## G

## MISSOURI DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX RETURN—LONG FORM

## 2012 FORM MO-1040

FC	RCA	ALENDAR YEAR JAN. 1–DEC. 31, 2012, OR FISCAL YEA	R BEGINNI	NG		20	, EN	DING			20		
A	ME	NDED RETURN — CHECK HERE								V	SOFTWARE ENDOR CODE ssigned by DOR) 002		
ESS	SOC	IAL SECURITY NUMBER 	_	SPOUSE'S SOCIAL SECURITY NUMBER						_			
DDRES				FIRST NAME			M. INITIAL		SU	IFFIX (JR, SR, etc.	) DECEASED 2012		
AND AD	SPO	USE'S LAST NAME	FIRST N	FIRST NAME			M. INITIAL			SUFFIX (JR, SR, etc.) DECEASE			
<b>AE AN</b>	IN C	N CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)					COUNTY O	UNTY OF RESIDENCE					
NAN	PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)						FFICE, STAT	e, and zif	CODE				
tru for	st fun a des	y contribute to any one or all of the hds on Line 45. See pages 9–10 scription of each trust fund, as well fund codes to enter on Line 45.	veleu   - u	issouri ational uard st Fund	/orkers' lemorial und	Childhood Lead Testing Fund	Missour Military Family Relia Fund	General	eneral Revenue Fund	After School Retreat Fund	Organ Donor Program Fund		
		LEASE CHECK THE APPROPRIATE BOXES T		LY TO YOUR									
AGE 62 THROUGH 64     AGE 65 OR OLDER     BLIND     100% DISABLED       YOURSELF     YOURSELF     YOURSELF     YOURSELF							<u>=D</u>		LIGATED SPO	DUSE			
	] SPO		SPOL			SPOUSE		_	POUSE				
						ľ ľ	Yourself			Spouse			
		Federal adjusted gross income from your 2012 federal r						00			00		
ш		Total additions (from Form MO-A, Part 1, Line 6)						00	2S 3S		00 00		
COM		Total income — Add Lines 1 and 2 Total subtractions (from Form MO-A, Part 1, Line 14)						00	35 4S		00		
У Z		Missouri adjusted gross income — Subtract Line 4 from						00	5S		00		
		Total Missouri adjusted gross income — Add columns 5Y					6			00			
	7.	Income percentages - Divide columns 5Y and 5S by total	al on Line 6.	(Must equal 10	)0%.)	7Y		%	7S		%		
	8.	Pension and Social Security/Social Security Disability/Mili	tary exempt	ion (from Form I	MO-A, P	art 3, Section I	E.) 8			00			
	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.)											
		□       B. Claimed as a dependent on another person's federal tax return — \$0.00       NOT filing) — \$4,200         □       F. Head of household — \$3,500											
		C. Married filing joint federal & combined Missouri —	\$4,200	G. Qualify	ing wido	w(er) with	9			00			
	10	D. Married filing separate — \$2,100	thhold )	depend	lent chilo	d — \$3,500							
<ol> <li>Tax from federal return (Do not enter federal income tax withheld.)</li> <li>Federal Form 1040, Line 55 minus Lines 45, 64a, 66, 67, and amounts from Forms 8801, 8839 and 8885 on Line 71</li> </ol>							71						
	Federal Form 1040A, Line 35 minus Lines 38a and 40 and any alternative minimum tax included on Line 28												
SNO		Federal Form 1040EZ, Line 10 minus Line 8a					00						
TI0		Other tax from federal return — Attach copy of your federal			<u> </u>		00						
EDUCTIO	12.	Total tax from federal return — Add Lines 10 and 11			12		00	1			-		
H	13.	Federal tax deduction — Enter amount from Line 12 not \$10,000 for combined filers					13			00			
Q	14.	Missouri standard deduction or itemized deductions. Si								00	-		
S A		Household- \$8,700; Married Filing a Combined Return of	r Qualifying \	Nidow(er) — \$1									
NO		older, blind, or claimed as a dependent, see your federal If you are itemizing, see Form MO-A, Part 2					14			00			
РТ	15.	Number of dependents from Federal Form 1040 or 1040									A Do not		
<b>EXEMPTIONS AND DI</b>		(DO NOT INCLUDE YOURSELF OR SPOUSE.)				X \$1,200 =	= 15			00	<sup>/∼</sup> include yourself		
Ξ		Number of dependents on Line 15 who are 65 years of a receive Medicaid or state funding (DO NOT INCLUDE Y	OURSELF	OR SPOUSE.)		X \$1,000 =				00	Spouse.		
		Long-term care insurance deduction								00	-		
		A. Health care sharing ministry deduction \$		-						00	-		
		Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, a								00	-		
		Subtotal — Subtract Line 19 from Line 6 Multiply Line 20 by appropriate percentages (%) on Line					20		21S	00	00		
		Enterprise zone or rural empowerment zone income mo							21S 22S		00		
	23.	Subtract Line 22 from Line 21. Enter here and on Line 2	24			23Y			23S		00		

