



MISSOURI DEPARTMENT OF REVENUE **2004 FORM MO-1040**
INDIVIDUAL INCOME TAX RETURN—LONG FORM

FOR CALENDAR YEAR JAN. 1–DEC. 31, 2004, OR FISCAL YEAR BEGINNING
 2004, ENDING 20

AMENDED RETURN —CHECK HERE ☐ SOFTWARE
 VENDOR CODE **02**
 (Assigned by DOR)

NAME AND ADDRESS

SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER

NAME (LAST) (FIRST) M.I. JR, SR ☐

SPOUSE'S (LAST) (FIRST) M.I. JR, SR ☐

DECEASED
IN 2004

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 ZIP CODE

You may contribute to any one or all of the trust funds on Line 44. See instructions for a description of each trust fund, as well as trust fund codes to enter on Line 44.



Children's



Veterans



Elderly Home



Delivered Meals



Missouri National Guard



Workers' Memorial

PLEASE CHECK THE APPROPRIATE
BOXES THAT APPLY TO YOURSELF
OR YOUR SPOUSE.

AGE 65 OR OLDER

☐ YOURSELF
☐ SPOUSE

BLIND

☐ YOURSELF
☐ SPOUSE

100% DISABLED

☐ YOURSELF
☐ SPOUSE

NON-OBLIGATED SPOUSE

☐ YOURSELF
☐ SPOUSE

INCOME

1. Federal adjusted gross income (See worksheet in instructions.)

2. Total additions (from Form MO-A, Part 1, Line 4)

3. Total income — Add Lines 1 and 2.

4. Total subtractions (from Form MO-A, Part 1, Line 10)

5. Missouri adjusted gross income — Subtract Line 4 from Line 3.

6. Total Missouri adjusted gross income — Add columns 5Y and 5S.

7. Income percentages — Divide columns 5Y and 5S by total on Line 6.

(Total of columns 7Y and 7S must equal 100%.)

Yourself

Spouse

| | | | |
|----|----|----|----|
| 1Y | 00 | 1S | 00 |
| 2Y | 00 | 2S | 00 |
| 3Y | 00 | 3S | 00 |
| 4Y | 00 | 4S | 00 |
| 5Y | 00 | 5S | 00 |
| 6 | 00 | | |
| 7Y | % | 7S | % |

EXEMPTIONS AND DEDUCTIONS

8. Pension exemption (from Form MO-A, Part 3, Line 9)

9. Mark your filing status box below and enter the appropriate exemption amount on Line 9.

- ☐ A. Single — \$2,100 (See Box B before checking.) ☐ E. Married filing separate (spouse NOT filing) — \$4,200
- ☐ B. Claimed as a dependent on another person's federal tax return — \$0.00 ☐ F. Head of household — \$3,500
- ☐ C. Married filing joint federal & combined Missouri — \$4,200 ☐ G. Qualifying widow(er) with dependent child — \$3,500
- ☐ D. Married filing separate — \$2,100

10. Tax from federal return (Do not enter amount from your Form W-2(s)—Do Not Enter Federal Tax Withheld.)

- Federal Form 1040, Line 56 minus Lines 44 and 65a; or
- Federal Form 1040A, Line 36 minus Line 41a and alternative minimum tax on Line 28; or
- Federal Form 1040EZ, Line 10 minus Line 8a; or
- Federal Telefile Tax Record, Line K(2) (second box) minus Line L

| | |
|----|----|
| 10 | 00 |
| 11 | 00 |
| 12 | 00 |

11. Other tax from federal return — Attach copy of your federal return (pages 1 and 2).

12. Total tax from federal return — Add Lines 10 and 11.

13. Federal tax deduction — Enter amount from Line 12 not to exceed \$5,000 for individual filer; \$10,000 for combined filers.

14. Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS (See the instructions.)

15. Number of dependents from Federal Form 1040 OR 1040A, Line 6c (DO NOT INCLUDE YOURSELF OR SPOUSE.)

X \$1,200 =

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.)

X \$1,000 =

17. Long-term care insurance deduction

18. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, and 17.

19. Subtotal — Subtract Line 18 from Line 6.

20. Multiply Line 19 by appropriate percentages (%) on Lines 7Y and 7S.

21. Enterprise zone or rural empowerment zone income modification

22. Subtract Line 21 from Line 20. Enter here and on Line 23.

| | | | |
|-----|----|-----|----|
| 8 | 00 | | |
| 9 | 00 | | |
| 10 | 00 | | |
| 11 | 00 | | |
| 12 | 00 | | |
| 13 | 00 | | |
| 14 | 00 | | |
| 15 | 00 | | |
| 16 | 00 | | |
| 17 | 00 | | |
| 18 | 00 | | |
| 19 | 00 | | |
| 20Y | 00 | 20S | 00 |
| 21Y | 00 | 21S | 00 |
| 22Y | 00 | 22S | 00 |

