

Label

(See instructions on page 14.)

Use the IRS label.

Otherwise, please print or type.

L
A
B
E
L

H
E
R
E

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning

, 2010, ending

, 20

OMB No. 1545-0074

Your first name and initial

Last name

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 14.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

Your social security number

Spouse's social security number

▲ Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

Presidential Election Campaign

► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ►

☐ You☐ Spouse

Filing Status

1 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ►4 ☐ Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ►5 ☐ Qualifying widow(er) with dependent child (see page 16)

Check only one box.

Exemptions

6a ☐ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ Spouse

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 17)

				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you
• did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above ►

If more than four dependents, see page 17 and check here ► ☐

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 22)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amount (see page 24)

16a Pensions and annuities

16a

b Taxable amount (see page 25)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation (see page 27)

20a Social security benefits

20a

b Taxable amount (see page 27)

21 Other income. List type and amount (see page 29)

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23 RESERVED (see page 29)

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 30)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ►

32 IRA deduction (see page 31)

33 Student loan interest deduction (see page 34)

34 RESERVED (see page 35)

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ►

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	
39a	Check <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. } Total boxes <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see page 35)	40	
41	Subtract line 40 from line 38	41	
42	Exemptions. Multiply \$3,650 by the number on line 6d.	42	
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	
44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	
45	Alternative minimum tax (see page 40). Attach Form 6251	45	
46	Add lines 44 and 45	46	
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 42)	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	
60	Add lines 55 through 59. This is your total tax	60	

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	
62	2010 estimated tax payments and amount applied from 2009 return	62	
63	Making work pay credit. Attach Schedule M	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 14	66	
67	First-time homebuyer credit from Form 5405, line 10	67	
68	Amount paid with request for extension to file (see page 72)	68	
69	Excess social security and tier 1 RRTA tax withheld (see page 72)	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	72	

Refund

Direct deposit? See page 73 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
75	Amount of line 73 you want applied to your 2011 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see page 74	76	
77	Estimated tax penalty (see page 74)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign Here

Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	



MISSOURI DEPARTMENT OF REVENUE **2010 FORM MO-1040**
INDIVIDUAL INCOME TAX RETURN—LONG FORM

FOR CALENDAR YEAR JAN. 1–DEC. 31, 2010, OR FISCAL YEAR BEGINNING

20 __, ENDING

20 __

AMENDED RETURN — CHECK HERE

SOFTWARE
VENDOR CODE **002**

NAME AND ADDRESS

SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

NAME (LAST)

(FIRST)

M.I. JR, SR

☐ DECEASED
IN 2010

SPOUSE'S (LAST)

(FIRST)

M.I. JR, SR

IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)

COUNTY OF RESIDENCE

SCHOOL DISTRICT NO.

PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)

CITY, TOWN, OR POST OFFICE

STATE

ZIP CODE

You may contribute to any one or all of the trust funds on Line 45. See pages 9–10 for a description of each trust fund, as well as trust fund codes to enter on Line 45.



PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2010.

AGE 62 THROUGH 64

☐ YOURSELF

☐ SPOUSE

AGE 65 OR OLDER

☐ YOURSELF

☐ SPOUSE

BLIND

☐ YOURSELF

☐ SPOUSE

100% DISABLED

☐ YOURSELF

☐ SPOUSE

NON-OBLIGATED SPOUSE

☐ YOURSELF

☐ SPOUSE

INCOME

1. Federal adjusted gross income from your 2010 federal return (See worksheet on page 6.)

Yourself		Spouse	
1Y	00	1S	00
2Y	00	2S	00
3Y	00	3S	00
4Y	00	4S	00
5Y	00	5S	00
6		00	
7Y	%	7S	%

2. Total additions (from Form MO-A, Part 1, Line 6)

3. Total income — Add Lines 1 and 2

4. Total subtractions (from Form MO-A, Part 1, Line 14)

5. Missouri adjusted gross income — Subtract Line 4 from Line 3

6. Total Missouri adjusted gross income — Add columns 5Y and 5S

7. Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)

EXEMPTIONS AND DEDUCTIONS

8. Pension and Social Security/Social Security disability exemption (from Form MO-A, Part 3)

8 00

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

☐ C. Married filing joint federal & combined Missouri — \$4,200

☐ D. Married filing separate — \$2,100

☐ E. Married filing separate (spouse NOT filing) — \$4,200

☐ F. Head of household — \$3,500

☐ G. Qualifying widow(er) with dependent child — \$3,500

9	00
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10. Tax from federal return (Do not enter federal income tax withheld.)

