

2010 2-D Barcode Specifications for Form MO-1040

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		*** Header Information ***				(see notes below)
1	Header	Version Number				(T1 is current standard version)
2	Header	Developer Code				
3	Header	Jurisdiction (MO)				MO
4	Header	Description (MO1040) and current tax year				MO1040/2010
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
		**** MO 1040 ****				
7	Top	Fiscal Year Beginning (Month)	PIC 9(2)	2		01 to 12 (Must be two digits)
8	Top	Fiscal Year Ending (Month)	PIC 9(2)	2		01 to 12 (Must be two digits)
9	Top	Year	PIC 9(4)	4		Tax Year
10	Top	AMENDED RETURN — CHECK HERE	PIC X(1)	1		X YES
11	Top	Vendor Code	PIC 9(3)	3		Software Vendor Code
12	NAME	Your Social Security Number	PIC 9(9)	9		
13	NAME	Spouse's Social Security Number	PIC 9(9)	9		
14	NAME	Your Last Name	PIC X(20)	20		
15	NAME	Your First Name	PIC X(14)	14		
16	NAME	Your Middle Initial	PIC X(1)	1		
17	NAME	Yourself Title (JR,SR,etc)	PIC X(3)	3		Title (JR,SR,etc) (No period after suffix)
18	NAME	Yourself Deceased in 2010	PIC X(1)	1		X YES
19	NAME	Spouse's Last Name	PIC X(20)	20		
20	NAME	Spouse's First Name	PIC X(14)	14		
21	NAME	Spouse's Middle Initial	PIC X(1)	1		
22	NAME	Spouse's Title (JR, SR, etc)	PIC X(3)	3		Spouse's Title (No period after suffix)
23	NAME	Spouse Deceased in 2010	PIC X(1)	1		X YES
24	NAME	In Care of Name	PIC X(30)	30		
25	NAME	County of Residence	PIC X(4)	4		Use 4 character county code
26	NAME	Present Address (include Apt. or Rural Route)	PIC X(35)	35		
27	NAME	City, Town or Post Office	PIC X(23)	23		
28	NAME	State	PIC X(2)	2		
29	NAME	Zip Code	PIC X(9)	9		99999 or 999999999
30	CHKBOX	Age 62 Through 64 Yourself	PIC X(1)	1		X YES
31	CHKBOX	Age 62 Through 64 Spouse	PIC X(1)	1		X YES
32	CHKBOX	Age 65 or Older Yourself	PIC X(1)	1		X YES
33	CHKBOX	Age 65 or Older Spouse	PIC X(1)	1		X YES
34	CHKBOX	Blind Yourself	PIC X(1)	1		X YES
35	CHKBOX	Blind Spouse	PIC X(1)	1		X YES
36	CHKBOX	100% Disabled Yourself	PIC X(1)	1		X YES
37	CHKBOX	100% Disabled Spouse	PIC X(1)	1		X YES
38	CHKBOX	Non-Obligated Spouse Yourself	PIC X(1)	1		X YES
39	CHKBOX	Non-Obligated Spouse Spouse	PIC X(1)	1		X YES
40	1Y	Federal Adjusted Gross Income (Yourself)	PIC S9(9)	9	Y	
41	1S	Federal Adjusted Gross Income (Spouse)	PIC S9(9)	9	Y	
42	2Y	Total Additions (from Form MO-A, Part 1, Line 6) Yourself	PIC 9(9)	9	N	
43	2S	Total Additions (from Form MO-A, Part 1, Line 6) Spouse	PIC 9(9)	9	N	
44	4Y	Total Subtractions (From Form MO-A, Part 1, Line 14) Yourself	PIC 9(9)	9	N	
45	4S	Total Subtractions (From Form MO-A, Part 1, Line 14) Spouse	PIC 9(9)	9	N	
46	5Y	Missouri Adj Gross Income (Subtract Line 4 from Line 3) Yourself	PIC S9(9)	9	Y	
47	5S	Missouri Adj Gross Income (Subtract Line 4 from Line 3) Spouse	PIC S9(9)	9	Y	
48	8	Pension Exemption (From Form MO-A, Part 3)	PIC 9(9)	9	N	
49	9	A. Single — \$2,100 (See Box B before checking.)	PIC X(1)	1		X YES
50	9	B. Claimed as a dependent on another person's federal tax return — \$0.00	PIC X(1)	1		X YES
51	9	C. Married filing joint federal & combined Missouri — \$4,200	PIC X(1)	1		X YES
52	9	D. Married filing separate — \$2,100	PIC X(1)	1		X YES
53	9	E. Married filing separate (spouse NOT filing) — \$4,200	PIC X(1)	1		X YES
