount on Line 19b, enter the difference on Line 19c. You are overpaid. If the amount on Line 19b is greater than the amount on Line 19a, enter the difference on Line 19d. You are underpaid. See page 3 for instructions for Lines 20 through 24.

- 25. If you have an underpayment for the installment period and none of the exceptions on Lines 20 through 24 apply, enter on Line 25 the amount of the underpayment on Line 19d. If you do not have an underpayment, or if an exception applies, leave this blank and skip the remaining lines of the column.
- 26. Enter the date a payment was made on the installment, the due date of the following installment, or April 18, 2011, whichever is earlier. If more than one late payment was made to cover the installment, attach a separate computation for each payment during the installment period.
- 27a. Enter the number of days from the due date of the installment to the date entered on Line 26.
- 27b. Enter the number of days from January 1, 2011 (or a later date, if the installment date was after January 1) until either the date of the payment or April 18, 2011, whichever is earlier.
- 28a. Multiply the amount on Line 25 by the number of days on Line 27a. Divide this amount by 365 days and multiply the product by three percent. This is the additions to tax accruing on the underpayment during 2010.
- 28b. Multiply the amount on Line 25 by the number of days on Line 27b. Divide this amount by 365 days and multiply the product by three percent. This is the additions to tax accruing on the underpayment during 2011.
- 28c. Add the amounts on Lines 28a and 28b.
- 29. Add the sum of the amounts on Line 28c in the final column, if applicable.

#### **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 to 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 indicated above]. In addition, information may be disclosed to the public regarding the name of a tax credit recipient and the amount issued to such recipient (Chapter 135, RSMo). (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.

period of up to 20 years from the year of the initial loss. Attach Federal Form 1045, Schedule A and B, and/or the calculation of your net operating loss carryback/carryforward.

- **11. Missouri Public-Private Transportation Act.** Enter any income received in connection with the Missouri Public-Private Transportation Act, which is included in your federal adjusted gross income.
- 12. Condemnation of Property. If you included in your Federal Adjusted Gross Income any gain recognized pursuant to Section 1033 of the IRC, arising from compulsory or involuntary conversion of property as a result of condemnation or the imminence thereof, you may exclude that gain from Missouri tax. Attach a copy of your Federal Form 1040, Schedule D, and Federal Form 4797.

#### LINE 10 — EXEMPT CONTRIBUTIONS MADE TO A QUALIFIED 529 PLAN

The state of Missouri allows a subtraction from federal adjusted gross income for the amount of annual contributions made to the Missouri Savings for Tuition Program (MOST), the 529 plan administered by the Missouri Higher Education Deposit Program, or any other qualified 529 plan. The maximum annual exempt contribution is \$8,000 for single individuals or \$16,000 for married couples filing a combined return. If you are a participant claiming a subtraction for a contribution made to the savings program, you must **attach your statement provided by the program manager**. The statement must be in the name of a plan participant (account owner) claiming the subtraction.

#### LINE 11 — QUALIFIED HEALTH INSURANCE PREMIUMS

Enter the amount you paid for health insurance premiums. Do not include any pre-tax premiums paid, any excluded from federal taxable income, or any long term care insurance premiums. Use the worksheet on page 26 to determine your allowable subtraction.

#### LINE 12 — DEPRECIATION ADJUSTMENT

If you purchased an asset between July 1, 2002, and June 30, 2003, and you elected to use the 30 percent depreciation on your federal return, you may be able to subtract a portion of the depreciation. Enter the additional depreciation created by the Job Creation and Worker Assistance Act previously added back in prior years to the extent allowable by Section 143.121, (RSMo). This amount is computed by figuring the allowable depreciation prior to the Job Creation and Worker Assistance Act less the depreciation taken on your federal return. If you have previously taken an addition modification for a qualifying property, but have sold or disposed of the property during the taxable year, check the box on Line 12 and take a subtraction for the amount not previously recovered. More information and examples can be found on the department's web site at http://dor.mo.gov/pdf/ depreciation\_examples.pdf.

#### LINE 13 — HOME ENERGY AUDIT EXPENSES

Enter the amount you paid for the costs incurred for a home energy audit or the implementation of any energy efficiency recommendations, to the extent the amounts paid were not subtracted from federal taxable income. The amount of the subtraction is limited to \$1,000 per taxpayer or taxpayers filing a combined return per year, not to exceed \$2,000 cumulatively. Please complete and attach Form MO-HEA found on page 25.

#### LINE 14 — TOTAL SUBTRACTIONS

Add Lines 7 through 13. Enter the total on Form MO-A, Part 1, Line 14 and on Form MO-1040, Line 4.

**Note:** Do not include income earned in other states on Line 14. Complete Form MO-NRI (Missouri Income Percentage) or Form MO-CR (Credit for Income Taxes Paid to Other States or Political Subdivisions). See Form MO-1040, Line 26 or Line 27.

#### PART 2 MISSOURI ITEMIZED DEDUCTIONS

You cannot itemize your Missouri deductions if you took the standard deduction on your federal return. See Page 7, Line 14. 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.** 

#### LINES 2 AND 3 — SOCIAL SECURITY TAX (FICA)

Social security tax is the amount in social security tax withheld box on your Forms W-2. **This amount cannot exceed \$6,621.60.** Medicare is the amount in the Medicare tax withheld box on your Forms W-2. 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 2010. This amount cannot exceed **\$9,710.60** (Tier I maximum of \$6,621.60 and Tier II maximum of \$3,089). Enter the total on Line 4. Repeat for your spouse and enter the total on Line 5. If you have both FICA and railroad retirement tax, the maximum deduction allowed is the amount withheld as shown on the Forms W-2 less, either the amount entered on Federal Form 1040, Line 69, 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. 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. Louis area, you may have included earnings taxes. Include on Line 9 the amount of earnings taxes withheld shown on Forms W-2. See Diagram 1, Page 44, Box 19.

