



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  
(Assigned by DOR)

**STEP 1 — NAME AND ADDRESS**

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

SCHOOL DISTRICT NO.

CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE

**PLEASE CHECK THE APPROPRIATE**

**AGE 65 OR OLDER**

**BLIND**

**100% DISABLED**

**NON-OBLIGATED SPOUSE**

**BOXES THAT APPLY TO YOU/YOUR SPOUSE**

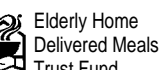
☐ YOURSELF ☐ SPOUSE

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☐ YOURSELF ☐ SPOUSE

You may contribute to any one or all of the trust funds below. Place the total amount contributed on Lines 46a, 46b, 46c and 46d. Please see the instructions for these lines for a complete description of each trust fund.



**Enclose copies of pages 1 and 2 of your Federal Form 1040 or 1040A if you:**

- itemized deductions on your federal return (also enclose a copy of Federal Schedule A);
- claim a pension exemption;
- have loss(es) of \$1,000 or more on your federal return;
- have modifications on Form MO-A, Part 2;
- claim a dependent deduction for a dependent age 65 or older;
- file Form MO-NRI;
- claim a low income housing credit and/or low income housing recapture; or
- claim other federal tax deductions on Line 12

**STEP 2 — FIGURE YOUR MISSOURI ADJUSTED GROSS INCOME**

	Yourself		Your Spouse	
1. Federal adjusted gross income (see instructions) . . . . .	1Y	00	1S	00
2. Total additions (from Form MO-A, Part 2, Line 4) . . . . .	2Y	00	2S	00
3. Total income — add Lines 1 and 2 . . . . .	3Y	00	3S	00
4. Total subtractions (from Form MO-A, Part 2, Line 9) . . . . .	4Y	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	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) . . . . .	8	00		
9. Mark your filing status box and enter exemption amount here. . . . .	9	00		
<input type="checkbox"/> A. Single — \$2,100 ( <b>See Box B before checking</b> )				
<input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00				
<input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200				
<input type="checkbox"/> D. Married filing separate — \$2,100				
<input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200				
<input type="checkbox"/> F. Head of household — \$3,500				
<input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500				
10. Missouri <b>STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS</b> (See instructions.) . . . . .	10	00		
11. Federal income tax liability (from Fed. Form 1040, Line 51 minus Line 41 minus Line 60a; or Federal Form 1040A, Line 33 minus Line 38a; or Federal Form 1040EZ, Line 10 minus Line 8a; or Federal Telefile Tax Record, Line K (second box) minus Line L) ( <b>Do not enter amount from your Form W-2(s)—Not Federal Tax Withheld</b> ) . . . . .	11	00		
12. Other federal tax (see instructions). Enclose pages 1 and 2 of federal return . . . . .	12	00		
13. Total federal tax — add Lines 11 and 12 . . . . .	13	00		
14. <b>Federal tax deduction. Enter amount from Line 13 not to exceed \$5,000 for individual filer (\$10,000 for combined)</b> . . . . .	14	00		
15. Number of dependents ( <b>DO NOT INCLUDE YOURSELF OR SPOUSE</b> ) from Federal Form 1040, Line 6c OR Federal Form 1040A, Line 6c . . . . .	15	00		
16. Number of <b>dependents</b> on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding ( <b>DO NOT INCLUDE YOURSELF OR SPOUSE</b> ) . . . . .	16	00		
17. Self-employed health insurance deduction . . . . .	17	00		
18. Long-term care insurance deduction . . . . .	18	00		
19. Total deductions — add Lines 8, 9, 10, 14, 15, 16, 17 and 18 . . . . .	19	00		
20. Subtotal — subtract Line 19 from Line 6 . . . . .	20	00		
21. Multiply Line 20 by percentages (%) on Line 7 . . . . .	21Y	00	21S	00
22. Enterprise zone income modification (see instructions) . . . . .	22Y	00	22S	00
23. Subtract Line 22 from Line 21. Enter here and on Line 24 . . . . .	23Y	00	23S	00

**CAUTION!**

Please read Lines 11-14 carefully to avoid a delay in processing your return.