54	9	F. Head of household — \$3,500	PIC X(1)	1		X YES
55	9	G. Qualifying widow(er) with dependent child — \$3,500	PIC X(1)	1		X YES
56	9	Enter the appropriate exemption amount	PIC 9(9)	9		0,2100,4200,3500
57	10	Tax from Federal Return	PIC 9(9)	9	N	
58	11	Other Tax from federal return. Attach copy of your federal return (pages 1 & 2).	PIC 9(9)	9	N	
59	12	Total Tax from federal return. Add lines 10 and 11.	PIC 9(9)	9	N	
60	13	Federal tax deduction.	PIC 9(9)	9		Married — 10000, Single — 5000 max
61	14	Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS.	PIC 9(9)	9	N	
62	15	Number of dependents from Federal Form 1040, Line 6c	PIC 9(2)	2	N	
63	15	Number of dependents from Federal Form 1040 * 1200	PIC 9(9)	9		Dependents * 1200
64	16	Number of dependents on Line 15 who are 65 years of age or older and	PIC 9(2)	2	N	
65	16	Number of dependents on Line 15 who are 65 years of age * 1000	PIC 9(9)	9		Over 65 Dependents * 1000
66	17	Long-term care insurance deduction	PIC 9(9)	9	N	
67	18	Health care sharing ministry deduction	PIC 9(9)	9	N	
68	19	Total deductions--add Lines 8,9,13,14,15,16,17 and 18	PIC 9(9)	9	N	

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Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
69	20	Subtotal — subtract Line 19 from Line 6	PIC 9(9)	9	N	
70	22Y	Enterprise zone or rural empowerment zone income modification. Yourself	PIC 9(9)	9	N	
71	22S	Enterprise zone or rural empowerment zone income modification. Spouse	PIC 9(9)	9	N	
72	25Y	Tax on Line 24 Yourself	PIC 9(9)	9	N	
73	25S	Tax on Line 24 Spouse	PIC 9(9)	9	N	
74	26Y	Resident Credit (Yourself)	PIC 9(9)	9	N	
75	26S	Resident Credit (Spouse)	PIC 9(9)	9	N	
76	27Y	MO income percentage (professional entertainer) Yourself	PIC X(1)	1		X YES
77	27S	MO income percentage (professional entertainer) Spouse	PIC X(1)	1		X YES
78	27Y	MO income percentage (Yourself)	PIC 9(4)	4		100 for 100%, 67 for 67%. Default to 100. 100 is max. If below .5, include decimal point and up to 3 decimals to the right of the decimal point (acceptable values for decimal points are .001 to .499)
79	27S	MO income percentage (Spouse)	PIC 9(4)	4		100 for 100%, 67 for 67%. Default to 100. 100 is max. If below .5, include decimal point and up to 3 decimals to the right of the decimal point (acceptable decimal values for points are .001 to .499)
80	28Y	Balance (Yourself)	PIC 9(9)	9	N	
81	28S	Balance (Spouse)	PIC 9(9)	9	N	
82	29	Other Taxes, Lump Sum distribution (Form 4972)	PIC X(1)	1		X YES
83	29	Other Taxes, Recapture of low income housing credit (Form 8611)	PIC X(1)	1		X YES
84	29Y	Other Taxes (Yourself)	PIC 9(9)	9	N	
85	29S	Other Taxes (Spouse)	PIC 9(9)	9	N	
86	30Y	Subtotal — Add Lines 28 and 29 (Yourself)	PIC 9(9)	9	N	
87	30S	Subtotal — Add Lines 28 and 29 (Spouse)	PIC 9(9)	9	N	
88	32	Missouri Tax withheld	PIC 9(9)	9	N	
89	33	2010 Missouri estimated tax payments	PIC 9(9)	9	N	
90	34	Missouri tax withheld for nonresident partners or S corp shareholders	PIC 9(9)	9	N	
91	35	Missouri Tax withheld for nonresident entertainers	PIC 9(9)	9	N	
92	36	Amount paid with Missouri extension of time to file (Form MO-60)	PIC 9(9)	9	N	
93	37	Miscellaneous tax credits (from Form MO-TC, Line 13)	PIC 9(9)	9	N	