#### LINE 11 — TOTAL MISSOURI ITEMIZED DEDUCTIONS

If your total Missouri itemized deductions are less than your standard deduction (see Page 7, Line 14), you should take the standard deduction on Form MO-1040, Line 14, unless you were required to itemize your federal deductions.

#### **ADDITIONAL STANDARD DEDUCTION**

If you increased your federal standard deduction by a net <u>disaster</u> loss and/or new motor vehicle taxes, you must complete Form MO-L on Page 25.

#### PART 3 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 Forms 1099-R, and/or SSA-1099. 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

Include your Missouri adjusted gross income from Form MO-1040, Line 6.

#### LINE 2 — TAXABLE SOCIAL SECURITY BENEFITS

Include the **taxable** 2010 social security benefits for each spouse. This information can be found on:

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

#### LINE 6 — TAXABLE PUBLIC PENSION

Include the taxable 2010 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.)

#### LINE 11 — SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY EXEMPTION

Include the amount from Lines 6Y and 6S from Part 3 of the MO-A, Section C (social security or social security disability calculation), unless you are a single individual with income greater than \$85,000 or a married couple with income greater than \$100,000. For single individuals with income greater than \$85,000 enter the amount from Line 8 of Section C. For married couples with income greater than \$100,000, multiply Line 8 by the percentages on Line 3Y and 3S of the worksheet for Lines 4 and 5 (next column), and enter those amounts here. If you are not eligible for the social security or social security disability exemption, enter a \$0 on Line 11.

#### **PRIVATE PENSION CALCULATION**

#### LINE 2 — TAXABLE SOCIAL SECURITY BENEFITS

Include the taxable 2010 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 2010 pension received from private sources for each spouse. This information can be found on:

- Federal Form 1040A— Lines 11b and 12b
- 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 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. To determine each spouse's portion of the taxable social security on Line 4, complete worksheet for Lines 4 and 5 (below).

#### 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 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. To determine each spouse's portion of the taxable social security disability on Line 5, complete worksheet for Lines 4 and 5 (below).

**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.

#### MILITARY PENSION CALCULATION

A military pension is a pension received for your service in a branch of the armed services of the United States, including the Missouri Army Reserve and Missouri National Guard. You must reduce your military pension exemption by any portion of your military pension that is included in the calculation of your public pension exemption. Therefore, if you qualify for the public pension, make sure you complete the Public Pension Calculation (Section A) before you calculate your military pension exemption.

#### LINE 1 — TAXABLE MILITARY RETIREMENT BENEFITS

Include your total military retirement benefits reported on federal Form 1040A, Line 12b or federal Form 1040, Line 16b. If you are filing a combined return and both spouses had military retirement, combine those amounts on Line 1.

#### LINE 2 — TAXABLE PUBLIC PENSION

Include your total retirement benefits from public sources (including military) reported on federal Form 1040A, Line 12b or federal Form 1040, Line 16b. If you are filing a combined return and both spouses had retirement benefits from public sources, combine those amounts on Line 2.

#### LINE 4 — MILITARY BENEFITS INCLUDED IN PUBLIC PENSION EXEMPTION

Multiply the percentage calculated on Line 3 by the total public pension amount reported on Line 14 of Section A. If you did not claim a public pension, enter \$0.

#### LINE 6 — TOTAL MILITARY PENSION

The maximum military exemption you may claim in 2010 is equal to 15 percent of your military pension. Multiply the amount on Line 5 by 15 percent.

## FORM MO-PTS INFORMATION TO COMPLETE

#### FORM MO-PTS

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

**Important:** You must complete Form MO-1040, Line 1 through Line 37, before you complete Form MO-PTS.

**Note:** If your filing status on Form MO-1040 is married filing combined, but you and your spouse lived at different addresses the entire year, you may file a separate **Form MO-PTC**. Do not include spouse name or social security number if you marked married filing separate. (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.

Yourself

%

4

2Y

3Y

Spouse

%

2S

3S

| WORKSHEET FOR LINES 4 AND 5                   |   |  |  |  |  |
|---|---|--|--|--|--|
| 1. Total social security - Enter amount from: | 1 |  |  |  |  |

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

2. Enter each spouse's portion of the total social security

- 3. Divide Line 2Y and 2S by Line 1
- 4. Taxable social security Enter amount from:
  - Federal Form 1040A, Line 14b
  - Federal Form 1040, Line 20b
- 5. Multiply Line 4 by percentages on 3Y and 3S and enter 5Y\_\_\_\_\_ 5S\_ amounts here and on Lines 4 and/or 5 of Part 3 of the MO-A, Section C

#### **QUALIFICATIONS**

Check the applicable box to indicate under which qualification you are filing the Form MO-PTS. 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, 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 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

not include an amount on Federal Forms 1040 or 1040A) Lump sum distributions from Social Security

Administration and other agencies must be claimed in the year in which they were received.

#### **HELPFUL HINTS**

Wait to file your return until you get your Form SSA-1099 received in January, 2011 that states what your benefits were for the entire 2010 year. See the diagram on page 38.

If you are receiving railroad retirement benefits, you should get two Forms RRB-1099. 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 I benefits) on Line 2.

#### LINE 3 — EXEMPT INTEREST AND PENSION INCOME

Enter the amount of pensions, annuities, rental income, dividends, or exempt interest income **not** included on Form MO-PTS, Line 1. (Do not include amount of excludable costs of pensions or annuities.) See the following to determine the amount of your pension or exempt interest:

- Forms 1099-R or W-2P Total amount before deductions not included on Form MO-1040, Line 6 (Missouri adjusted gross income).
- Forms 1099-INT— Total amount not included on Form MO-1040, Line 6 (Missouri adjusted gross income). Include tax exempt interest from Form MO-A, Part 1, Line 7.

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

Enter railroad retirement benefits **before deductions** for medical premiums or withholdings of any kind from Form MO-A, Part 1, Line 9. (Attach a copy of your Form **RRB-1099-R**, if applicable.) (Do not include social security equivalent railroad retirement included on Line 2).

