MISSOURI DEPARTMENT OF REVENUE 2000 FORM MO-1040 INDIVIDUAL INCOME TAX RETURN—LONG FORM						
FOR CALENDAR YEAR JAN. 1–DEC. 31, 2000, OR FISCAL YEAR BEGINNING						
2000, ENDING 20						
AMENDED RETURN —CHECK HERE SOFTWARE VENDOR CODE						
STEP 1 — NAME AND ADDRESS (Assigned by DOR)						
YOUR SOCIAL SECURITY NUMBER YOUR SPOUSE'S SOCIAL SECURITY NUMBER						
YOUR LAST NAME FIRST NAME M. INITIAL JR, SR.						
SPOUSE'S LAST NAME FIRST NAME M. INITIAL JR, SR						
PRESENT ADDRESS (INCLUDE APT. NO. OR RURAL ROUTE)		COUNTY OF	RESIDENCE	SCHO	OL DISTRICT N	NO.
CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE				'		
PLEASE CHECK THE APPROPRIATE AGE 65 OR OLDER BLIND BOXES THAT APPLY TO YOU/YOUR SPOUSE YOURSELF SPOUSE YOURSELF SPOUSE		SABLED RSELF SP		ION-OBL	IGATED SPO	
You may contribute to any one or all of the trust funds below. Place the total amount Enclose copies of page			ral Form 10	040 or 104	0A if you:	
contributed on Lines 46a, 46b, 46c and 46d. Please see the instructions for these lines for a complete description of each trust fund.			 claim a de age 65 or 		leduction for a	dependent
Children's Westerans of Elderly Home Missouri • claim a pension exem	nption:	•	 file Form 	MO-NRI;	L	
Trust Delivered Meals National Guard federal return;			income h	ousina rec	housing credit apture; or	
	Form MO-A			er federal t	ax deductions	
STEP 2 — FIGURE YOUR MISSOURI ADJUSTED GROSS INCOME 1. Federal adjusted gross income (see instructions)	► 1Y	Yourse	00	1S	Your Sp	00
Total additions (from Form MO-A, Part 2, Line 4)			00			00
3. Total income — add Lines 1 and 2			00	3S		00
4. Total subtractions (from Form MO-A, Part 2, Line 9)			00	4S		00
5. Missouri adjusted gross income — Line 3 minus Line 4	► 5Y		00	5S		00
6. Total Missouri adjusted gross income (Add columns 5Y and 5S)		6	5		00	
7. Income percentages — divide columns 5Y and 5S by total on Line 6 (Total of columns 7Y and 7S must equal 100%)	. 7Y		%	7S		%
STEP 3 — FIGURE YOUR TAXABLE INCOME	•					
8. Pension exemption (from Form MO-A, Part 3, Line 11)		▶∟	3		00	
Mark your filing status box and enter exemption amount here.		▶∟	9		00	
☐ A. Single — \$2,100 (See Box B before checking) ☐ E. Married filing separate	(spouse					Enclose
 □ B. Claimed as a dependent on another person's federal tax return — \$0.00 □ F. Head of household — 	\$3.500		,	ou chec B on Li		Form
☐ C. Married filing joint federal & combined Missouri — \$4,200 ☐ G. Qualifying widow(er) w	vith			"0" on l		W-2(s)
☐ D. Married filing separate — \$2,100 dependent child — \$3,						
10. Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS (See instructions.)		, ▶ 1	0		00	
11. Federal income tax liability (from Fed. Form 1040, Line 51 minus Line 41 minus Line 60a; or					Pleas	e read
Federal Form 1040A, Line 33 minus Line 38a; or Federal Form 1040EZ, Line 10					Lines	11-14
minus Line 8a; or Federal Telefile Tax Record, Line K (second box) minus Line L)		00	CAUT	ION!		ully to delay in
(Do not enter amount from your Form W-2(s)—Not Federal Tax Withheld)		00				sing your
13. Total federal tax — add Lines 11 and 12		00			ret	urn.
14. Federal tax deduction. Enter amount from Line 13 not to exceed \$5,000 for individual file	0.1	; 00	`			
(\$10,000 for combined)	er <u></u>	▶ 1	4		00	
15. Number of dependents (DO NOT INCLUDE YOURSELF OR SPOUSE) from Federal Form 1040 Line 6c OR Federal Form 1040A Line 6c						Do not include
from Federal Form 1040, Line 6c OR Federal Form 1040A, Line 6c	X \$1,2	00 = ▶ 1	5		00	yourself
16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE)		. –	6			or your spouse.
