

Missouri Department of Revenue
2-D Barcode File Layout for 2010 MO-PTC

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 (MOPTC) and current tax year				MOPTC/2010
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
		**** MO PTC ****				
		Fields 7 through 9 are carriage return only (blank)				
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		
		Carriage return only (blank)		4		
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
		Fields 30 through 125 are Carriage return only (blank)				
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		
		Fields 129 through 249 are carriage return only (blank)				
250	Name	Birthdate (Yourself)	PIC 9(6)	6		MMDDYY (example: 031539) **Total of 6 digits
251	Name	Birthdate (Spouse)	PIC 9(6)	6		MMDDYY (example: 031539) **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		Carriage return only (blank)	PIC S9(9)	9	Y	
260	1	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	
261	2	Enter the total amount of pensions, annuities, dividends, or interest income	PIC 9(9)	9	N	
262	3	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
263	4	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
264	5	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
265		Carriage return only (blank)	PIC 9(9)	9	N	
266	6	Total household income — add Lines 1 through 5	PIC S9(9)	9	Y	
267	7	Enter \$0, \$2000, or \$4000 based on filing and occupancy status	PIC 9(9)	9	N	
268	8A	rented checkbox (line 8 cannot exceed \$27,500)	PIC X(1)	1		X YES
269	8B	owned/occupied entire year checkbox (line 8 cannot exceed \$30,000)	PIC X(1)	1		X YES
270	8	Net household income — (Subtract Line 7 from Line 6.)	PIC S9(9)	9	Y	
271	9	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	
272	10	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
273	11	Total tax and or rent—add Lines 9 and 10 and enter total (max \$750 or \$1100, depending on occupancy)	PIC 9(9)	9	N	
274	12	Property Tax Credit	PIC 9(9)	9	N	

Missouri Department of Revenue
2-D Barcode File Layout for 2010 MO-PTC

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
*** 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.	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.	PIC 9(9)	9	N	
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.	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.)

Missouri Department of Revenue
2-D Barcode File Layout for 2010 MO-PTC

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
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.	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.	PIC 9(9)	9	N	
354	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
Fields 355 through 359 are carriage return only (blank)						
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		
363		*EOD*				
				657 calculated # characters		
General Information						
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)						
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						

Missouri Department of Revenue
2-D Barcode File Layout for 2010 MO-PTC

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		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.				
		(Note: The symbol <CR> is used to represent a single carriage return character.)				
		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 MOPTC.				
		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: "MOPTC" 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 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 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.)				
		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.				

Missouri Department of Revenue
2-D Barcode File Layout for 2010 MO-PTC

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		<p>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.</p> <p>REFUND: DEPARTMENT OF REVENUE, PO BOX 2800, JEFFERSON CITY, MO 65105-2800 (*2-D Barcode ONLY—DOR, PO BOX 3385, JEFFERSON CITY, MO 65105-3222)</p> <p>AMOUNT YOU OWE: DEPARTMENT OF REVENUE, PO BOX 2800, JEFFERSON CITY, MO 65105-2800 (*2-D Barcode ONLY—DOR, 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.				