#### 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).

#### 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 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.

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 Forms SSA-1099, 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.

#### 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 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

If you are single, enter "0". (If you are **married—living separate for entire year**, and you are filing married filing separate on Form MO-1040, enter "0").

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.

Enter the amount that you determined on Line 9. Be sure to include both incomes on Lines 1–6.

#### 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 for 2010 only. **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 don't apply.

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

If your home or farm has more than five acres or you own a mobile home and it is classified as personal property, a Form 948 Assessors Certification must be attached with a copy of your paid personal/real property tax receipt. If you own a mobile home and it is classified as real property, a Form 948 isn't needed. You can claim property tax and rent in such cases as a mobile home with pad/lot rent. A credit will not be allowed on vehicles and other items listed on the personal property tax receipt.

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

#### **HELPFUL HINT**

The percentage of your home that is used for business purposes, must be subtracted from your real estate taxes paid. Use Form 948 to calculate the amount of real estate tax. Subtract the percentage of your home that is used for business purposes from the allowable real estate taxes paid calculated on the Form 948.

Example: Ruth has 10 acres surrounding her house. She needs to use a Form 948, because she is only entitled to receive credit for 5 acres. By her calculations, she enters \$500 on Form 948, Line 6. Ruth also uses 15% of her house for her business. She will multiply \$500 by 85% and enter this figure (\$425) on Form MO-PTS, Line 11.

#### 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 2010. The Form MO-CRP is on the back of the Form MO-PTS.

#### **HELPFUL HINTS**

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 don't 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.

#### **HELPFUL HINTS**

If you rent from a facility that does not pay real estate taxes, you are not eligible for a Property Tax Credit.

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.

Attach rent receipt(s) for the whole year or each month or a statement from your landlord, along with Form MO-CRP. The rent receipt(s), or statement must be signed by the landlord and include his/ her tax identification or social security number and phone number. Copies of cancelled checks (front and back) will be accepted if your landlord will not provide rent receipts, or statement.

#### **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 you have the same address as your landlord, please verify the number of occupants and living units.

#### LINE 13 — TOTAL REAL ESTATE TAX/ RENT PAID

Add amounts from Form MO-PTS, Lines 11 and 12 and enter amount on Line 13. You can claim the amount of your real estate tax if you:

- owned your home/mobile home;
- owned your home for part of the year and rented for part of the year;
- owned/rented a mobile home and pad.

The maximum amount allowed is \$1,100. If you rented, the maximum amount allowed is \$750.

#### LINE 14 — PROPERTY TAX CREDIT

Apply Lines 10 and 13 to the Property Tax Credit Chart on pages 41, 42 and 43 to determine the amount of your property tax credit. 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

# If you rent from a tax exempt facility, you do not qualify.

**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.

**STEP 3:** If you were a resident of a nursing home or boarding home during 2010, 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 Forms MO-CRP and enter the amount on Line 12 of MO-PTS.

| FORM SSA-1099 - | SOCIAL | SECURITY | BENEFIT | STATEMENT |
|-----------------|--------|----------|---------|-----------|

| Box 1. Name                       |                |                 | Box 2. E    | Beneficiary's Social Security Number                                 |  |
|-----------------------------------|----------------|-----------------|-------------|--|--|
| BETTY TAXPAYER                    |                |                 | 555-66-7777 |  |  |
| Box 3. Benefits Paid in 2010      | Box 4. Benefit | s Repaid to SSA | in 2010     | Box 5. Net Benefits for 2010 (Box 3 minus Box 4)                     |  |
| *\$8,400.00                       | NONE           |                 |             | \$8,400.00   |  |
| DESCRIPTION OF                    | AMOUNT IN BO   | X 3             | D           | ESCRIPTION OF AMOUNT IN BOX 4  |  |
| Paid by check or direct deposit   |                | \$7,800.00      |             | NONE   |  |
| Medicare premiums deducted from   | m your benefit | \$600.00        |             |  |  |
| Total Additions                   |                | \$8,400.00      |             |  |  |
| Benefits for 2010                 |                | \$8,400.00      |             |  |  |
|                                   |                |                 | NONE        |  |  |
|                                   |                |                 | Box 7. /    | Address  |  |
|                                   |                |                 | 5500        | IY TAXPAYER<br>TAXES LANE<br>TOWN, MO 55555-5555                     |  |
| *Includes: \$12.00 Paid in 2010 f | or 2009        |                 | 1.00        | Claim Number (Use this number if you need to contact SSA)<br>56-7777 |  |

| MISSOURI DEPARTMENT OF REVEN   | LIE      | FORM                        | TAX PERIOD |            | DUE DATE                     |      |           |       |             |           |       |       |    |
|--|----------|-----------------------------|------------|------------|------------------------------|------|-----------|-------|-------------|-----------|-------|-------|----|
| 2010 INDIVIDUAL CONSUMER<br>USE TAX RETURN   |          | <b>4340</b><br>REV. 12-2010 | (201012    | -          | 04/18/2011                   |      |           |       |             |           |       |       |    |
|  | RST NAME |                             |            |            | INI                          | TIAL | SOCIAL SI | CURIT | Y NO.       |           |       |       |    |
| SPOUSE'S LAST NAME FIL   | RST NAME |                             |            |            | INI                          | TIAL | SPOUSE'S  | SOCIA | AL SEC      | URITY NO. |       | I     |    |
| ADDRESS  |          |                             |            | T/         | AXABLE PURCH                 | ASES | ТА        | XRA   | ГЕ          | CONSU     | MER'S | USE T | AX |
|  |          |                             |            | A.         |                              |      |           |       |             | 1.        |       |       |    |
| CITY   | STATE    | ZIP CODE                    |            | B.         |                              |      | 4.        | 225   | %           | 2.        |       |       |    |
| I have direct control, supervision, or responsibility for filing due. Under penalties of perjury, I declare that this is a true, |          |                             |            |            | al Individual<br>Tax Due (U. |      |           |       |             | 3.        |       |       |    |
| SIGNATURE(S)   |          | DATE                        | [          | DAYTI<br>( | IME TELEPHONE                |      |           |       | DOR<br>ONLY |           |       |       |    |
| MAKE CHECK DAVABLE TO MISSOURI DIDECTO   |          |                             |            | 011        |                              |      |           |       | DO          | BOX 940   |       | EDC   |    |

MAKE CHECK PAYABLE TO: MISSOURI DIRECTOR OF REVENUE. MAIL TO MISSOURI DEPARTMENT OF REVENUE, PO BOX 840, JEFFERSON CITY, MO 65105-0840. **DO NOT SEND WITH INDIVIDUAL INCOME TAX RETURN.** If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.