94	38	Property tax credit. Attach Form MO-PTS	PIC 9(9)	9	N	
95	39	Total payments and credits Add Lines 32 through 38.	PIC 9(9)	9	N	
96	40	Amount paid on original return	PIC 9(9)	9	N	
97	41	Overpayment as shown (or adjusted) on original return	PIC 9(9)	9	N	
98	41A	Federal Audit	PIC X(1)	1		X YES
99	41A	Enter date of IRS report	PIC 9(6)	6		MMDDYY (example: 031511)
100	41B	Net operating loss carryback	PIC X(1)	1		X YES
101	41B	Enter year of loss	PIC 9(2)	2		YY
102	41C	Investment tax credit carryback	PIC X(1)	1		X YES
103	41C	Enter year of credit	PIC 9(2)	2		YY
104	41D	Correction other than A,B or C	PIC X(1)	1		X YES
105	41D	Enter date of federal amended return, if filed	PIC 9(6)	6		MMDDYY (example: 031511)
106	42	Amended Return — total payments and credits — add Line 40 to Line 39 or subtract	PIC 9(9)	9	N	
107	43	If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference	PIC 9(9)	9	N	
108	44	Amount of Line 43 to be applied to your 2011 estimated tax	PIC 9(9)	9	N	
109	45a	Children's Trust Fund	PIC 9(9)	9	N	
110	45b	Veterans Trust Fund	PIC 9(9)	9	N	
111	45c	Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9	N	
112	45d	Missouri National Guard Trust Fund	PIC 9(9)	9	N	
113	45e	Workers' Memorial Trust Fund	PIC 9(9)	9	N	
114	45f	Childhood Lead Testing Trust Fund	PIC 9(9)	9	N	
115	45g	Missouri Military Family Relief Fund	PIC 9(9)	9	N	
116	45h	General Revenue Fund	PIC 9(9)	9	N	
117	45i	After School Retreat Trust Fund	PIC 9(9)	9	N	
118	45j1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
119	45j2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
120	45k1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
121	45k2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
122	46	Overpayment to be refunded to you	PIC 9(9)	9	N	
123	47	If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of	PIC 9(9)	9	N	
124	48	Underpayment of estimated tax penalty. Attach Form MO-2210.	PIC 9(9)	9	N	
125	49	Total Amount Due	PIC 9(9)	9	N	
126	SIGN	I authorize the Director of Revenue to discuss my return and	PIC X(1)	1		X YES
127	SIGN	Daytime Telephone	PIC 9(10)	10		
128	SIGN	FEIN, SSN, PTIN	PIC X(9)	9		
		**** MO-A ****				
		**** MO-A Additions ****				
129	1Y	Interest on state and local obligations other than Missouri source (Yourself)	PIC 9(9)	9	N	
130	1S	Interest on state and local obligations other than Missouri source (Spouse)	PIC 9(9)	9	N	
131	2	Net Operating Loss (Carryback/Carryforward)	PIC X(1)	1		X YES
132	2Y	Partnership; Fiduciary; S Corporation; Net operating Loss; (Yourself)	PIC 9(9)	9	N	

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133	2S	Partnership; Fiduciary; S Corporation; Net operating Loss; (Spouse)	PIC 9(9)	9	N	
134	3Y	Nonqualified distribution received from qualified 529 plan (Yourself)	PIC 9(9)	9	N	
135	3S	Nonqualified distribution received from qualified 529 plan(Spouse)	PIC 9(9)	9	N	
136	4Y	Food Pantry contributions included on Federal Sched A	PIC 9(9)	9	N	
137	4S	Food Pantry contributions included on Federal Sched A	PIC 9(9)	9	N	
138	5Y	Nonresident Property Tax	PIC 9(9)	9	N	
139	5S	Nonresident Property Tax	PIC 9(9)	9	N	
**** MO-A Subtractions ****						
140	7Y	Interest from exempt federal obligations included in federal AGI(Yourself)	PIC 9(9)	9	N	
