

2015 FORM MO-A Attachment Sequence No. 1040-01

ATTACH TO FORM MO-1040. ATTACH A COPY OF YOUR FEDERAL RETURN. See information beginning on page 11 to assist you in completing this form.

| | 1220 22 12 | | т | | | |
|---|---|--|---|--------------------------------|---|--|
| AST N | AME FIRST NAME | | INITIAL | SOCIAL S | ECURITY NO. | |
| | | | | | | |
| POUSE'S LAST NAME FIRST NAME INITIAL | | | | SPOUSE'S SOCIAL SECURITY NO. | | |
| | | | | 1 1 | 1 1 1 1 1 1 | |
| AR | T 1 — MISSOURI MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (S | EE PAGE | 11). Y - YOURSELF | | S - SPOUSE | |
| | DITIONS | 134 | | 10 | | |
| | nterest on state and local obligations other than Missouri source | | 00 | 18 | 00 | |
| | ☐ Partnership; ☐ Fiduciary; ☐ S corporation; ☐ Net Operating Loss (Carryback/Carryforward); | 0\/ | 00 | 28 | 00 | |
| 3 N | Other (description)longual from a qualified 529 plan (higher education savings program) | | | | | |
| n | ot used for qualified higher education expenses | 3Y | 00 | _ | 00 | |
| | ood Pantry contributions included on Federal Schedule A | | 00 | | 00 | |
| j. N | lonresident Property Tax | <u>5</u> Y | 00 | 5S | 00 | |
|). I\ F | Ionqualified distribution received from a qualified Achieving a Better Life Experience Program (ABLE) not used for qualified expenses | 6Y | 00 | 68 | 00 | |
| 7. T | OTAL ADDITIONS — Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2 | | 00 | 7S | 00 | |
| | TRACTIONS | | | 1 | | |
| | terest from exempt federal obligations included in federal adjusted gross income (reduced by | 0) (| | | | |
| | lated expenses if expenses were over \$500). Attach a detailed list or all Federal Forms 1099 | | 00 | | 00 | |
| | ny state income tax refund included in federal adjusted gross income | 9Y | 00 | 98 | 00 | |
| | Partnership; ☐ Fiduciary; ☐ S corporation; ☐ Railroad retirement benefits; | | | | | |
| | Net Operating Loss; Military (nonresident); Build America and Recovery Zone Bond Interes | | | | | |
| | Combat pay included in federal adjusted gross income; MO Public-Private Transportation A | | 00 | 100 | 00 | |
| | Other (description) Attach supporting documentation | | | 10S | 00 | |
| | cempt contributions made to a qualified 529 plan (higher education savings program)ualified Health Insurance Premiums. Attach supporting documentation | | | 128 | 00 | |
| | issouri depreciation adjustment (Section 143.121, RSMo) | | | 1.20 | 00 | |
| | Sold or disposed property previously taken as addition modification | 13Y | 00 | 138 | 00 | |
| | | | | | | |
| | ome Energy Audit Expenses | | 00 | | 00 | |
| i. E | cempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) | 15Y | 00 | 15S | 00 | |
| i. T | OTAL SUBTRACTIONS — Add Lines 8 through 15. Enter here and on Form MO-1040, Line 4 | 16Y | 00 | | 00 | |
| PAF | RT 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete this section only Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Sc | if you it | temize deductions | on yo | ur federal return. | |
| , . | | | 1 | 00 | | |
| | , , , , , , , , , , , , , , , , , , , | ederal itemized deductions from Federal Form 1040, Line 40 | | | | |
| | 2015 Social security tax — (Yourself) | | 2 | 00 | | |
| | 2015 Social security tax — (Spouse) | | 3 | 00 | | |
| | 2015 Railroad retirement tax — Tier I and Tier II (Yourself) | | 4 | 00 | | |
| | 2015 Railroad retirement tax — Tier I and Tier II (Spouse) | | | 5 | 00 | |
| | 2015 Medicare tax — Yourself and Spouse. See instructions on Page 35 | | | 6 | 00 | |
| | 2015 Self-employment tax - See instructions on Page 35 | | | 7 | 00 | |
| | TOTAL — Add Lines 1 through 7 | | : - | 8 | 00 | |
| | State and local income taxes — from Federal Schedule A, Line 5 or see the worksheet below. | 9 | 00 | | | |
| | ů – | 10 | 00 | | | |
| | Net state income taxes — Subtract Line 10 from Line 9 or enter Line 8 from worksheet below. | | | 1 | 00 | |
| 2. I | MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 11 from Line 8. Enter here and on Fol | | _ | 2 | 00 | |
| | NOTE: IF LINE 12 IS LESS THAN YOUR FEDERAL STANDARD DEDU | | | | | |
| ======================================= | Complete this worksheet only if your federal adjusted gross income from federal Form 1040, Line 37 is \$284,050 if head of household, \$258,250 if single or claimed as a dependent, or \$154,950 if married equal to these amounts, do not complete this worksheet. Attach a copy of your Federal Itemized Dedu | more than d filing sepa action Works | \$309,900 if married filing or arate. If your federal adjus sheet (Page A-9 of Federa | combine ted gros I Sched | d or qualifying widow(er), ss income is less than or ule A instructions). | |
| State Income Taxes, Line 11 | Enter amount from Federal Itemized Deduction Worksheet, Line 3 | | | | | |
| S, | (See page A-9 of Federal Schedule A instructions.) If \$0 or less, enter "0" | | 1 | 00 | | |
| ахе | 2. Enter amount from Federal Itemized Deduction Worksheet, Line 9 (See Federal Schedu | | 2 | 00 | | |
| ⊢ و | 3. State and local income taxes from Federal Form 1040, Schedule A, Line 5 | | 3 | 00 | | |
| Ĕ O | 4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5 | | 4 | 00 | | |
| ပို | 5. Subtract Line 4 from Line 3. | | 5 | 00 | | |
| ate | 6. Divide Line 5 by Line 1 | | 6 | % | | |
| Šť | 7. Multiply Line 2 by Line 6 | | 7 R | 00 | | |