MO 860-2442 (12-2010)

#### MISSOURI DEPARTMENT OF REVENUE INDIVIDUAL CONSUMER'S USE TAX INSTRUCTIONS

What is Consumer's Use Tax? Use tax is imposed on the storage, use, or consumption of tangible personal property in this state. You must pay consumer's use tax on tangible personal property stored, used, or consumed in Missouri unless you paid tax to the seller or the property is exempt from tax.

What is Taxable? If an out-of-state seller does not collect use tax from the purchaser, the purchaser is responsible for remitting the use tax to Missouri(unless the property is purchased for resale or otherwise exempt by statute). Also, a seller not engaged in business is not required to collect Missouri tax but the purchaser in these instances is responsible for remitting use tax to Missouri. A purchaser is required to file a use tax return if the cumulative purchases subject to use tax exceed \$2,000 in a calendar year. Use tax is computed on the purchase price of the goods. Example:

Mr. Smith, located in Unionville, Missouri, purchases cleaning supplies from two companies, Company X and Company Y. Company X and Company Y are both located in Des Moines, Iowa, and do all their business in Missouri strictly by mail order. During October 2010, Mr. Smith purchased \$4,000 worth of merchandise from each company. Company X is registered with the Department of Revenue and collects the use tax on Mr. Smith's purchases. Company Y is not registered, does not collect the tax, and does not file a return with the state of Missouri.

Mr. Smith must file a consumer's use tax return indicating the amount of purchases (4,000) from Company Y and pay the use tax on those purchases applicable for Unionville, MO ( $4,000 \times 4.225\% = 169$ ). He must send his use tax return, along with a check, to the Missouri Department of Revenue.

#### Purchases which may be subject to use tax include:

- Catalog purchases
- Magazine subscriptions
- Cross-border purchases of goods
- TV marketing purchases
- Computer software and hardware
- Mail-order supply purchases
- · Furniture and equipment purchases from out-of-state sellers
- Purchases of goods bought over the Internet
- Purchases of goods bought over the telephone

Why am I required to file? When you make purchases on which the seller is not required to collect the tax you must pay the tax directly to the state of Missouri.

This form is not intended for use by businesses. Businesses that have a use tax liability should contact the Department of Revenue. See the address and phone number below.

#### HOW TO FILE

Compile a list of purchases made during 2010 for which you have not previously paid Missouri sales or use tax. This information is available from invoices, bills, credit card statements, cancelled checks, etc. The total of all purchases during the year that were not previously taxed must be used in computing the amount of use tax due on the above 2010 Individual Consumer's Use Tax Return. The due date for filing the return is April 18, 2011.

#### TAXABLE PURCHASES/TAX RATE

The tax rate you must use to figure your consumer's use tax due is determined by the use tax rate in effect where you reside. The use tax rate for Missouri is 4.225% unless the city and/or county for your residential location has enacted a local option use tax, which will increase the tax rate. The correct use tax rate can be found at: http://dor.mo.gov/business/sales/rates/2010/. Use the "USE RATE" column.

If the use tax rate is **greater than** 4.225%, enter your taxable purchases on Line A and the applicable tax rate.

If the use tax rate is 4.225%, enter your taxable purchases on Line B and compute the amount due at the state use tax rate of 4.225%. You may be required to use both Lines A and B if you resided in different locations during 2010.

#### CONSUMER'S USE TAX

Multiply taxable purchases (Line(s) A and/or B) by the appropriate tax rate and enter the amount on Line(s) 1 and/or 2.

#### TOTAL INDIVIDUAL CONSUMER'S USE TAX DUE

Add Lines 1 and 2 and enter the amount on Line 3.

Make your remittance payable to Missouri Department of Revenue (U.S. funds only). Do not combine your use tax liability with your individual income tax liability or mail it with your individual income tax return. Do not send cash. You may not use your individual income tax refund to pay your use tax liability.

#### Sign and date the return.

MAIL TO: Department of Revenue P.O. Box 840 Jefferson City, MO 65105-0840

For questions regarding the Missouri consumer's use tax, please e-mail salesuse@dor.mo.gov or call (573) 751-2836. Speech and hearing impaired may use TDD (800) 735-2966 or fax (573) 526-1881.

The use tax rates may be found on the internet at http://dor.mo.gov/business/sales/rates/2010/. Use the "USE RATE" column to ensure correct rates.



#### MISSOURI DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX PAYMENT VOUCHER INSTRUCTIONS

#### What Is Form MO-1040V and Why Should I Use It?

Form MO-1040V, Individual Income Tax Payment Voucher, is the voucher you send with your payment when you have an amount due on your income tax return. It is similar to vouchers returned with loan, utility, and credit card payments. Form MO-1040V ensures that your payment will be processed more efficiently and accurately. In addition, Form MO-1040V allows you to file your completed income tax return and send your payment at a later date. Your income tax return and payment are due no later than April 18, 2011.

#### When Should I Use Form MO-1040V?

If you have an amount due on an electronically filed return, or do not submit payment in full when you file your income tax return, send Form MO-1040V with your payment.