17. Self-employed health insurance deduction			7		00	
18. Long-term care insurance deduction			8		00	
19. Total deductions — add Lines 8, 9, 10, 14, 15, 16, 17 and 18			9		00	-
20. Subtotal — subtract Line 19 from Line 6		🚩 2	20	218	00	00
21. Multiply Line 20 by percentages (%) on Line 7				228		00
23. Subtract Line 22 from Line 21. Enter here and on Line 24				238		00

2000 FORM MO-1040 PAGE 2

24 Taxable income amount from Lines 274 and 225 247 0.0 245 0.0	ST	P 4 — FIGURE YOUR TAX				Yourself	If		our Spouse	
28. Resident coetic (enclose From MO-CR and other state's return) OR.	24.	Taxable income amount from Lines 23Y and 23S .			24Y		00	24S		00
27. MO Income percentage (enclose Form MO-NBI and copy of federal return). Check correct box if you or your Spouse is a professional entertains or a member of professional athletic team. ▶	25.	TAX on Line 24 (see tax table, Form MO-A, page 1)		25Y					00
box 4 you or your spusies is a professional entertainer of a member of professional alhelic team.	26.	Resident credit (enclose Form MO-CR and other st	ate's return) OR		26Y		00	26S		00
Selation (Personal Processing Continues of the Continues of the Continues of the Continues (sheek box and emotose federal form indicated); 28Y	27.	MO income percentage (enclose Form MO-NRI ar	nd copy of federal retur	n). Check corre	ect					
28. Balance (Resident — subtract Line & for two Line 25 OR Miscouri income percentage — multiply Line 25 by percentage on Line 27) 29. Other taxes (check box and enclose federal form indicated): ▶ □ Lurny sum distribution (Form 4972) ▶ □ Recepture of low income housing credit (Form 8611). 29Y 00 29S 00 30. SUBTOTAL — Add Lines 28 and 29 31 TOTAL TAX. Combine your taxes and your spouses taxes from Line 30 31 SUBTOTAL — Add Lines 28 and 29 31 TOTAL TAX. Combine your taxes and your spouses taxes from Line 30 31 TOTAL TAX. Combine your taxes and your spouses taxes from Line 30 32 MISSOURI tax withheld is an one-spouse in parties of so copropation shareholders 33 2000 Missouri as stimated tax payments (inclose overgayment from 1998 applied to 2000) 33 30 00 34 Missouri tax withheld for nome-sident partners of So copropation shareholders 35 Missouri tax withheld for nome-sident enterteainers. 36 Mount paid with Missouri extension of time to file (Form MO-60) 37 Missoulitax withheld for nome-sident enterteainers. 38 Coopropation shareholders 39 Property tax credit. Enclose 5 rom MO-FTC, Line 12): Form MO-TC must be enclosed 30 Property tax credit. Enclose 5 rom MO-FTC, Line 12): Form MO-TC must be enclosed 31 Total payments and credits. Add Lines 32 through 39 31 English and the spouse of the s										
22Y		➤ ☐ YOURSELF ☐ SPOUSE			≥ 27Y		_%	27S		%
29. Other taxes (check box and enclose federal form indicated): Lump sum distribution (Form 4972)	28.	Balance (Resident — subtract Line 26 from Line 25	OR Missouri							
Lump sum distribution (Form 4972)		income percentage — multiply Line 25 by percentage	e on Line 27)		<u>≥ 28Y</u>		00	28S		00
Support Recapture of low income housing gredit (Form 8611) 29Y 00 29S 00 03 00 03 00 00 03 00	29.		dicated):							
30. SUBTOTAL — Add Lines 28 and 29 31. TOTAL TAX—Combine your braces and your spouse's taxes from Line 30 STEP 5 — FIGURE YOUR PAYMENTS AND CREDITS 22. MISSOURI tax withheld as shown on your Form W-2(s) and/or form 1099-R(s).										