• Federal Form 1040, Line 55 minus Lines 45, 63, 64a, 66, 67, and amounts from Forms 8801 and 8885 on Line 70

• Federal Form 1040A, Line 35 minus Line 40, 41a, 43, and any alternative minimum tax included on Line 28

• Federal Form 1040EZ, Line 11 minus Line 8 and 9a

10	00
11	00
12	00

11. Other tax from federal return — Attach copy of your federal return (pages 1 and 2).

12. Total tax from federal return — Add Lines 10 and 11.

13. Federal tax deduction — Enter amount from Line 12 not to exceed \$5,000 for individual filer; \$10,000 for combined filers.

13 00

14. Missouri standard deduction OR itemized deductions. Single or Married Filing Separate — \$5,700; Head of Household — \$8,400; married Filing a Combined Return or Qualifying Widow(er) — \$11,400; If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you claimed an additional standard deduction or you are itemizing, see Form MO-A, Part 2, or Form MO-L

14 00

15. Number of dependents from Federal Form 1040 OR 1040A, Line 6c (DO NOT INCLUDE YOURSELF OR SPOUSE.)

X \$1,200 =

15 00

16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE.)

X \$1,000 =

16 00

17. Long-term care insurance deduction

17 00

18. Health care sharing ministry deduction

18 00

19. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and 18

19 00

20. Subtotal — Subtract Line 19 from Line 6

20 00

21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S.

21Y 00 21S 00

22. Enterprise zone or rural empowerment zone income modification

22Y 00 22S 00

23. Subtract Line 22 from Line 21. Enter here and on Line 24.

23Y 00 23S 00

		Yourself		Spouse																						
TAX	24. Taxable income amount from Lines 23Y and 23S	24Y	00	24S	00																					
	25. Tax. (See tax table on page 26 of the instructions.)	25Y	00	25S	00																					
	26. Resident credit — Attach Form MO-CR and other states' income tax return(s). OR	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%. Check the box if you or your spouse is a professional entertainer or a member of a professional athletic team. <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	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 Form W-2(s) and/or Form 1099(s).	32			00																				
		33. 2010 Missouri estimated tax payments (include overpayment from 2009 applied to 2010)	33			00																				
34. Missouri tax payments for nonresident partners or S corporation shareholders — Attach Form MO-2NR.		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																					
AMENDED RETURN	Skip Lines 40–42 if you are not filing an amended return.																									
	40. Amount paid on original return	40			00																					
	41. Overpayment as shown (or adjusted) on original return	41			00																					
	INDICATE REASON(S) FOR AMENDING.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M	D	D	Y	Y															
	M	M	D	D	Y	Y																				
	<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 OR AMOUNT DUE	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 2010 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	00	00																					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td> Children's Trust Fund</td> <td> Veterans Trust Fund</td> <td> Elderly Home Delivered Meals Trust Fund</td> <td> Missouri National Guard Trust Fund</td> <td> Workers' Memorial Trust Fund</td> <td> LEAD Lead Testing Trust Fund</td> <td> Missouri Military Family Relief Trust Fund</td> <td> General Revenue Trust Fund</td> <td> After School Retreat Trust Fund</td> <td>Addl. Trust Fund Code (See Instr.)</td> <td>Addl. Trust Fund Code (See Instr.)</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>					Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Trust Fund	LEAD Lead Testing Trust Fund	Missouri Military Family Relief Trust Fund	General Revenue Trust Fund	After School Retreat Trust Fund	Addl. Trust Fund Code (See Instr.)	Addl. Trust Fund Code (See Instr.)										
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	46. Overpayment to be refunded to you. Subtract Lines 44 and 45 from Line 43 and enter here. Sign below and mail return to: Department of Revenue, PO BOX 3222, JEFFERSON CITY, MO 65105-3222																									
	REFUND																									
	47. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here.	47			00																					
	48. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here.	48			00																					
49. Total amount due — Add Lines 47 and 48 and enter here. Sign below and mail return and payment to: Department of Revenue, PO BOX 3370, JEFFERSON CITY, MO 65105-3370. Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only).																										
Make payable to Missouri Department of Revenue. AMOUNT YOU OWE																										
49																										
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.																										
SIGNATURE	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/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	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																						