#### How Do I Fill In the Payment Voucher?

Complete the name(s) and address block. Use the label from the front cover of your book if the address information on the label is correct.

**Line 1** — Enter your social security number (SSN) on Line 1. If you are filing a combined return, enter on Line 1 the first SSN as shown on your return.

Line 2 — Enter the first four letters of your last name on Line 2. See examples.

| NAME               | ENTER |   |                    |
|--------------------|-------|---|--------------------|
| John Brown         | BROW  | 1 |                    |
| Juan De Jesus      | DEJE  |   |                    |
| Joan A. Lee        | LEE   | J | Please use capital |
| Jean McCarthy      | MCCA  |   | letters as shown.  |
| John O'Neill       | ONEI  |   |                    |
| Pedro Torres-Lopez | TORR  | ) |                    |

Line 3 — If you are filing a combined return, enter on Line 3 your spouse's SSN.

**Line 4** — Enter the first four letters of your spouse's last name on Line 4. See examples for Line 2, above.

Line 5 — Enter the amount of your payment in whole dollars on Line 5.

#### How Do I Make My Payment?

- Make your check or money order payable to the "Missouri Department of Revenue." Do not send cash (U.S. funds only). Do not postdate your check; it will be cashed upon receipt. The Department of Revenue may collect checks returned for insufficient or uncollected funds electronically.
- Write your name, address, SSN, daytime telephone number, and "2010 MO Income Tax" on your check or money order.
- Detach the payment voucher at the perforation, and mail with your payment.
- Please mail your Form MO-1040V and payment to: Missouri Department of Revenue P.O. Box 371 Jefferson City, MO 65105-0371

Please print as shown below in black or dark blue ink. Do not use red ink or pencil.



#### 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 to 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]. In addition, information may be disclosed to the public regarding the name of a tax credit recipient and the amount issued to such recipient (Chapter 135, RSMo). (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.

#### MO 860-2715 (12-2010)

| MISSOURI DEPARTMENT OF REVENUE<br>INDIVIDUAL INCOME TAX<br>PAYMENT VOUCHER       2010<br>FORM<br>MO-1040V         PLEASE PRINT. MAKE CHECK PAYABLE TO MISSOURI DEPARTMENT OF<br>REVENUE. MAIL FORM MO-1040V AND PAYMENT TO THE MISSOURI<br>DEPARTMENT OF REVENUE, P.O. BOX 371, JEFFERSON CITY, MO 65105-0371.         NAME         SPOUSE'S NAME         STREET ADDRESS |              | <ol> <li>Social<br/>security number</li> <li>Name<br/>control</li> <li>Spouse's social<br/>security number</li> <li>Spouse's name<br/>control</li> <li><b>5.</b> Amount of payment<br/>(U.S. funds only)</li> </ol> | ·· * |  |  |  |  |  |
|--|--------------|---|------|--|--|--|--|--|
| CITY ST.   | ATE ZIP CODE |   |      |  |  |  |  |  |
| FULL PAYMENT OF TAXES MUST BE SUBMITTED BY APRIL 18, 2011 TO AVOID           INTEREST AND ADDITIONS TO TAX FOR FAILURE TO PAY. If you pay by check, you  |              | DOR USE ONLY  | *    |  |  |  |  |  |
| authorize the Department of Revenue to process the check electr<br>check may be presented again electronically.<br>• PLEASE SEND CHECK OR MONEY ORDER (U.S. FUNDS ONL  | DOR USE ONLY | *   |      |  |  |  |  |  |
| • PLEASE SEND CHECK OR MONEY ORDER (U.S. FUNDS ONL<br>MO 860-2715 (12-2010)  | - T /        |   |      |  |  |  |  |  |

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.

#### **2010 PROPERTY TAX CREDIT CHART** AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE 13 — TOTAL REAL ESTATE TAX PAID