31. TOTAL TAX — Combine your Laxes and your socuse's taxes from Line 30										
STEP S - FIGURE YOUR PAYMENTS AND CREDITS								30S		00
32. MISSOURI tax withheld as shown on your Form W-2(s) and/or Form 1099-R(s).							1		00	
Sacration Sac	_									
Sacration Sac	32.	MISSOURI tax withheld as shown on your Form W-2(s) and/or Form 1099-R(s)							
34. Missouri tax withheld for nonresident partners or S corporation shareholders 35. Missouri tax withheld for nonresident retertainers 36. QO 36. Amount paid with Missouri extension of time to file (Form MO-60) 36. Missouri tax withheld for nonresident retertainers 37. QO 38. Missouri tax withheld for nonresident retertainers 38. QO 37. Missoellaneous tax credits (from Form MO-TC, Line 12). Form MO-TC must be enclosed 37. QO 38. Property tax credits. (from Form MO-TC, Line 12). Form MO-TC must be enclosed 37. QO 38. Property tax credits. (from Form MO-TC 38. QO 39. Pharmaceutical tax credit (YOURSELF ► + YOUR SPOUSE ► =) . 38. QO 40. Total payments and credits. Add Lines 32 through 39. QO 40. Total payments and credits. Add Lines 32 through 39. QO 41. Total payments and credits. Add Lines 32 through 39. QO 42. Overpayment as shown (or adjusted) on original return 42. Overpayment as shown (or adjusted) on original return 42. Overpayment as shown (or adjusted) on original return 43. Amended Return — total payments and credits — add Line 41 to Line 40 or subtract Line 42 from Line 40 43. Amended Return — total payments and credits — add Line 41 to Line 40 or subtract Line 42 from Line 40 46. Children's Trust Fund 46. Children's Trust Fund 46. Children's Trust Fund 46. Children's Trust Fund 46. Mac C		Form W-2(s) and/or Form 1099-R(s) must be enclo	sed							
35. Missouri tax withheld for nonresident entertainers.	33.	2000 Missouri estimated tax payments (include overp	ayment from 1999 applied	d to 2000)						
36. Amount paid with Missouri extension of time to file (Form MO-60) 37. Miscellaneous tax credit: (Frore From MO-TC, Line 12), Form MO-TC must be enclosed 37. 000 39. Pharmaceutical tax credit: (FVOLRSELF ► + YOUR SPOUSE ► =) 38 000 40. Total payments and credits. Add Lines 32 through 39 STEP 6 — AMENDED RETURN ONLY (Skip this step if you are not filling an amended return.) 41. Amount paid on original return 42. Overpayment as shown (or adjusted) on original return 43. Noncorrect REASON(S) FOR AMENDING. ► □ A. Federal audit.	1	•	•			_	_			
37. Miscellaneous tax credits (from Form MO-TC, Line 12). Form MO-TC must be enclosed 38. Pharmaceutical tax credit. Enclose Form MO-PTC 39. Pharmaceutical tax credit. (YOURSELF) + YOUR SPOUSE -) 39 000 40. Total payments and credits. Add Lines 32 through 39. \$10. 000 **TEP 6 — AMENDED RETURN ONLY (Skip this step if you are not filling an amended return.)* 41. Amount paid on original return 42. Overpayment as shown (or adjusted) on original return 42. Overpayment as shown (or adjusted) on original return 15. Net operating loss carryback 16. Enter date of IRS report 16. Net operating loss carryback 17. Linestment tax credit carryback 18. Enter date of IRS report 19. Correction other than A, B or CEnter date of federal amended return, if filled 43. Amended Return—total payments and credits — add Line 41 to Line 40 or subtract Line 42 from Line 40 45. Amount of Line 44 to be applied to your 200f estimated tax 46. Amount of Line 44 to be contributed to trust funds 46a. Children's Trust Fund. 46b. 000 46c. Elderly Home Delivered Meals Trust Fund 47c. Overpayment to be refunded. Subtract Lines 45, 46a, b, c and of from Line 44 and enter here. Mail return to: DEPT. 97. Overpayment to be refunded. Subtract Lines 45, 46a, b, c, and of from Line 44 and enter here. Mail return to: DEPT. 98. OF CREWNUE, P.O. BOX 500, JEFFERSON CITY, MO 65106-0500. (2D BAR. ONLY—P.O. BOX 3229). REFUND 49. Underpayment of estimated tax penalty (enclose Form MO-2210). Enter penalty amount here 99. DOX 329, JEFFERSON CITY, MO 65107-0329, (2D BARCODE ONLY—P.O. BOX 3370) Please write your social security number(9) and daytime phone number on your check or money order (U.S. tunks only) made payable to: Missouri Director of Revenue. 