



MISSOURI DEPARTMENT OF REVENUE **2001 FORM MO-1040**
INDIVIDUAL INCOME TAX RETURN—LONG FORM

FOR CALENDAR YEAR JAN. 1—DEC. 31, 2001, OR FISCAL YEAR BEGINNING
2001, ENDING 20

AMENDED RETURN —CHECK HERE

SOFTWARE
VENDOR CODE
(Assigned by DOR)

STEP 1 — NAME AND ADDRESS

SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

NAME (LAST, FIRST)

M.I. JR, SR

☐ DECEASED
IN 2001

SPOUSE'S (LAST, FIRST)

M.I. JR, SR

IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)

COUNTY OF RESIDENCE

SCHOOL DISTRICT NO.

PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)

CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE

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



Children's
Trust Fund



Veterans
Trust Fund



Elderly Home
Delivered Meals
Trust Fund



Missouri
National Guard
Trust Fund

PLEASE CHECK THE APPROPRIATE

AGE 65 OR OLDER

BLIND

100% DISABLED

NON-OBLIGATED SPOUSE

BOXES THAT APPLY TO YOU/YOUR SPOUSE.

☐ YOURSELF ☐ SPOUSE

☐ YOURSELF ☐ SPOUSE


☐ YOURSELF ☐ SPOUSE

☐ YOURSELF ☐ SPOUSE

STEP 2 — FIGURE YOUR MISSOURI ADJUSTED GROSS INCOME

| | Yourself | | Spouse | |
|---|----------|----|--------|----|
| 1. Federal adjusted gross income (See worksheet.) | 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. Subtract Line 4 from Line 3. | 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 appropriate exemption amount here. | 9 | 00 |
| <input type="checkbox"/> A. Single — \$2,100 (See Box B before checking.) | <div></div> | |
| <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 STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS (See Line 10 instructions.) | 10 | 00 |
| 11. Federal income tax liability from: • Federal Form 1040, Line 52 plus Line 47 minus Lines 41 and 61a; or • Federal Form 1040A, Line 34 plus Line 30 minus Line 39a; or • Federal Form 1040EZ, Line 11 minus Line 9a; or • Federal Telefile Tax Record, Line K(2) (second box) minus Line L(2) (second box) (Do not enter amount from your Form W-2(s)—Not Federal Tax Withheld.) | 11 | 00 |
| 12. Other federal tax. Attach copy of your federal return (pages 1 and 2). | 12 | 00 |
| 13. Total federal tax. Add Lines 11 and 12. | 13 | 00 |
| 14. Federal tax deduction. Enter amount from Line 13 not to exceed \$5,000 for individual filer (\$10,000 for combined). | 14 | 00 |
| 15. Number of dependents from Federal Form 1040 OR 1040A, Line 6c (DO NOT INCLUDE YOURSELF OR SPOUSE.) | 15 | 00 |
| 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.) | 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 appropriate percentages (%) on Line 7. | 21Y | 00 |
| 22. Enterprise zone income modification | 22Y | 00 |
| 23. Subtract Line 22 from Line 21. Enter here and on Line 24. | 23Y | 00 |

| STEP 4 — FIGURE YOUR TAX | | Yourself | | 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 (Attach Form MO-CR and other state's return.) OR | 26Y | | 00 | 26S | 00 |
| 27. MO income percentage (Attach Form MO-NRI and copy of federal return.) Check correct box if you or 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 attach 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. Add Lines 30Y and 30S. | 31 | | | | 00 |

| STEP 5 — FIGURE YOUR PAYMENTS AND CREDITS | | | |
|--|----|--|----|
| 32. MISSOURI tax withheld as shown on your Forms W-2(s) and/or 1099(s). Attach Forms W-2(s) and/or 1099(s). | 32 | | 00 |
| 33. 2001 Missouri estimated tax payments (include overpayment from 2000 applied to 2001) | 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) Attach Form MO-TC. | 37 | | 00 |
| 38. Property tax credit (from Form MO-PTS, Line 14) Attach Form MO-PTS. | 38 | | 00 |
| 39. Pharmaceutical tax credit (YOURSELF _____ + 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. | | <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 | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| <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. | | | | | | | | | | | | | | | |
| 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 2002 estimated tax | 45 | | 00 | | | | | | | | | | | | | | | | |
| 46. Amount of Line 44 to be contributed to trust funds | <table border="1"> <tr> <td>46a. Children's Trust Fund</td> <td>46a</td> <td></td> <td>00</td> </tr> <tr> <td>46b. Veterans Trust Fund</td> <td>46b</td> <td></td> <td>00</td> </tr> <tr> <td>46c. Elderly Home Delivered Meals Trust Fund</td> <td>46c</td> <td></td> <td>00</td> </tr> <tr> <td>46d. Missouri National Guard Trust Fund</td> <td>46d</td> <td></td> <td>00</td> </tr> </table> | | | 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 |
| 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 to you. Subtract Lines 45, 46a, 46b, 46c, and 46d from Line 44 and enter here. Mail return to: DEPARTMENT OF REVENUE, P.O. BOX 500, JEFFERSON CITY, MO 65106-0500. (2D BARCODE 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. Attach 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). Make payable to Missouri Director of Revenue. AMOUNT YOU OWE The Department of Revenue may collect checks returned for insufficient or uncollected funds electronically. | 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 attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO | | PREPARER'S TELEPHONE () | DOR ONLY S E U P F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| SIGNATURE | 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 |