PART 3 - PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION

| | PU | IBLIC PENSION CALCULATION — Pensions received from any federal, state, or local governr | nen | t. | | | |
|-----------|-----|---|------|---------------------|-------|---------------|-------------|
| | 1. | Missouri adjusted gross income from MO-1040, Line 6 | 1 | | | | 00 |
| | 2. | Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b | 2 | | | | 00 |
| | 3. | Subtract Line 2 from Line 1 | 3 | | | | 00 |
| ۷ | 4. | Select the appropriate filing status and enter amount on Line 4. Married filing combined - \$100,000; Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000 | 4 | | | | 00 |
| Z | 5. | Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0 | 5 | | | | 00 |
| 읟 | | | | Y - YOURSELF | | S - SPOUSE | |
| SECTION | 6. | Taxable pension for each spouse from public sources from Federal Form 1040A, Line 12b or 1040, Line 16b | 6Y | 00 | 6S | | 00 |
| SE | 7. | Amount from Line 6 or \$36,976 (maximum social security benefit), whichever is less. | 7Y | 00 | 7S | | 00 |
| | 8. | If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than \$0 | 8Y | 00 | 8S | | 00 |
| | 9. | Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0 | 9Y | 00 | 98 | | 00 |
| | 10. | Add amounts on Lines 9Y and 9S | 10 | | | | 00 |
| | 11. | Total public pension , subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0 | 11 | | | | 00 |
| | _ | RIVATE PENSION CALCULATION — Annuities, pensions, IRAs, and 401(k) plans funded by a | priv | ate source. | | | |
| | 1. | Missouri adjusted gross income from MO-1040, Line 6 | 1 | | | | 00 |
| | 2. | Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b | 2 | | | | 00 |
| m | 3. | Subtract Line 2 from Line 1. | 3 | | | | 00 |
| | 4. | Select the appropriate filing status and enter the amount on Line 4: Married filing combined: \$32,000; Single, Head of Household and Qualifying Widow(er): \$25,000; Married Filing Separate: \$16,000 | 4 | | | | 00 |
| Ě | 5. | Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0 | 5 | | | | 00 |
| SECTION | 6. | Taxable pension for each spouse from private sources from Federal Form 1040A, Lines 11b and 12b, or Federal Form 1040, Lines 15b and 16b. | 6Y | Y - YOURSELF | 6S | S - SPOUSE | 00 |
| | 7. | Amounts from Line 6Y and 6S or \$6,000, whichever is less | 7Y | | 7S | | 00 |
| | 8. | Add Lines 7Y and 7S | 8 | | | | 00 |
| | _ | Total private pension , subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0 | 9 | | | | 00 |
| | | CIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social se by December 31 and have marked the 62 and older box on page 1 of Form MO-1040. Age limit does not ap | | | | | |
| | Ė | Missouri adjusted gross income from Form MO-1040, Line 6 | 1 | o social security (| iisai | omity deddeth | 00 |
| ပ | 2. | Select the appropriate filing status and enter the amount on Line 2. Married filing combined - \$100,000 Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000 | 2 | | | | 00 |
| Z | 2 | | 3 | | | | 00 |
| | ა. | Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0 | 3 | Y - YOURSELF | | S - SPOUSE | |
| D SECTION | 4. | Taxable social security benefits for each spouse from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b | 4Y | 00 | 4S | | 00 |
| | 5. | Taxable social security disability benefits for each spouse from Federal Form 1040A, Line 14b or 1040, Line 20b | 5Y | 00 | 5S | | 00 |
| | 6. | Amount from Line(s) 4Y or 5Y, and 4S or 5S | 6Y | 00 | 6S | | 00 |
| | 7. | Add Lines 6Y and 6S | 7 | | | | 00 |
| | 8. | Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0 | 8 | | | | 00 |
| | МІ | LITARY PENSION CALCULATION | | | | | |
| | 1. | Military retirement benefits included on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b | 1 | | | | 00 |
| _ | 2. | Taxable public pension from Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b. | 2 | | | | 00 |
| 9 | 3. | Divide Line 1 by Line 2 (Round to whole number) | 3 | | | | % |
| SECTION | 4. | Multiply Line 3 by Line 11 of Section A. If you are not claiming a public pension exemption, enter \$0 | 4 | | | | 00 |
| | | Subtract Line 4 from Line 1 | 5 | | | | 00 |
| | | Total military pension, multiply Line 5 by 90%. | 6 | | | | 00 |
| N | _ | TAL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION | NC | | | | |
| SECTION | | Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D). | | TOTAL | | | |
| SE | | Enter total amount here and on Form MO-1040, Line 8. | | | | | 00 |