90. Total amount due. Add Lines 48 and 49 and enter here. Mail return and payment to: DEPARTMENT OF REVENUE, P.O. BOX 329, JEFFERSON CITY, MO 65107-0329, (2D BARCODE ONLY—P.O. BOX 3370) Please write your social security number(9) and daytime phone number on your check or money orde	1									
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C. Investment tax credit carryback		· ·		•						
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43. Amended Return — total payments and credits — add Line 41 to Line 40 or subtract Line 42 from Line 40 43					>					
STEP 7 — FIGURE YOUR REFUND OR AMOUNT DUE		·					_			-
44. If Line 40, or if amended return, Line 43, is larger than Line 31, enter difference (amount of OVERPAYMENT) here 45. Amount of Line 44 to be applied to your 2001 estimated tax 46. Amount of Line 44 to be contributed to trust funds 46a. Children's Trust Fund 46b. Veterans Trust Fund 46c. 000 46b. Veterans Trust Fund 46d. Missouri National Guard Trust Fund 46d. Missouri National Guard Trust Fund 47. Overpayment to be refunded. Subtract Lines 45, 46a, b, c and d from Line 44 and enter here. Mail return to: DEPT. OF REVENUE, P.O. BOX 500, JEFFERSON CITY, MO 65106-0500. (2D BAR. ONLY—P.O. BOX 3222) REFUND 48. If Line 31 is larger than Line 40 or Line 43, enter the difference (amount of UnDERPAYMENT) here 49. Underpayment of estimated tax penalty (enclose Form MO-2210). Enter penalty amount here 50. Total amount due. Add Lines 48 and 49 and enter here. Mail return and payment to: DEPARTMENT OF REVENUE, P.O. BOX 329, JEFFERSON CITY, MO 65107-0329. (2D BARCODE ONLY—P.O. BOX 3370) Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only) made payable to: Missouri Director of Revenue. STEP 8 — PLEASE SIGN RETURN Under penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which heishe has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. PORT PREPARER'S TELEPHONE PREPARER'S SIGNATURE PREPARER'S SIGNATURE				subtract Line 42	2 from Lin	e 40 🖊 🛚 43	3		: 00	
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46d. Missouri National Guard Trust Fund										
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50. Total amount due. Add Lines 48 and 49 and enter here. Mail return and payment to: DEPARTMENT OF REVENUE, P.O. BOX 329, JEFFERSON CITY, MO 65107-0329. (2D BARCODE ONLY—P.O. BOX 3370) Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only) made payable to: Missouri Director of Revenue. STEP 8 — PLEASE SIGN RETURN Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I authorize the Director of Revenue or delegate to discuss my return and enclosures with the preparer or any member of his/her firm. DOR SEUP F ONLY PREPARER'S TELEPHONE FEIN, SSN OR PTIN	1		,		,					-
P.O. BOX 329, JEFFERSON CITY, MO 65107-0329. (2D BARCODE ONLY—P.O. BOX 3370) Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only) made payable to: Missouri Director of Revenue. AMOUNT YOU OWE 50 STEP 8 — PLEASE SIGN RETURN Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I authorize the Director of Revenue or delegate to discuss my return and enclosures with the preparer or any member of his/her firm. PREPARER'S TELEPHONE DOR SEUPF ONLY FEIN, SSN OR PTIN	49.	Underpayment of estimated tax penalty (enclose Fo	orm MO-2210). Enter per	naity amount nei	re		,		100	1
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