141	7S	Interest from exempt federal obligations included in federal AGI (Spouse)	PIC 9(9)	9	N	
142	8Y	Any state income tax refund included in federal AGI (Yourself)	PIC 9(9)	9	N	
143	8S	Any state income tax refund included in federal AGI (Spouse)	PIC 9(9)	9	N	
144	9	Nonresident Military Check Box	PIC X(1)	1		X YES
145	9	Combat Pay Check Box	PIC X(1)	1		X YES
146	9	Other	PIC X(1)	1		X YES
147	9Y	Partnership; Fiduciary; S Corporation; Railroad retirement (Yourself)	PIC 9(9)	9	N	
148	9S	Partnership; Fiduciary; S Corporation; Railroad retirement (Spouse)	PIC 9(9)	9	N	
149	10Y	Exempt contributions made to qualified 529 plan (Yourself)	PIC S(9)	9	N	\$16000 maximum for BOTH primary and secondary
150	10S	Exempt contributions made to qualified 529 plan (Spouse)	PIC S(9)	9	N	\$16000 maximum for BOTH primary and secondary
151	11Y	Qualified Health Insurance Premiums (Yourself)	PIC 9(9)	9	N	
152	11S	Qualified Health Insurance Premiums (Spouse)	PIC 9(9)	9	N	
153	12Y	Missouri depreciation adjustment (Yourself)	PIC 9(9)	9	N	
154	12S	Missouri depreciation adjustment (Spouse)	PIC 9(9)	9	N	
155	13Y	Home Energy Audit Expenses	PIC 9(9)	9	N	
156	13S	Home Energy Audit Expenses	PIC 9(9)	9	N	
**** MO-A, Part 2, Missouri Itemized Deductions ****						
157	1	Total federal itemized deductions from Federal Form 1040, Line 40	PIC 9(9)	9	N	
158	2	2010 (FICA) — yourself — Social security \$ Medicare \$	PIC 9(9)	9	N	
159	3	2010 (FICA) — spouse — Social security \$ Medicare \$	PIC 9(9)	9	N	
160	4	2010 Railroad retirement tax — yourself (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
161	5	2010 Railroad retirement tax — spouse (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
162	6	2010 Self-employment tax	PIC 9(9)	9	N	
163	8	State and local income taxes — See instructions	PIC 9(9)	9	N	
164	9	Earnings taxes included in Line 8	PIC 9(9)	9	N	
165	10	Net state income taxes	PIC 9(9)	9	N	
**** MO-A, Part 3, Section A, Public Pension Calculation ****						
166	1	MO Adjusted Gross Income from MO-1040, Line 6	PIC S9(9)	9	Y	
167	2	Taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	PIC 9(9)	9	N	
168	3	Subtract Line 2 from Line 1	PIC S9(9)	9	Y	
169	4	Filing status amount -MFC-\$100,000, S,HOH, MFS, QW -\$85,000	PIC 9(9)	9	N	can't be 0
170	5	Subtract Line 4 from Line 3 and enter on Line 5. If Line 4>Line 3, enter \$0	PIC 9(9)	9	N	
171	6Y	Taxable pension for each spouse from public sources from federal Form 1040A, line 12b or federal Form 1040, line 16b	PIC 9(9)	9	N	
172	6S	Taxable pension for each spouse from public sources from federal Form 1040A, line 12 or federal Form 1040, line 16b	PIC 9(9)	9	N	
173	7Y	Multiply Line 6 by 65%	PIC 9(9)	9	N	
174	7S	Multiply Line 6 by 65%	PIC 9(9)	9	N	
175	8Y	If Line 7 > \$33,703, enter \$33,703. If<\$33,703, enter amt from Line 7	PIC 9(9)	9	N	
176	8S	If Line 7 > \$33,703, enter \$33,703. If<\$33,703, enter amt from Line 7	PIC 9(9)	9	N	
177	9Y	Amount from Line 6 or \$6,000, whichever is less	PIC 9(9)	9	N	
178	9S	Amount from Line 6 or \$6,000, whichever is less	PIC 9(9)	9	N	
179	10Y	Amount from Line 8 or Line 9, whichever is greater	PIC 9(9)	9	N	
180	10S	Amount from Line 8 or Line 9, whichever is greater	PIC 9(9)	9	N	
