



FOR CALENDAR YEAR JAN. 1–DEC. 31, 2014, OR FISCAL YEAR BEGINNING 20\_\_ , ENDING 20\_\_

AMENDED RETURN — CHECK HERE

SOFTWARE VENDOR CODE (Assigned by DOR) 000

Name and Address section including Social Security Number, Spouse's Social Security Number, Last Name, First Name, M. Initial, Suffix, In Care of Name, County of Residence, and Present Address.

Trust fund contribution options: Children's Trust Fund, Veterans Trust Fund, Meals Trust Fund, Elderly Home Delivered, Missouri National Guard Trust Fund, Workers Memorial Fund, Childhood Lead Testing Fund, Missouri Military Family Relief Fund, General Revenue Fund, Organ Donor Program Fund.

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2014.

Checkboxes for AGE 62 THROUGH 64, AGE 65 OR OLDER, BLIND, 100% DISABLED, and NON-OBLIGATED SPOUSE.

Income section table with columns for Yourself and Spouse, rows 1-7 for Federal adjusted gross income, total additions, total income, total subtractions, Missouri adjusted gross income, total Missouri adjusted gross income, and income percentages.

Exemptions and Deductions section table with rows 8-23 for Pension and Social Security/Military exemption, filing status, tax from federal return, federal tax deduction, Missouri standard deduction, number of dependents, health care sharing ministry deduction, and enterprise zone/rural empowerment zone income modification.

Do not include yourself or spouse.

TAX	Yourself		Spouse	
24. Taxable income amount from Lines 23Y and 23S .....	24Y	00	24S	00
25. Tax (See tax chart on page 25 of the instructions.) .....	25Y	00	25S	00
26. Resident credit — Attach Form MO-CR and other states' income tax return(s) .....	26Y	00	26S	00
27. Missouri income percentage — Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100% .....	27Y	%	27S	%
28. Balance — Subtract Line 26 from Line 25; OR 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

PAYMENTS / CREDITS	32. MISSOURI tax withheld — Attach Forms W-2 and 1099 .....	32	00
	33. 2014 Missouri estimated tax payments (include overpayment from 2013 applied to 2014) .....	33	00
	34. Missouri tax payments for nonresident partners or S corporation shareholders — Attach Forms MO-2NR and MO-NRP ..	34	00
	35. Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT .....	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 13) — Attach Form MO-TC .....	37	00
	38. Property tax credit — Attach Form MO-PTS .....	38	00
	39. Total payments and credits — Add Lines 32 through 38. ....	39	00

**Skip Lines 40–42 if you are not filing an amended return.**

AMENDED RETURN	40. Amount paid on original return .....	40	00
	41. Overpayment as shown (or adjusted) on original return .....	41	00
	<b>INDICATE REASON FOR AMENDING.</b>		
	<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.		
42. Amended Return — total payments and credits. Add Line 40 to Line 39 or subtract Line 41 from Line 39 .....	42	00	

REFUND	43. If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference (amount of OVERPAYMENT) here. ....	43	00
	44. Amount of Line 43 to be applied to your 2015 estimated tax .....	44	00
	45. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes .....	45	00
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">  Children's Trust Fund :00 </div> <div style="width: 20%;">  Veterans Trust Fund :00 </div> <div style="width: 20%;">  Elderly Home Delivered Meals Trust Fund :00 </div> <div style="width: 20%;">  Missouri National Guard Trust Fund :00 </div> <div style="width: 20%;">  Workers' Memorial Fund :00 </div> <div style="width: 20%;">  Childhood Lead Testing Fund :00 </div> <div style="width: 20%;">  Missouri Military Family Relief Fund :00 </div> <div style="width: 20%;">  General Revenue Fund :00 </div> <div style="width: 20%;">  Organ Donor Program Fund :00 </div> <div style="width: 20%;">           Additional Fund Code (See Instr.) :00 </div> <div style="width: 20%;">           Additional Fund Code (See Instr.) :00 </div> </div>			
46. REFUND - Subtract Lines 44 and 45 from Line 43 and enter here. Sign below and mail return to: Department of Revenue, PO Box 500, Jefferson City, MO 65106-0500 .....	46	00	

AMOUNT DUE	47. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here and go to instructions for Line 48. ....	47	00
	48. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here. ....	48	00
	49. AMOUNT DUE - Add Lines 47 and 48 and enter here. Sign below and mail return and payment to: Department of Revenue, PO Box 329, Jefferson City, MO 65107-0329. See instructions for Line 49. ....	49	00

If you pay by check, you authorize the Department of Revenue to process the check electronically.  
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. 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, credit or abatement if I employ such aliens.

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		E-MAIL ADDRESS	PREPARER'S TELEPHONE ( ) - - - -
SIGNATURE	DATE (MMDDYYYY) _ / _ / _ _	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 (MMDDYYYY) _ / _ / _ _