|                  | AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE 13 — TOTAL REAL ESTATE TAX PAID |              |   |              |             |            |            |            |            |            |            |            |                      |            |            |
|------------------|--|--------------|---|--------------|-------------|------------|------------|------------|------------|------------|------------|------------|----------------------|------------|------------|
|                  |  | 1076         | 1051  | 1026         | 1001        | 976        | 951        | 926        | 901        | 876        | 851        | 826        | <b>FKO</b> /V<br>801 | 776        | 751        |
|                  |  | 10/0         | 1051  | - <b>TO</b>  | 1001        | 970        | 951        | <u> </u>   |            | 0/0        | 031        | 020        | TO -                 | 770        | 751        |
|                  |  | 1100         | 1075  | 1050         | 1025        | 1000       | 975        | 950        | 925        | 900        | 875        | 850        | 825                  | 800        | 775        |
|                  |  | 1100         |   |              |             |            |            |            |            |            |            |            |                      |            | //3        |
| FROM             | TO   |              | Refund is the actual total amount of allowable real estate tax paid, not to exceed \$1,100 (Form MO-PTS, Line 13).<br>NOTE: If you rent from a facility that does not pay property taxes, you are not eligible for a Property Tax Credit. |              |             |            |            |            |            |            |            |            |                      |            |            |
| 1                | 14,300   | 1070         |   |              |             |            |            |            |            |            |            |            |                      |            | 750        |
| 14,301<br>14,601 | 14,600<br>14,900   | 1078<br>1069 | 1053<br>1044  | 1028<br>1019 | 1003<br>994 | 978<br>969 | 953<br>944 | 928<br>919 | 903<br>894 | 878<br>869 | 853<br>844 | 828<br>819 | 803<br>794           | 778<br>769 | 753<br>744 |
| 14,001           | 14,900   | 1059         | 1044  | 1019         | 994<br>984  | 959        | 944        | 909        | 884        | 859        | 834        | 809        | 794                  | 759        | 734        |
| 15,201           | 15,500   | 1039         | 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          | 968   | 943          | 918         | 893        | 868        | 843        | 818        | 793        | 768        | 743        | 718                  | 693        | 668        |
| 17,001           | 17,300   | 980          | 955   | 930          | 905         | 880        | 855        | 830        | 805        | 780        | 755        | 730        | 705                  | 680        | 655        |
| 17,301           | 17,600   | 968          | 943   | 918          | 893         | 868        | 843        | 818        | 793        | 768        | 743        | 718        | 693                  | 668        | 643        |
| 17,601<br>17,901 | 17,900<br>18,200   | 954<br>941   | 929<br>916  | 904<br>891   | 879<br>866  | 854<br>841 | 829<br>816 | 804<br>791 | 779<br>766 | 754<br>741 | 729<br>716 | 704<br>691 | 679<br>666           | 654<br>641 | 629<br>616 |
| 17,901           | 18,500   | 941          | 910   | 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<br>767   | 760<br>742  | 735<br>717   | 710<br>692  | 685<br>667 | 660<br>642 | 635<br>617 | 610<br>592 | 585<br>567 | 560<br>542 | 535<br>517 | 510<br>492           | 485<br>467 | 460<br>442 |
| 21,201<br>21,501 | 21,500<br>21,800   | 767<br>749   | 742   | 699          | 692<br>674  | 649        | 624        | 599        | 592        | 549        | 542        | 499        | 492                  | 467        | 442        |
| 21,301           | 22,100   | 731          | 706   | 681          | 656         | 631        | 606        | 581        | 556        | 531        | 506        | 481        | 456                  | 431        | 406        |
| 22,101           | 22,400   | 712          | 687   | 662          | 637         | 612        | 587        | 562        | 537        | 512        | 487        | 462        | 437                  | 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<br>24,201 | 24,200<br>24,500   | 591<br>570   | 566<br>545  | 541<br>520   | 516<br>495  | 491<br>470 | 466<br>445 | 441<br>420 | 416<br>395 | 391<br>370 | 366<br>345 | 341<br>320 | 316<br>295           | 291<br>270 | 266<br>245 |
| 24,201 24,501    | 24,300   | 548          | 523   | 498          | 493         | 470        | 443        | 398        | 373        | 348        | 323        | 298        | 293                  | 270        | 243        |
| 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        | 160        | 135                  | 110        | 85         |
| 26,601           | 26,900   | 385          | 360   | 335          | 310         | 285        | 260        | 235        | 210        | 185        | 160        | 135        | 110                  | 85         | 60         |
| 26,901<br>27,201 | 27,200<br>27,500   | 361<br>335   | 336<br>310  | 311<br>285   | 286<br>260  | 261<br>235 | 236<br>210 | 211<br>185 | 186<br>160 | 161<br>135 | 136<br>110 | 111<br>85  | 86<br>60             | 61<br>35   | 36<br>10   |
| 27,201           | 27,300   | 335<br>310   | 285   | 260          | 235         | 235        | 185        | 160        | 135        | 110        | 85         | 60         | 35                   |            | 10         |
| 27,801           | 28,100   | 284          | 259   | 234          | 209         | 184        | 159        | 134        | 109        | 84         | 59         | 34         | 9                    | 10         |            |
| 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         |            |            |            |            |            |            |                      |            |            |
| 29,901           | 30,000   | 95           | 70  | 45           | 20          |            | 41         |            |            |            |            |            |                      |            |            |