181	11Y	If you received taxable social security and are claiming a social security exemption, complete Lines 1 thru 8 of Part 3 of MO-A, Section C, and enter the amount from Line 6Y here.	PIC 9(9)	9	N	
182	11S	If you received taxable social security and are claiming a social security exemption, complete Lines 1 thru 8 of Part 3 of MO-A, Section C, and enter the amount from Line 6S here.	PIC 9(9)	9	N	
183	12Y	Subtract Line 11 from Line 10. If Line 11>Line 10, enter \$0	PIC 9(9)	9	N	
184	12S	Subtract Line 11 from Line 10. If Line 11>Line 10, enter \$0	PIC 9(9)	9	N	
185	13	Add amounts on Line 12Y and 12S	PIC 9(9)	9	N	
186	14	Total Pension Exemption — subtract Line 5 from Line 13, enter here. If Line 5>Line 13, enter \$0	PIC 9(9)	9	N	
**** MO-A, Part 3, Section B, Private Pension calculation ****						
187	1	Enter Mo Adjusted Gross Income from Form MO-1040, Line 6	PIC 9S(9)	9	Y	

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188	2	Enter taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	PIC 9(9)	9	N	
189	3	Subtract Line 2 from Line 1	PIC 9S(9)	9	Y	
190	4	Enter appropriate filing status amount:MFC \$32,000; S,HOH,QW \$25,000;MFS \$16,000	PIC 9(9)	9	N	can't be 0
191	5	Subtract Line 4 from Line 3. If Line 4>\$0, enter 0	PIC 9(9)	9	N	
192	6Y	Taxable pension amount from private sources from federal Form 1040A, Lines 11 and 12b, or federal Form 1040, Lines 15b and 16b(Yourself)	PIC 9(9)	9	N	
193	6S	Taxable pension amount from private sources from federal Form 1040A, Lines 11 and 12b, or federal Form 1040, Lines 15b and 16b(Spouse)	PIC 9(9)	9	N	
194	7Y	Enter amounts from Line 6Y or \$6000, whichever is less	PIC 9(9)	9	N	
195	7S	Enter amounts from Line 6S or \$6000, whichever is less	PIC 9(9)	9	N	
196	8	Add Lines 7Y and 7S	PIC 9(9)	9	N	
197	9	Total Private Pension Exemption-subtract Line 5 from Line 8. If Line 5> Line 8, enter \$0	PIC 9(9)	9	N	
****MO-A, Part 3, Section C, Social Security or Social Security Disability Calculation*						
198	1	Enter Mo Adjusted Gross Income from Form MO-1040, Line 6	PIC 9S(9)	9	Y	
199	2	Enter appropriate filing status amount; MFC \$100,000; S,HOH,MFS, QW \$85,000	PIC 9(9)	9	N	can't be 0
200	3	Subtract Line 2 from Line 1. If Line 2>Line 1, enter \$0	PIC 9(9)	9	N	
201	4Y	Enter taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	PIC 9(9)	9	N	
202	4S	Enter taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	PIC 9(9)	9	N	
203	5Y	Enter taxable social security disability benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	PIC 9(9)	9	N	
204	5S	Enter taxable social security disability benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	PIC 9(9)	9	N	
205	6Y	Multiply lines 4 or 5 by 65%(Yourself)	PIC 9(9)	9	N	
206	6S	Multiply lines 4 or 5 by 65%(Spouse)	PIC 9(9)	9	N	
207	7	Add Lines 6Y and 6S	PIC 9(9)	9	N	
208	8	Enter total social security/social security disability-subtract Line 3 from Line 7, if Line 3>Line 7,enter \$0	PIC 9(9)	9	N	
****MO-A, Part 3, Section D, Military Pension Calculation**						
209	1	Military ret benefits from federal Form 1040A, line 12b or fed 1040, line 16b	PIC 9(9)	9	N	
210	2	Taxable pub pension from fed 1040A, Line 12b or fed 1040, line 16b	PIC 9(9)	9	N	
211	3	Divide Line 1 by Line 2	PIC 9(3)	3	N	000-100 maximum values. Whole numbers only.