PART 3 - PENSION EXEMPTION

PUBLIC PENSION CALCULATION — Pensions received from any federal, state, or local government.

SECTION A	1. Missouri adjusted gross income from Form 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	
	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 - \$85,000	4		00	
	5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5		00	
		Y - YOURSELF		S - SPOUSE	
	6. Taxable pension for each spouse from public sources from federal Form 1040A, Line 12b or 1040, Line 16b	6Y	00	6S	00
	7. Multiply Line 6 by 65%	7Y	00	7S	00
	8. Amount from Line 7 or \$33,703 (maximum social security benefit), whichever is less.	8Y	00	8S	00
	9. Amount from Line 6 or \$6,000, whichever is less	9Y	00	9S	00
	10. Amount from Line 8 or Line 9, whichever is greater	10Y	00	10S	00
	11. 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.	11Y	00	11S	00
	12. Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter \$0	12Y	00	12S	00
	13. Add amounts on Lines 12y and 12s	13			00
14. Total public pension , subtract Line 5, from Line 13. If Line 5 is greater than Line 13, enter \$0	14			00	

PRIVATE PENSION CALCULATION — Annuities, pensions, IRA'S, and 401(k) plans funded by a private source.

SECTION B	1. Missouri adjusted gross income from Form 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	
	4. Select the appropriate filing status and enter the amount on Line 4: Married filing combined: \$32,000; Single, Head of Household and Qualifying Widower: \$25,000; Married Filing Separate: \$16,000	4		00	
	5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5		00	
		Y - YOURSELF		S - SPOUSE	
	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	00	6S	00
	7. Amounts from Line 6Y and 6S or \$6,000, whichever is less	7Y	00	7S	00
	8. Add Lines 7Y and 7S	8			00
9. Total private pension , subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0	9			00	

SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social security deduction you must be 62 years of age by December 31 and have marked the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to social security disability deduction.

SECTION C	1. Missouri Adjusted Gross Income from Form MO-1040, Line 6	1		00	
	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 Widower - \$85,000	2		00	
	3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0	3		00	
		Y - YOURSELF		S - SPOUSE	
	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. Multiply Line 4 or Line 5 by 65%.	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	

MILITARY PENSION CALCULATION

SECTION D	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
	3. Divide Line 1 by Line 2	3		%
	4. Multiply Line 3 by Line 14 of Section A. If you are not claiming a public pension exemption, enter \$0	4		00
	5. Subtract Line 4 from Line 1	5		00
	6. Total military pension, multiply Line 5 by 15%. If the amount is greater than Line 4, enter the amount from Line 4	6		00

TOTAL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY EXEMPTION

SECTION E	Add Line 14 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D). Enter total amount here and on Form MO-1040, Line 8.	TOTAL EXEMPTION	
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MISSOURI DEPARTMENT OF REVENUE
PROPERTY TAX CREDIT

2010
FORM
MO-PTS

Attachment Sequence No. 1040-07 and 1040P-01

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.

NAME	LAST NAME	FIRST NAME	INITIAL	BIRTHDATE	SOCIAL SECURITY NO.
	SPOUSE'S LAST NAME	FIRST NAME	INITIAL	BIRTHDATE	SPOUSE'S SOCIAL SECURITY NO.

QUALIFICATIONS	You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc., must be included with claim.				
	<input type="checkbox"/> A. 65 years of age or older (Attach a copy of Form SSA-1099.) <input type="checkbox"/> B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) <input type="checkbox"/> C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.) <input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.)				