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

| AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE 13 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID |                  |            |            |            |            |            |            |            |            |            |                                       |                    |              |            |            |
|---|------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|---------------------------------------|--------------------|--------------|------------|------------|
|   |                  | 726        | 701        | 676        | 651        | 626        | 601        | 576        | 551        | 526        | 501                                   | 476                | 451          | 426        | 401        |
|   |                  | 720        | 701        | - TO       | 031        | 020        | 001        | TC         |            | 520        | 501                                   | 470                |              | 420        | 401        |
|   |                  | 750        | 725        | 700        | 675        | 650        | 625        | 600        | 575        | 550        | 525                                   | 500                | 475          | 450        | 425        |
|   |                  |            |            |            |            |            |            |            |            |            |                                       |                    |              |            |            |
| FROM  | TO               |            |            |            |            |            |            |            |            |            |                                       |                    | uivalent no  |            |            |
| 1<br>14,301   | 14,300           |            |            |            | ,          |            |            |            |            | · · · · ·  | , , , , , , , , , , , , , , , , , , , | 1                  | ible for a F |            |            |
| 14,501  | 14,600<br>14,900 | 728<br>719 | 703<br>694 | 678<br>669 | 653<br>644 | 628<br>619 | 603<br>594 | 578<br>569 | 553<br>544 | 528<br>519 | 503<br>494                            | 478<br>469         | 453<br>444   | 428<br>419 | 403<br>394 |
| 14,901  | 15,200           | 709        | 684        | 659        | 634        | 609        | 584        | 559        | 534        | 509        | 494                                   | 409                | 444          | 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        | 653        | 628        | 603        | 578        | 553        | 528        | 503        | 478        | 453                                   | 428                | 403          | 378        | 353        |
| 16,101  | 16,400           | 666        | 641        | 616        | 591        | 566        | 541        | 516        | 491        | 466        | 441                                   | 416                | 391          | 366        | 341        |
| 16,401  | 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<br>E04 | 493        | 468        | 443        | 418        | 393                                   | 368                | 343          | 318        | 293        |
| 17,601<br>17,901  | 17,900<br>18,200 | 604<br>591 | 579<br>566 | 554<br>541 | 529<br>516 | 504<br>491 | 479<br>466 | 454<br>441 | 429<br>416 | 404<br>391 | 379<br>366                            | 354<br>341         | 329<br>316   | 304<br>291 | 279<br>266 |
| 18,201  | 18,200           | 591        | 566        | 541        | 502        | 491        | 466        | 441        | 416        | 391        | 366                                   | 341                | 316          | 291        | 255        |
| 18,501  | 18,800           | 563        | 538        | 513        | 488        | 463        | 438        | 413        | 388        | 363        | 338                                   | 313                | 288          | 263        | 232        |
| 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  | 19,700           | 518        | 493        | 468        | 443        | 418        | 393        | 368        | 343        | 318        | 293                                   | 268                | 243          | 218        | 193        |
| 19,701  | 20,000           | 502        | 477        | 452        | 427        | 402        | 377        | 352        | 327        | 302        | 277                                   | 252                | 227          | 202        | 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<br>21,201  | 21,200<br>21,500 | 435        | 410        | 385        | 360        | 335        | 310        | 285        | 260        | 235<br>217 | 210                                   | 185                | 160          | 135        | 110<br>92  |
| 21,201  | 21,300           | 417<br>399 | 392<br>374 | 367<br>349 | 342<br>324 | 317<br>299 | 292<br>274 | 267<br>249 | 242<br>224 | 199        | 192<br>174                            | 167<br>149         | 142<br>124   | 117<br>99  | 92<br>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        | 318        | 293        | 268        | 243        | 218        | 193        | 168        | 143        | 118                                   | 93                 | 68           | 43         | 18         |
| 22,701  | 23,000           | 323        | 298        | 273        | 248        | 223        | 198        | 173        | 148        | 123        | 98                                    | 73                 | 48           | 23         |            |
| 23,001  | 23,300           | 303        | 278        | 253        | 228        | 203        | 178        | 153        | 128        | 103        | 78                                    | 53                 | 28           | 3          |            |
| 23,301  | 23,600           | 283        | 258        | 233        | 208        | 183        | 158        | 133        | 108        | 83         | 58                                    | 33                 | 8            |            |            |
| 23,601  | 23,900           | 263        | 238        | 213        | 188        | 163        | 138        | 113        | 88         | 63         | 38                                    | 13                 |              |            |            |
| 23,901<br>24,201  | 24,200<br>24,500 | 241<br>220 | 216<br>195 | 191<br>170 | 166<br>145 | 141<br>120 | 116<br>95  | 91<br>70   | 66<br>45   | 41<br>20   | 16                                    |                    |              |            |            |
| 24,201  | 24,300           | 198        | 195        | 148        | 143        | 98         | 73         | 48         | 23         | 20         |                                       |                    |              |            |            |
| 24,801  | 25,100           | 176        | 151        | 126        | 101        | 76         | 51         | 26         | 1          |            |                                       |                    |              |            |            |
| 25,101  | 25,400           | 154        | 129        | 104        | 79         | 54         | 29         | 4          |            |            |                                       | $\mathbf{\Lambda}$ |              |            |            |
| 25,401  | 25,700           | 131        | 106        | 81         | 56         | 31         | 6          |            |            |            |                                       |                    |              |            |            |
| 25,701  | 26,000           | 107        | 82         | 57         | 32         | 7          |            |            |            |            |                                       |                    |              |            |            |
| 26,001  | 26,300           | 84         | 59         | 34         | 9          |            |            |            |            |            | E                                     | XAMPL              | .E:          |            |            |
| 26,301  | 26,600           | 60         | 35         | 10         |            |            |            |            |            |            |                                       |                    | 0 is \$2     | 3,980      | and        |
| 26,601  | 26,900           | 35         | 10         |            |            |            |            |            |            |            |                                       |                    | of Form      |            |            |
| 26,901<br>27,201  | 27,200           | 11         |            |            |            |            |            |            |            |            |                                       |                    | nen the      |            |            |
| 27,201  | 27,500<br>27,800 |            |            |            |            |            |            |            |            |            | M                                     | ould be            | \$16.        |            |            |
| 27,301  | 27,800           |            |            |            |            |            |            |            |            |            |                                       |                    |              |            |            |
| 28,101  | 28,400           |            |            |            |            |            |            |            |            |            |                                       |                    |              |            |            |
| 28,401  | 28,700           |            |            |            |            |            |            |            |            |            |                                       |                    |              |            |            |
| 28,701  | 29,000           |            |            |            |            |            |            |            |            |            |                                       |                    |              |            |            |
| 29,001  | 29,300           |            |            |            |            |            |            |            |            |            |                                       |                    |              |            |            |
| 29,301  | 29,600           |            |            |            |            |            |            |            |            |            |                                       |                    |              |            |            |
| 29,601  | 29,900           |            |            |            |            |            |            |            |            |            |                                       |                    |              |            |            |
| 29,901  | 30,000           |            |            |            |            |            |            |            |            |            |                                       |                    |              |            |            |