212	4	Multiply Line 3 by Line 14 of Sec A. If not Claim pub pension, enter 0	PIC 9(9)	9	N	
213	5	Subtract Line 4 from line 1	PIC 9(9)	9	N	
214	6	Total Military pension, multiply Line 5 by 15%	PIC 9(9)	9	N	
**MO-A, Part 3, Section E, Total Pension and Soc Sec/Soc Sec Disab*						
215		Total Pension and Social Security/Social Security Disability Deduction	PIC 9(9)	9	N	
**** MO-TC ****						
216	1	Credit Code (3 Characters) see form	PIC X(3)	3		
217	1	Y	PIX 9(9)	9		
218	1	S	PIC 9(9)	9		
219	2	Credit Code (3 Characters) see form	PIC X(3)	3		
220	2	Y	PIC X(9)	9		
221	2	S	PIC 9(9)	9		
222	3	Credit Code (3 Characters) see form	PIX X(3)	3		
223	3	Y	PIC 9(9)	9		
224	3	S	PIC 9(9)	9		
225	4	Credit Code (3 Characters) see form	PIC X(3)	3		
226	4	Y	PIC 9(9)	9		
227	4	S	PIC 9(9)	9		
228	5	Credit Code (3 Characters) see form	PIC X(3)	3		
229	5	Y	PIC 9(9)	9		
230	5	S	PIC 9(9)	9		
231	6	Credit Code (3 Characters) see form	PIC X(3)	3		
232	6	Y	PIC 9(9)	9		
233	6	S	PIC 9(9)	9		
234	7	Credit Code (3 Characters) see form	PIC X(3)	3		
235	7	Y	PIC 9(9)	9		
236	7	S	PIC 9(9)	9		
237	8	Credit Code (3 Characters) see form	PIC X(3)	3		
238	8	Y	PIC 9(9)	9		
239	8	S	PIC 9(9)	9		
240	9	Credit Code (3 Characters) see form	PIC X(3)	3		
241	9	Y	PIC 9(9)	9		
242	9	S	PIC 9(9)	9		
243	10	Credit Code (3 Characters) see form	PIC X(3)	3		
244	10	Y	PIC 9(9)	9		
245	10	S	PIC 9(9)	9		

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Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		**** MO-CR ****				
246	Top Y	STATE OF (Yourself)	PIC X(2)	2		Top, Line 2, Yourself
247	Top S	STATE OF (Your Spouse)	PIC X(2)	2		Top, Line 2, Your spouse
248	2nd Y	STATE OF (Yourself)	PIC X(2)	2		Bottom, Line 2, Yourself
249	2nd S	STATE OF (Your Spouse)	PIC X(2)	2		Bottom, Line 2, Your spouse
		**** MO-PTS ****				
250	Name	Birthdate (Yourself)	PIC 9(6)	6		MMDDYY (example: 031537) **Total of 6 digits
251	Name	Birthdate (Spouse)	PIC 9(6)	6		MMDDYY (example: 031537) **Total of 6 digits
		Note: Name/Address information same as 1040 name/address information.				