FILING STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married — Filing Combined <input type="checkbox"/> Married — Living Separate for Entire Year	If married filing combined, you must report both incomes.
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**Failure to provide the attachments listed below
(rent receipt(s), tax receipt(s), 1099(s), W-2(s), etc.) will result in denial or delay of your claim.**

1. Enter the amount of income from Form MO-1040, Line 6, OR Form MO-1040P, Line 4.	1		00
2. Enter the amount of nontaxable social security benefits received by you and/or your minor children before any deductions and/or the amount of social security equivalent railroad retirement benefits. Attach a copy of Form SSA-1099 and/or RRB-1099.	2		00
3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 7 (if filing Form MO-1040). Attach Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC, etc.	3		00
4. Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. Attach Form RRB/1099-R (Tier II). If filing Form MO-1040, refer to Form MO-A, Part 1, Line 9.	4		00
5. Enter the amount of veteran's payments or benefits before any deductions. Attach letter from Veterans Affairs.	5		00
6. Enter the total amount received by you and/or your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and/or TANF). Attach a copy of Form SSA-1099(s), a letter from the Social Security Administration and/or Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable.	6		00
7. Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.)	7		00
8. TOTAL household income — Add Lines 1 through 7. Enter total here.	8		00
9. Mark the box that applies and enter the appropriate amount. <input type="checkbox"/> a. Enter \$0 if filing status is Single or Married Living Separate; If married and filing combined; <input type="checkbox"/> b. Enter \$2,000 if you rented or did not own your home for the entire year; <input type="checkbox"/> c. Enter \$4,000 if you owned and occupied your home for the entire year;	9	-	00
10. Net household income — Subtract Line 9 from Line 8 and enter the amount; mark the box that applies. <input type="checkbox"/> a. If you rented or did not own and occupy your home for the entire year , Line 10 cannot exceed \$27,500. If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. <input type="checkbox"/> b. If you owned and occupied your home for the entire year , Line 10 cannot exceed \$30,000. If the total is greater than \$30,000, STOP - no credit is allowed. Do not file this claim.	10		00
11. If you owned your home, enter the total amount of property tax paid for your home less special assessments. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 948, Assessor's Certification.	11		00
12. If you rented your home, enter the amount from Form MO-CRP(s), Line 9. Attach rent receipt(s) for each rent payment or a summary for the entire year; a statement from your landlord, or copies of cancelled checks (front and back) along with Form MO-CRP. NOTE: If you rent from a facility that does not pay property taxes, you are not eligible for a Property Tax Credit.	12		00
13. Add Lines 11 and 12. If you rented your home, enter the total or \$750, whichever is less. If you owned your home, enter the total or \$1,100, whichever is less. If you rent from a tax exempt facility, you do not qualify.	13		00
14. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 39-41 or MO-1040P, pages 27-29 to figure your Property Tax Credit. You must use the chart to see how much credit you are allowed. Note: Renters - maximum allowed is \$750. Owners - maximum allowed is \$1,100. Enter this amount on Form MO-1040, Line 38 OR Form MO-1040P, Line 20.	14		00

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2010

2010
FORM
MO-CRP

**IF YOU RENT FROM A TAX EXEMPT
FACILITY, YOU DO NOT QUALIFY.**

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? IF YES, EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. NAME		3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)			
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED)		APT. NUMBER		LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED) APT. NUMBER	
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) () - - - - -	
5. RENTAL PERIOD DURING YEAR		FROM: MONTH DAY YEAR		TO: MONTH DAY YEAR	
		2010		2010	
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving housing assistance, enter the amount of rent YOU paid. . .					6 00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. Additional persons sharing rent/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) . . .					7 %
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.					8 00
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.					9 00

MO 860-1089 (08-2010)

For Privacy Notice, see the instructions.



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2010

2010
FORM
MO-CRP

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FACILITY, YOU DO NOT QUALIFY.**

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2. NAME		3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)			
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED)		APT. NUMBER		LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED) APT. NUMBER	
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) () - - - - -	
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