						Yourself				Spouse			
	24.	Taxable income amount from Lines 23Y and 23S			24Y			00 2	4S			00	
	25.					25Y			00 255				
		. Resident credit — Attach Form MO-CR and other states' income tax return(s).							6S			00	
		Missouri income percentage — Enter 100% unless you are completing Form MO-NRI.										1	
		Attach Form MO-NRI and a copy of your federal return if less than 100%						% 2	7S			%	
Ă	28.	8. Balance — Subtract Line 26 from Line 25; OR											
		Multiply Line 25 by percentage on Line 27						00 2	8S			00	
	29.	Other taxes (Check box and attach federal form i											
		Lump sum distribution (Form 4972)											
		Recapture of low income housing credit (	(Form 8611)		. 29Y			00 2	9S			00	
	30.	Subtotal — Add Lines 28 and 29.			30Y			00 з	0S			00	
	31.	Total Tax — Add Lines 30Y and 30S					31				00		
ပ	32.	32. MISSOURI tax withheld — Attach Forms W-2 and 1099									00		
Ξ	33.	3. 2012 Missouri estimated tax payments (include overpayment from 2011 applied to 2012)									00		
<b>CREDI</b>		<ol> <li>Missouri tax payments for nonresident partners or S corporation shareholders — Attach Forms MO-2NR and MO-NRP.</li> </ol>					33 34				00		
		5. Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT.					35				00		
ITS /		. Amount paid with Missouri extension of time to file (Form MO-60)					36				00		
IENT		<ol> <li>Miscellaneous tax credits (from Form MO-TC, Line 13) — Attach Form MO-TC.</li> </ol>									00		
X		<ol> <li>Property tax credit — Attach Form MO-PTS.</li> </ol>					38				00		
РАҮ		Total payments and credits - Add Lines 32 throu					39				00		
		p Lines 40–42 if you are not filing an ame											
R		Amount paid on original return					40				00		
UR		Overpayment as shown (or adjusted) on original					41				00		
圓		INDICATE REASON FOR AMENDING.				D, D <sub>1</sub> Y, Y				·			
ED R		A. Federal audit	Enter da	ate of IRS report.		<u> </u>							
Ш		B. Net operating loss carryback											
IEND	C. Investment tax credit carryback Enter year of credit.												
AN		D. Correction other than A, B, or C En											
	42.	Amended Return — total payments and credits.			· · · · · · · · · · · · · · · · · · ·	39	42				00		
H		If Line 39, or if amended return, Line 42, is larger t											
		(amount of OVERPAYMENT) here.					43				00		
	44	4. Amount of Line 43 to be applied to your 2013 estimated tax					44				00		
			Si &		VI.		0%		DONATE				
Ð		donation in the trust fund	Missouri Work		Missouri	General	-		LIFE	Additional Fund Code	Addit Fund	Code	
ΕFU		boxes to the right. See Children's Trust Fund Trust Fund Deli	lerly Home National Guard Work vered Meals Trust Fund Memory		Military Family Relief	General At Revenue	fter Sch Retrea		missousi rgan Donor	(See Instr.)	(See	Instr.)	
문		instructions for trust fund	rust Fund Fur	d Fund	Fund	Fund	Fund	Pro	gram Fund			:	
		codes	00 00	00 00	00			00	00	00		00	
		REFUND - Subtract Lines 44 and 45 from Line 43		low and mail retu	Irn to: Dep	artment of							
		Revenue, PO Box 500, Jefferson City, MO 65106-0500.											
		Check the box if you want your refund issued on a	a debit card. See instruct	ions for Line 46.		Debit Card	46				00		
	47.	If Line 31 is larger than Line 39 or Line 42, enter	the difference (amount of	UNDERPAYMEN	NT) here a	nd go to							
		instructions for Line 48.					47				00		
UE	48.	48. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here					48				00		
E	49. <b>AMOUNT DUE -</b> Add Lines 47 and 48 and enter here. Sign below and mail return and payment to:												
S	Department of Revenue, PO Box 329, Jefferson City, MO 65107-0329. See instructions for Line 49.						49				00		
AMOUNT DU		If you pay by check, you authorize the Department of Revenue to process the chec						tronic	ally	·			
4	Any returned check may be presented again electronically.												
	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.												
	indiv	Declaration of preparer (other than taxpayer) is based on all information of which he or 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 also 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, and the transfer the structure to the struct											
提		credit or abatement if I employ such aliens.											
5		authorize the Director of Revenue or delegate to discuss my return and attachments E-MAIL ADDRESS with the preparer or any member of the preparer's firm.						PREPARER'S TELEPHONE					
GNAT	SIGNATURE DATE (MMDDYYYY)			PREPARER'S SIGNATURE							, OR PTIN		
SIGI									, 00	,			
	SPOL	USE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE	PREPARER'S ADDRES	SS AND ZIP CO	DE				DATE (MN	1DDYYY)	)	
										Ì	/		
			() -										