252	A	65 years of age or older	PIC X(1)	1		X YES
253	B	100% Disabled Veteran	PIC X(1)	1		X YES
254	C	100% Disabled	PIC X(1)	1		X YES
255	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1		X YES
256	Filing	Single	PIC X(1)	1		X YES
257	Filing	Married — Filing Combined	PIC X(1)	1		X YES
258	Filing	Married — Living Separate for Entire Year	PIC X(1)	1		X YES
259	1	Enter the amount of income from MO-1040, Line 6, or Form MO-1040P, Line 4	PIC S9(9)	9	Y	
260	2	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	
261	3	Enter the total amount of pensions, annuities, dividends, or interest income	PIC 9(9)	9	N	
262	4	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
263	5	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
264	6	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
265	7	Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in	PIC 9(9)	9	N	
266	8	Total household income — add Lines 1 through 7	PIC S9(9)	9	Y	
267	9	Enter \$0, \$2000, or \$4000 based on filing and occupancy status	PIC 9(9)	9	N	
268	10A	rented checkbox (line 10 cannot exceed \$27,500)	PIC X(1)	1		X YES
269	10B	owned/occupied entire year checkbox (line 10 cannot exceed \$30,000)	PIC X(1)	1		X YES
270	10	Net household income — (Subtract Line 9 from Line 8.)	PIC S9(9)	9	Y	
271	11	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	
272	12	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
273	13	Total tax and or rent—add Lines 11 and 12 and enter total (max \$750 or \$1100, depending on occupancy)	PIC 9(9)	9	N	
274	14	Property Tax Credit	PIC 9(9)	9	N	
		*** Certification of Rent Paid ***				
275	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020110) **Total of 6 digits
276	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123110) **Total of 6 digits
277	6	Enter your gross rent paid.	PIC 9(9)	9	N	
278	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
279	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
280	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
281	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
282	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
283	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household	PIC X(1)	1		X YES
284	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
285	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
286	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
287	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
288	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
289	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
290	9	CRP total (see 20% of line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid ***				
291	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020110) **Total of 6 digits
292	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123110) **Total of 6 digits
293	6	Enter your gross rent paid.	PIC 9(9)	9	N	
294	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
295	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
296	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
297	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
298	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
299	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household	PIC X(1)	1		X YES
300	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
301	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
302	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
303	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
304	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
305	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	

2010 2-D Barcode Specifications for Form MO-1040

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
306	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid ***						
307	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020110) **Total of 6 digits
308	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123110) **Total of 6 digits
309	6	Enter your gross rent paid.	PIC 9(9)	9	N	
310	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
311	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
312	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
313	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
314	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
315	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household)	PIC X(1)	1		X YES
316	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
317	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
318	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
319	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
320	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
321	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
322	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid ***						
323	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020110) **Total of 6 digits
324	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123110) **Total of 6 digits
325	6	Enter your gross rent paid.	PIC 9(9)	9	N	
326	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
327	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
328	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
329	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
330	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
331	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household)	PIC X(1)	1		X YES
332	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
333	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
334	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
335	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
336	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
337	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
338	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid ***						
339	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020110) **Total of 6 digits
340	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123110) **Total of 6 digits
341	6	Enter your gross rent paid.	PIC 9(9)	9	N	
342	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
343	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
344	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
345	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
346	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
347	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household)	PIC X(1)	1		X YES
348	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
349	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
350	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
351	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
352	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
353	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
354	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
MO-L Increase to Standard Deduction for Certain Filers						
355	1	Standard Deduction amount from page 1, line 14	PIC 9(9)	9	N	
356	2	If over 65 and blind, amount from federal Schedule L, line 5	PIC 9(9)	9	N	
357	3	Amount net disaster loss included in Std Ded, from fed Sched L, line 6	PIC 9(9)	9	N	
358	4	Amount new motor vehicle taxes, from fed Sched L, Line 17	PIC 9(9)	9	N	
359	5	Total lines 1-4	PIC 9(9)	9	N	
360	1	DOR USE ONLY	PIC X(1)	1		
361	9	DOR USE ONLY	PIC 9(9)	9	N	
362	17	DOR USE ONLY	PIC 17(17)	17	N	
363		*EOD*				
			2,279 calculated # characters			
General Information						
For blank fields, use a carriage return						
County of Residence, field 25, must contain the four digit county code. If						

2010 2-D Barcode Specifications for Form MO-1040

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		out-of-state, enter NONR.				
		All alpha characters should be in capital letters (A-Z).				
		Numeric fields aren't zero filled.				
		Refer to the "Acceptable Values" column for clarification of acceptable field values.				
		Negative amounts will have a leading minus sign.				
		Check boxes, an X indicates Yes, nothing is No (see Acceptable Values Column)				
		Only whole dollar amounts should be entered on the MO-1040 return. When entering amounts (such as W-2s) where multiple amounts may need to be entered as a total, add the amounts together then round and enter.				
