

Missouri Department of Revenue  
2010 Tax Year 1040P 2D specs

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		<b>*** Header Information ***</b>				(see notes below)
1	Header	Version Number				(T1 is current standard version)
2	Header	Developer Code				
3	Header	Jurisdiction (MO)				MO
4	Header	Description (MO1040P) and current tax year				<b>MO1040P/2010</b>
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
		<b>**** MO 1040P ****</b>				
7	Top	<b>Carriage return only ( blank )</b>	PIC 9(2)	2		
8	Top	<b>Carriage return only ( blank )</b>	PIC 9(2)	2		
9	Top	<b>Carriage return only ( blank )</b>	PIC 9(4)	4		
10	Top	<b>Carriage return only ( blank )</b>	PIC X(1)	1		
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 <b>2010</b>	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 <b>2010</b>	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 Yourself	PIC X(1)	1		X YES
33	CHKBOX	Age 65 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	<b>Y</b>	
41	1S	Federal Adjusted Gross Income (Spouse)	PIC S9(9)	9	<b>Y</b>	
42		<b>Carriage return only ( blank )</b>	PIC 9(9)	9	<b>N</b>	
43		<b>Carriage return only ( blank )</b>	PIC 9(9)	9	<b>N</b>	
44	2Y	Any state income tax refund ( yourself )	PIC 9(9)	9	<b>N</b>	
45	2S	Any state income tax refund ( spouse )	PIC 9(9)	9	<b>N</b>	
46	3Y	Missouri Adj Gross Income (Subtract Line 2 from Line 1) Yourself	PIC S9(9)	9	<b>Y</b>	
47	3S	Missouri Adj Gross Income (Subtract Line 2 from Line 1) Spouse	PIC S9(9)	9	<b>Y</b>	
48	10	Total Pension Exemption (From Form MO-A, Part 3)	PIC 9(9)	9	<b>N</b>	
49	6	A. Single — \$2,100 (See Box B before checking.)	PIC X(1)	1		X YES
50	6	B. Claimed as a dependent on another person's federal tax return — \$0.00	PIC X(1)	1		X YES
51	6	C. Married filing joint federal & combined Missouri — \$4,200	PIC X(1)	1		X YES
52	6	D. Married filing separate — \$2,100	PIC X(1)	1		X YES
53	6	E. Married filing separate (spouse NOT filing) — \$4,200	PIC X(1)	1		X YES
54	6	F. Head of household — \$3,500	PIC X(1)	1		X YES
55	6	G. Qualifying widow(er) with dependent child — \$3,500	PIC X(1)	1		X YES
56	6	Enter the appropriate exemption amount	PIC 9(9)	9		0,2100,4200,3500
57	7a	Tax from Federal Return	PIC 9(9)	9	<b>N</b>	
58		<b>Carriage return only ( blank )</b>	PIC 9(9)	9		
59		<b>Carriage return only ( blank )</b>	PIC 9(9)	9		
60	7	Federal tax deduction.	PIC 9(9)	9		Married — 10000, Single — 5000 max
61	8	Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS.	PIC 9(9)	9	<b>N</b>	
62	9a	Number of dependents from Federal Form 1040 or 1040A	PIC 9(2)	2	<b>N</b>	
63	9	Number of dependents from Federal Form 1040 * 1200	PIC 9(9)	9		Dependents * 1200
64		<b>Carriage return only ( blank )</b>	PIC 9(2)	2		
65		<b>Carriage return only ( blank )</b>	PIC 9(9)	9		
66	11	Long-term care insurance deduction	PIC 9(9)	9	<b>N</b>	
67		<b>Carriage return only ( blank )</b>	PIC 9(9)	9		
68	12	Total deductions--add Lines 6 through 11	PIC 9(9)	9	<b>N</b>	
69	13	Subtotal — subtract Line 12 from Line 4	PIC 9(9)	9	<b>N</b>	
70		<b>Carriage return only ( blank )</b>	PIC 9(9)	9		