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

| AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE T3 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID |                  |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
|---|------------------|------------|------------|------------|------------|-------------|------------|------------|------------|------------|------------|------------|-------------|----------|----------|----------|----------|
|   |                  | 376        | 351        | 326        | 301        | 276         | 251        | 226        | <b>FKC</b> | 176        | 151        | 126        | 101         | 76       | 51       | 26       | 1        |
|   |                  | 370        | 351        |            | 301        | 276         | 251        | 220        |            |            | 151        | 120        | 101         | 70       |          | 20       |          |
|   |                  | 400        | 275        | — TO -     | 225        | 200         | 075        | 250        | T(         |            | 175        | 150        | 105         | 100      | - TO     |          |          |
|   |                  | 400        | 375        | 350        | 325        | 300         | 275        | 250        | 225        | 200        | 175        | 150        | 125         | 100      | 75       | 50       | 25       |
| FROM  | TO               |            |            |            |            | int of allo |            |            |            |            |            |            |             |          |          |          |          |
| 1   | 14,300           |            |            | -          |            | If you re   |            |            |            |            |            |            |             | -        | -        |          |          |
| 14,301  | 14,600           | 378        | 353        | 328        | 303        | 278         | 253        | 228        | 203        | 178        | 153        | 128        | 103         | 78       | 53       | 28       | 3        |
| 14,601<br>14,901  | 14,900<br>15,200 | 369<br>359 | 344<br>334 | 319<br>309 | 294<br>284 | 269<br>259  | 244<br>234 | 219<br>209 | 194<br>184 | 169<br>159 | 144<br>134 | 119<br>109 | 94<br>84    | 69<br>59 | 44<br>34 | 19<br>9  |          |
| 15,201  | 15,200           | 349        | 324        | 299        | 274        | 239         | 224        | 199        | 174        | 149        | 124        | 99         | 74          | 49       | 24       | 9        |          |
| 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        | 80         | 55         | 30         | 5           |          |          |          |          |
| 17,301  | 17,600           | 268        | 243        | 218        | 193        | 168         | 143        | 118        | 93         | 68         | 43         | 18         |             |          |          |          |          |
| 17,601  | 17,900           | 254        | 229        | 204        | 179        | 154         | 129        | 104        | 79         | 54         | 29         | 4          |             |          |          |          |          |
| 17,901<br>18,201  | 18,200<br>18,500 | 241<br>227 | 216<br>202 | 191<br>177 | 166<br>152 | 141<br>127  | 116<br>102 | 91<br>77   | 66<br>52   | 41<br>27   | 16<br>2    |            |             | <u> </u> | <u> </u> | <u>I</u> | <u> </u> |
| 18,501  | 18,800           | 213        | 188        | 163        | 132        | 113         | 88         | 63         | 38         | 13         | 2          |            |             |          |          |          |          |
| 18,801  | 19,100           | 198        | 173        | 148        | 123        | 98          | 73         | 48         | 23         | 15         |            |            | <b>TI</b> · |          | 19 - 1   |          |          |
| 19,101  | 19,400           | 183        | 158        | 133        | 108        | 83          | 58         | 33         | 8          |            |            |            |             |          | ndicate  |          |          |
| 19,401  | 19,700           | 168        | 143        | 118        | 93         | 68          | 43         | 18         |            |            |            |            | cre         | dit is a | llowa    | ble.     |          |
| 19,701  | 20,000           | 152        | 127        | 102        | 77         | 52          | 27         | 2          |            |            |            |            |             |          |          |          |          |
| 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<br>21,201  | 21,200<br>21,500 | 85<br>67   | 60<br>42   | 35<br>17   | 10         |             |            |            |            | F          | XAM        | PI F∙      |             |          |          |          |          |
| 21,201  | 21,300           | 49         | 24         | 17         |            |             |            |            |            |            |            | 10 is      | \$193       | 860 an   | d        |          |          |
| 21,801  | 22,100           | 31         | 6          |            |            |             |            |            |            |            |            | B of Fo    |             |          |          |          |          |
| 22,101  | 22,400           | 12         | _          |            |            |             |            |            |            |            |            | then t     |             |          |          |          |          |
| 22,401  | 22,700           |            |            |            |            |             |            |            |            |            | vould      |            |             |          |          |          |          |
| 22,701  | 23,000           |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
| 23,001  | 23,300           |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
| 23,301  | 23,600           |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
| 23,601<br>23,901  | 23,900<br>24,200 |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
| 23,301  | 24,200           |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
| 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<br>26,901  | 26,900<br>27,200 |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
| 27,201  | 27,200           |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
| 27,201  | 27,800           |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
| 27,801  | 28,100           |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
| 28,101  | 28,400           |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
| 28,401  | 28,700           |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
| 28,701  | 29,000           |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
| 29,001  | 29,300           |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
| 29,301  | 29,600           |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
| 00 001  |                  |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |
| 29,601<br>29,901  | 29,900<br>30,000 |            |            |            |            |             |            |            |            |            |            |            |             |          |          |          |          |

#### 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.



# **ADDRESS LABEL**

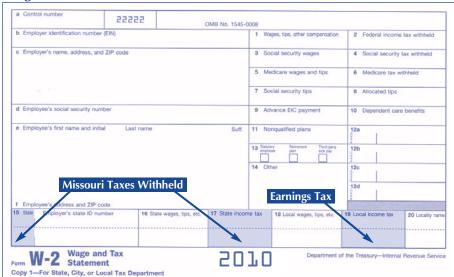
# **Missouri Department of Revenue Tax Assistance Centers**

**Public Office Hours are 8:00 a.m. to 5:00 p.m. Monday through Friday** Individuals with speech or hearing impairments may use TDD (800) 735-2966 or fax (573) 526-1881.

#### **Cape Girardeau**

| <u>Cape Girardeau</u>                                   |                | Other Important Phone Numbers  |                |  |  |  |  |  |
|---|----------------|--|----------------|--|--|--|--|--|
| 3102 Blattner Dr., Suite 102                            | (573) 290-5850 | Forms-by-Fax   | (573) 751-4800 |  |  |  |  |  |
| Jefferson City<br>301 West High St., Room 330           | (573) 751-7191 | General Inquiry Line   | (573) 751-3505 |  |  |  |  |  |
| Joplin<br>1110 East 7th St., Suite 400                  | (417) 629-3070 | Automated IVR Refund/Balance Due / 1099G Inquiry                       | (573) 526-8299 |  |  |  |  |  |
| Kansas City   |                | Electronic Filing Information  | (573) 751-3930 |  |  |  |  |  |
| 615 East 13th St., Room B-2                             | (816) 889-2920 | Download forms or check the status                                     |                |  |  |  |  |  |
| <b>Springfield</b><br>149 Park Central Square, Room 313 | (417) 895-6474 | of your return from our web site:                                      |                |  |  |  |  |  |
| <u>St. Louis</u><br>3256 Laclede Station Rd., Suite 101 | (314) 877-0177 | To obtain a copy of the <i>Taxpayer</i>                                |                |  |  |  |  |  |
| <u>St. Joseph</u><br>525 Jules, Room 314                | (816) 387-2230 | you can access our web site at http://dor.mo.gov/personal/individual/. |                |  |  |  |  |  |

#### **Diagram 1: Form W-2**



#### **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 to 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 name of a tax credit recipient and the amount issued to such recipient (Chapter 135, RSMo). (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.