		Any fields which can be negative are noted above. The picture clause should have a S (example: PIC S9(9)). A negative sign must be included in the field (example: -90, -1000) and precede the first number in the field.				
		The intended use of the Description Column is to cross reference the barcode field number, form line number, and form line wording. The description may not be exact due to limitations of space. Please refer to the tax form and instructions for the exact line wording.				
		Trailer: The last field in the barcode data stream is the trailer. The trailer is used to indicate the end of data has been reached. A static String of "**EOD**" is used as the trailer value. If a trailer is not found, this indicates a data overflow condition has occurred.				
		Header Information: There is information generic to all barcodes that should be placed first in the barcode data stream. The first six fields in the barcode comprise the official header. The fields in the official header are variable length and therefore can contain as much or as little data as is necessary. This information must be consistent among all barcodes and is defined below.				
		<i>(Note: The symbol <CR> is used to represent a single carriage return character.)</i>				
		Header Version Number: will be incremented each time the standards group alters the physical structure of the barcodes that were created using multiple header formats. This value is static for all barcodes and is currently T1.				
		Developer Code: A four-digit code used to identify the Software Developer whose application produced the barcode. The purpose of this field is to allow forms to be traced to the vendor producing them.				
		Jurisdiction: An alphanumeric identifier indicating the taxing jurisdiction. Use the US Postal Service's official state abbreviations.				
		Description: An alphanumeric identifier used to describe the form being processed. The identifier can be used to route the barcode information to the correct system for further processing. For Missouri, use MO1040.				
		Specification Version: A number that identifies the version of the specifications used to produce the form barcode. These specifications are provided by the jurisdiction processing the form and describe the data layout in the barcode. Draft versions of the specifications are not assigned version numbers. The final version shall be "0", revision thereafter will increase numerically.				
		Software/Form Version: A vendor defined version number that reflects the software and form revision used to produce the barcode.				
		Example				
		Header Version Number "T1"				
		Developer Code:"9999"				
		Jurisdiction: "MO"				
		Description: "MO1040"				
		Specification Version: "0"				
		Software/Form Version: "1.0"				
		Raw Header				
		T1<CR>9999<CR>MO<CR>MO1040<CR>0<CR>1.0<CR>				
		End of Data				
		EOD must be printed in Field 363				
		Trust Funds				

2010 2-D Barcode Specifications for Form MO-1040

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		TRUST FUND CODES for Form MO-1040, Lines 44i and 44j 01 American Cancer Society 02 American Diabetes Association 03 American Heart Association 04 American Lung Association 05 Amyotrophic Lateral Sclerosis (ALS—Lou Gehrig's Disease) 07 Muscular Dystrophy Association 08 March of Dimes 09 Arthritis Foundation Fund 10 National Multiple Sclerosis Society Fund 12 Cervical Cancer Fund 13 Breast Cancer Awareness Fund Please be sure to make this a two digit number. If it is a single digit number, add the zero on the left to make it a two digit number. (1=01; 2=02, etc.)				
		Missouri encourages you to default the 2-D barcode to "ON" when your software is released. It is highly preferred that we receive returns with a 2-D barcode. Please make every effort to print a 2-D barcode on all your returns.				
		ADDRESS ISSUE: *It is preferred that you print only the 2-D barcode mailing address on the form, if your company is implementing 2-D barcode. If your company is not implementing 2-D barcode, please print only the non-2-D barcode address. If this doesn't work for your company, please print both addresses or refer your clients to the instructions. REFUND: DEPARTMENT OF REVENUE, PO BOX 500, JEFFERSON CITY, MO 65106-0500. (*2-D Barcode ONLY—DOR, PO BOX 3222, JEFFERSON CITY, MO 65105-3222) AMOUNT YOU OWE: DEPARTMENT OF REVENUE, PO BOX 329, JEFFERSON CITY, MO 65107-0329. (*2-D Barcode ONLY—DOR, PO BOX 3370, JEFFERSON CITY, MO 65105-3370).				
		2-D barcode testing should be complete within two months of releasing the 2-D barcode packet.				