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71		<b>Carriage return only ( blank )</b>	PIC 9(9)	9		
72	16Y	Tax on Line 15 Yourself	PIC 9(9)	9	N	
73	16S	Tax on Line 15 Spouse	PIC 9(9)	9	N	
		<b>Fields 74 through 87 are carriage return only ( blank )</b>	PIC 9(9)	9		
88	18	Missouri Tax withheld	PIC 9(9)	9	N	
89	19	2010 Missouri estimated tax payments	PIC 9(9)	9	N	
		<b>Fields 90 through 93 are carriage return only ( blank )</b>				
94	20	Property tax credit. Attach Form MO-PTS	PIC 9(9)	9	N	
95	21	Total payments and credits Add Lines 18 through 20.	PIC 9(9)	9	N	
		<b>Fields 96 through 106 are carriage return only ( blank )</b>	PIC 9(9)	9	N	
107	22	If line 21 > Line 17, enter difference here.( Amount overpaid.)	PIC 9(9)	9	N	
108	23	Amount of Line 22 to be applied to your 2011 estimated tax	PIC 9(9)	9	N	
109	24a	Children's Trust Fund	PIC 9(9)	9	N	
110	24b	Veterans Trust Fund	PIC 9(9)	9	N	
111	24c	Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9	N	
112	24d	Missouri National Guard Trust Fund	PIC 9(9)	9	N	
113	24e	Workers' Memorial Trust Fund	PIC 9(9)	9	N	
114	24f	Childhood Lead Testing Trust Fund	PIC 9(9)	9	N	
115	24g	Missouri Military Family Relief Fund	PIC 9(9)	9	N	
116	24h	General Revenue Fund	PIC 9(9)	9	N	
117	24i	After School Retreat Trust Fund	PIC 9(9)	9	N	
118	24j1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
119	24j2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
120	24k1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
121	24k2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
122	25	Overpayment to be refunded to you	PIC 9(9)	9	N	
123		<b>Carriage return only ( blank )</b>	PIC 9(9)	9		
124		<b>Carriage return only ( blank )</b>	PIC 9(9)	9		
125	26	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		
		<b>Fields 129 through 156 are carriage return only ( blank )</b>				
		<b>**** Missouri Itemized Deductions ****</b>				
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 — (subtract Line 9 from Line 8)	PIC 9(9)	9	N	
		<b>**** MO-A, Section A Public Pension Calculation ****</b>				
166	1	Enter MO Adjusted Gross Income from MO-1040P, Line 4	PIC S9(9)	9	Y	
167	2	Enter taxable social security benefits from Fed form 1040A, Line 14b or federal Form 1040, Line 20b	PIC 9(9)	9	N	can't be 0
168	3	Subtract Line 2 from Line 1	PIC S9(9)	9	Y	
169	4	Enter appropriate filing status amts: MFC-\$100,000; S,HOH,MFS,QW-\$85,000	PIC 9(9)	9	N	
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 from each spouse from public sources from fed Form 1040A, line 12b or fed Form 1040, line 16b	PIC 9(9)	9	N	
172	6S	Taxable pension from each spouse from public sources from fed Form 1040A, line 12b or fed 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 8>\$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 amounts from Line 6Y or 6S 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 amounts from Line 6Y or 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	

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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	PIC 9(9)	9	N	
<b>**** MO-A, Section B Private Pension Calculation ****</b>						
187	1	Enter Mo Adjusted Gross Income from Form MO-1040P, Line 4	PIC 9S(9)	9	Y	
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	Enter taxable pension amount from private sources(Yourself) from fed Form 1040A, Lines 11b and 12b, or fed Form 1040, Lines 15b and 16b	PIC 9(9)	9	N	
193	6S	Enter taxable pension amount from private sources(Spouse)from fed Form 1040A, Lines 11b and 12b, or fed Form 1040, Lines 15b and 16b	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	
<b>**** MO-A, Section C Social Sec or Social Sec Disability Calc****</b>						
198	1	Enter Mo Adjusted Gross Income from Form MO-1040P, Line 4	PIC 9S(9)	9	Y	
199	2	Enter appropriate filing status amount; MFC-\$100,000; S,HOH,QW,MFS-\$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(Yourself) from fed Form 1040A, Line 14b or fed Form 1040, Line 20b	PIC 9(9)	9	N	
202	4S	Enter taxable social security benefits(Spouse) from fed Form 1040A, Line 14b or fed Form 1040, Line 20b	PIC 9(9)	9	N	
203	5Y	Enter taxable social security disability benefits(Yourself) from fed Form 1040A, Line 14b or fed Form 1040, Line 20b	PIC 9(9)	9	N	
204	5S	Enter taxable social security disability benefits(Spouse) from fed Form 1040A, Line 14b or fed Form 1040, Line 20b	PIC 9(9)	9	N	
205	6Y	Multiply lines 4 or 5 by 50%(Yourself)	PIC 9(9)	9	N	
206	6S	Multiply lines 4 or 5 by 50%(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	
<b>***MO-A, Part 3, Section D, Military Pension Calculation***</b>						
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 f from Line 1	PIC 9(9)	9	N	
214	6	Total Military pension, multiply Line 5 by 15%	PIC 9(9)	9	N	
<b>***MO-A, Part 3, Section E, Total Pension and Soc Sec/Soc Sec Disab***</b>						
215		Total Pension and Social Security/Social Security Disability Deduction	PIC 9(9)	9	N	
<b>Fields 216 through 249 are carriage return only ( blank )</b>						
<b>**** MO-PTS ****</b>						
250	Name	Birthdate (Yourself)	PIC 9(6)	6		MMDDYY (example: 031535) **Total of 6 digits
251	Name	Birthdate (Spouse)	PIC 9(6)	6		MMDDYY (example: 031535) **Total of 6 digits
Note: Name/Address information same as 1040P 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	