**Enclose Form W-2(s)**

**Do not include yourself or your spouse.**

STEP 4 — FIGURE YOUR TAX		Yourself		Your Spouse	
24. Taxable income amount from Lines 23Y and 23S .....	24Y		00	24S	00
25. TAX on Line 24 (see tax table, Form MO-A, page 1) .....	25Y		00	25S	00
26. Resident credit (enclose Form MO-CR and other state's return) OR .....	26Y		00	26S	00
27. MO income percentage (enclose Form MO-NRI and copy of federal return). Check correct box if you or your spouse is a professional entertainer or a member of professional athletic team. <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE .....	27Y		%	27S	%
28. Balance (Resident — subtract Line 26 from Line 25 OR Missouri income percentage — multiply Line 25 by percentage on Line 27) .....	28Y		00	28S	00
29. Other taxes (check box and enclose federal form indicated): <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611) .....	29Y		00	29S	00
30. SUBTOTAL — Add Lines 28 and 29 .....	30Y		00	30S	00
31. TOTAL TAX — Combine your taxes and your spouse's taxes from Line 30 .....	31		00		

STEP 5 — FIGURE YOUR PAYMENTS AND CREDITS			
32. MISSOURI tax withheld as shown on your Form W-2(s) and/or Form 1099-R(s). Form W-2(s) and/or Form 1099-R(s) must be enclosed .....	32		00
33. 2000 Missouri estimated tax payments (include overpayment from 1999 applied to 2000) .....	33		00
34. Missouri tax withheld for nonresident partners or S corporation shareholders .....	34		00
35. Missouri tax withheld for nonresident entertainers .....	35		00
36. Amount paid with Missouri extension of time to file (Form MO-60) .....	36		00
37. Miscellaneous tax credits (from Form MO-TC, Line 12). Form MO-TC must be enclosed .....	37		00
38. Property tax credit. Enclose Form MO-PTC .....	38		00
39. Pharmaceutical tax credit (YOURSELF + YOUR SPOUSE =) .....	39		00
40. Total payments and credits. Add Lines 32 through 39 .....	40		00

STEP 6 — AMENDED RETURN ONLY (Skip this step if you are not filing an amended return.)														
41. Amount paid on original return .....	41		00											
42. Overpayment as shown (or adjusted) on original return .....	42		00											
INDICATE REASON(S) FOR AMENDING.														
<input type="checkbox"/> A. Federal audit ..... Enter date of IRS report <input type="checkbox"/> B. Net operating loss carryback ..... Enter year of loss <input type="checkbox"/> C. Investment tax credit carryback ..... Enter year of credit <input type="checkbox"/> D. Correction other than A, B or C ..... Enter date of federal amended return, if filed	<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M	D	D	Y	Y						
M	M	D	D	Y	Y									
43. Amended Return — total payments and credits — add Line 41 to Line 40 or subtract Line 42 from Line 40 .....	43		00											

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 .....	44		00
45. Amount of Line 44 to be applied to your 2001 estimated tax .....	45		00
46. Amount of Line 44 to be contributed to trust funds			
46a. Children's Trust Fund .....	46a		00
46b. Veterans Trust Fund .....	46b		00
46c. Elderly Home Delivered Meals Trust Fund .....	46c		00
46d. Missouri National Guard Trust Fund .....	46d		00
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 .....	47		00
48. If Line 31 is larger than Line 40 or Line 43, enter the difference (amount of UNDERPAYMENT) here .....	48		00
49. Underpayment of estimated tax penalty (enclose Form MO-2210). Enter penalty amount here .....	49		00
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. AMOUNT YOU OWE .....	50		00

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. <input type="checkbox"/> YES <input type="checkbox"/> NO		PREPARER'S TELEPHONE	
YOUR SIGNATURE		DOR ONLY <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> U <input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/>	
DATE	PREPARER'S SIGNATURE	FEIN, SSN OR PTIN	
SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE	PREPARER'S ADDRESS AND ZIP CODE	DATE