Do not
include
yourself
or
spouse.

| | | Yourself | | Spouse | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------------------------|----------------|--|-------------------------------|-------------------------|--|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAX | 23. Taxable income amount from Lines 22Y and 22S | 23Y | 00 | 23S | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 24. TAX on Line 23 (See tax table on the back of Form MO-A.) | 24Y | 00 | 24S | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 25. Resident credit (Attach Form MO-CR and other income tax return.) OR | 25Y | 00 | 25S | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 26. MO income percentage (Attach Form MO-NRI & copy of federal return.) Check correct box if you or your spouse is a professional entertainer or a member of professional athletic team. (Enter 100% unless you are attaching Form MO-NRI.) <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE | 26Y | % | 26S | % | | | | | | | | | | | | | | | | | | | | | | | | |
| | 27. Balance (Resident — subtract Line 25 from Line 24 OR Missouri income percentage — multiply Line 24 by percentage on Line 26.) | 27Y | 00 | 27S | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 28. 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) | 28Y | 00 | 28S | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 29. SUBTOTAL — Add Lines 27 and 28. | 29Y | 00 | 29S | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 30. TOTAL TAX — Add Lines 29Y and 29S. | 30 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| | PAYMENTS / CREDITS | 31. MISSOURI tax withheld — Attach Form W-2(s) and/or Form 1099(s). | 31 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| | | 32. 2004 Missouri estimated tax payments (include overpayment from 2003 applied to 2004) | 32 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| 33. Missouri tax withheld for nonresident partners or S corporation shareholders. Attach Form MO-2NR. | | 33 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Missouri tax withheld for nonresident entertainers — Attach Form MO-2ENT. | | 34 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| 35. Amount paid with Missouri extension of time to file (Form MO-60) | | 35 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| 36. Miscellaneous tax credits (from Form MO-TC, Line 13) Attach Form MO-TC. | | 36 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| 37. Property tax credit — Attach Form MO-PTS. | | 37 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| 38. Total payments and credits — Add Lines 31 through 37. | | 38 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| AMENDED RETURN | Skip Lines 39–41 if you are not filing an amended return. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39. Amount paid on original return | 39 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40. Overpayment as shown (or adjusted) on original return | 40 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| REFUND OR AMOUNT DUE | INDICATE REASON(S) FOR AMENDING. <table border="1" style="float: right; margin-top: 10px;"> <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> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <div style="clear: both;"></div> <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. | | | | | M | M | D | D | Y | Y | | | | | | | | | | | | | | | | | | |
| | M | M | D | D | Y | Y | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 41. Amended Return — total payments and credits. Add Line 39 to Line 38 or subtract Line 40 from Line 38. | 41 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 42. If Line 38, or if amended return, Line 41, is larger than Line 30, enter difference (amount of OVERPAYMENT) here. | 42 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 43. Amount of Line 42 to be applied to your 2005 estimated tax | 43 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 44. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes. | 44 | Children's 00 | Veterans 00 | Elderly Home Delivered Meals 00 | Missouri National Guard 00 | Workers' Memorial 00 | Trust Fund Code (See Instructions) 00 | Trust Fund Code (See Instructions) 00 | | | | | | | | | | | | | | | | | | | | |
| | 45. Overpayment to be refunded to you. Subtract Lines 43 and 44 from Line 42 and enter here. Sign below and mail return to: DEPARTMENT OF REVENUE, PO BOX 500, JEFFERSON CITY, MO 65106-0500. (*2-D BARCODE ONLY—DOR, PO BOX 3222, JEFFERSON CITY, MO 65105-3222) REFUND | 45 | | | | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| 46. If Line 30 is larger than Line 38 or Line 41, enter the difference (amount of UNDERPAYMENT) here. | 46 | | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| 47. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here. | 47 | | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| 48. Total amount due — Add Lines 46 and 47 and enter here. Sign below and mail return and payment to: DEPARTMENT OF REVENUE, PO BOX 329, JEFFERSON CITY, MO 65107-0329. (*2-D BARCODE ONLY—DOR, PO BOX 3370, JEFFERSON CITY, MO 65105-3370). 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 | 48 | | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds. *If a 2-D barcode (black and white shaded box) appears in the upper right corner of page 1, send form to the 2-D barcode address.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | 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 | | PAID PREPARER'S TELEPHONE | | 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"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| | SIGNATURE | | DATE | | PAID PREPARER'S SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | |
| | SPOUSE'S SIGNATURE (If filing combined, BOTH must sign) | | DAYTIME TELEPHONE | | PAID PREPARER'S ADDRESS AND ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | FEIN, SSN, OR PTIN | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | DATE | | | | | | | | | | | | | | | | | | | | | | | | |