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265	7	Enter the amount of nonbusiness loss(es). You must include nonbusiness losses if	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	
<b>*** Certification of Rent Paid ***</b>						
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	
<b>*** Certification of Rent Paid ***</b>						
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	
306	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
<b>*** Certification of Rent Paid ***</b>						
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	
<b>*** Certification of Rent Paid ***</b>						
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

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Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
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	
<b>*** Certification of Rent Paid ***</b>						
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	
<b>***MO-L Increase to Standard Deduction for Certain Filers***</b>						
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 20	PIC 9(9)	9	N	
359	5	Total lines 1-4	PIC 9(9)	9	N	
360		<b>DOR USE ONLY</b>	PIC X(1)	1		
361		<b>DOR USE ONLY</b>	PIC 9(9)	9	N	
362		<b>DOR USE ONLY</b>	PIC 9(9)	9	N	
<b>363</b>		<b>*EOD*</b>				END OF DATA
				<b>1,684</b>		calculated # characters
<b>General Information</b>						
For blank fields, use a carriage return						
County of Residence, field 25, must contain the four digit county code. If 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)						
<b>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.</b>						
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.						
<b>Trailer:</b> 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 <b>**EOD**</b> is used as the trailer value. If a trailer is not found, this indicates a data overflow condition has occurred.						
<b>Header Information:</b> 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.						

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Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		(Note: The symbol <CR> is used to represent a single carriage return character.)				
		<b>Header Version Number:</b> 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.				
		<b>Developer Code:</b> 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.				
		<b>Jurisdiction:</b> An alphanumeric identifier indicating the taxing jurisdiction. Use the US Postal Service's official state abbreviations.				
		<b>Description:</b> 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.				
		<b>Specification Version:</b> 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.				
		<b>Software/Form Version:</b> A vendor defined version number that reflects the software and form revision used to produce the barcode.				
		<b>Example</b> Header Version Number "T1" Developer Code:"9999" Jurisdiction: "MO" Description: "MO1040" Specification Version: "0" Software/Form Version: "1.0"				
		<b>Raw Header</b> T1<CR>9999<CR>MO<CR>MO1040<CR>0<CR>1.0<CR>				
		<b>End of Data</b> <b>*EOD* must be printed in Field 363</b>				
		<b>Trust Funds</b> <b>TRUST FUND CODES for Form MO-1040, Lines 44i and 44j</b> 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 National Arthritis Foundation 10 National Multiple Sclerosis Society 12 Cervical Cancer Fund 13 Breast Cancer Awareness 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.)				
		<b>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.</b>				

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Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		<p><b>ADDRESS ISSUE:</b> *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.</p> <p><b>REFUND:</b> DEPARTMENT OF REVENUE, PO BOX 2800, JEFFERSON CITY, MO 65105-2800. (*2-D Barcode ONLY—DOR, PO BOX 3385, JEFFERSON CITY, MO 65105-3385)</p> <p><b>AMOUNT YOU OWE:</b> DEPARTMENT OF REVENUE, PO BOX 3395, JEFFERSON CITY, MO 65105-3395.</p>				
		2-D barcode testing should be complete within two months of releasing the 2-D barcode packet.				