

2011 Tax Year 1040P 2D specs

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 (MO1040P) and current tax year				MO1040P/2011
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
		**** MO 1040P ****				
7	Top	Carriage return only (blank)	PIC 9(2)	2		
8	Top	Carriage return only (blank)	PIC 9(2)	2		
9	Top	Carriage return only (blank)	PIC 9(4)	4		
10	Top	Carriage return only (blank)	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 2011	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 2011	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	Y	
41	1S	Federal Adjusted Gross Income (Spouse)	PIC S9(9)	9	Y	
42		Carriage return only (blank)	PIC 9(9)	9	N	
43		Carriage return only (blank)	PIC 9(9)	9	N	
44	2Y	Any state income tax refund (yourself)	PIC 9(9)	9	N	
45	2S	Any state income tax refund (spouse)	PIC 9(9)	9	N	
46	3Y	Missouri Adj Gross Income (Subtract Line 2 from Line 1) Yourself	PIC S9(9)	9	Y	
47	3S	Missouri Adj Gross Income (Subtract Line 2 from Line 1) Spouse	PIC S9(9)	9	Y	
48	10	Total Pension Exemption (From Form MO-A, Part 3)	PIC 9(9)	9	N	
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	N	
58		Carriage return only (blank)	PIC 9(9)	9		
59		Carriage return only (blank)	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	N	
62	9a	Number of dependents from Federal Form 1040 or 1040A	PIC 9(2)	2	N	
63	9	Number of dependents from Federal Form 1040 * 1200	PIC 9(9)	9		Dependents * 1200
64		Carriage return only (blank)	PIC 9(2)	2		
65		Carriage return only (blank)	PIC 9(9)	9		
66	11	Long-term care insurance deduction	PIC 9(9)	9	N	
67		Carriage return only (blank)	PIC 9(9)	9		
68		Carriage return only (blank)	PIC 9(9)	9		
69	12	Total deductions--add Lines 6 through 11	PIC 9(9)	9	N	
70	13	Subtotal — subtract Line 12 from Line 4	PIC 9(9)	9	N	

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71		Carriage return only (blank)	PIC 9(9)	9		
72		Carriage return only (blank)	PIC 9(9)	9		
73	16Y	Tax on Line 15 Yourself	PIC 9(9)	9	N	
74	16S	Tax on Line 15 Spouse	PIC 9(9)	9	N	
		Fields 75 through 88 are carriage return only (blank)	PIC 9(9)	9		
89	18	Missouri Tax withheld	PIC 9(9)	9	N	
90	19	2011 Missouri estimated tax payments	PIC 9(9)	9	N	
		Fields 91 through 94 are carriage return only (blank)				
95	20	Property tax credit. Attach Form MO-PTS	PIC 9(9)	9	N	
96	21	Total payments and credits Add Lines 18 through 20.	PIC 9(9)	9	N	
		Fields 97 through 107 are carriage return only (blank)	PIC 9(9)	9	N	
108	22	If line 21 > Line 17, enter difference here. (Amount overpaid.)	PIC 9(9)	9	N	
109	23	Amount of Line 22 to be applied to your 2012 estimated tax	PIC 9(9)	9	N	
110	24a	Children's Trust Fund	PIC 9(9)	9	N	
111	24b	Veterans Trust Fund	PIC 9(9)	9	N	
112	24c	Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9	N	
113	24d	Missouri National Guard Trust Fund	PIC 9(9)	9	N	
114	24e	Workers' Memorial Trust Fund	PIC 9(9)	9	N	
115	24f	Childhood Lead Testing Trust Fund	PIC 9(9)	9	N	
116	24g	Missouri Military Family Relief Fund	PIC 9(9)	9	N	
117	24h	General Revenue Fund	PIC 9(9)	9	N	
118	24i	After School Retreat Trust Fund	PIC 9(9)	9	N	
119	24i	Organ Donor Trust Fund	PIC 9(9)	9	N	
120	24j1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
121	24j2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
122	24k1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
123	24k2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
124	25	Overpayment to be refunded to you	PIC 9(9)	9	N	
125		Carriage return only (blank)	PIC 9(9)	9		
126		Carriage return only (blank)	PIC 9(9)	9		
127	26	Total Amount Due	PIC 9(9)	9	N	
128	SIGN	I authorize the Director of Revenue to discuss my return and	PIC X(1)	1		X YES
129	SIGN	Daytime Telephone	PIC 9(10)	10		
130	SIGN	FEIN, SSN, PTIN	PIC X(9)	9		
		Fields 131 through 158 are carriage return only (blank)				
		**** Missouri Itemized Deductions ****				
159	1	Total federal itemized deductions from Federal Form 1040, Line 40	PIC 9(9)	9	N	
160	2	2011(FICA) — yourself — Social security \$ Medicare \$	PIC 9(9)	9	N	
161	3	2011 (FICA) — spouse — Social security \$ Medicare \$	PIC 9(9)	9	N	
162	4	2011 Railroad retirement tax — yourself (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
163	5	2011 Railroad retirement tax — spouse (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
164	6	2011 Self-employment tax	PIC 9(9)	9	N	
165	8	State and local income taxes — See instructions	PIC 9(9)	9	N	
166	9	Earnings taxes included in Line 8	PIC 9(9)	9	N	
167	10	Net state income taxes — (subtract Line 9 from Line 8)	PIC 9(9)	9	N	
		**** MO-A, Section A Public Pension Calculation ****				
168	1	Enter MO Adjusted Gross Income from MO-1040P, Line 4	PIC S9(9)	9	Y	
169	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
170	3	Subtract Line 2 from Line 1	PIC S9(9)	9	Y	
171	4	Enter appropriate filing status amts: MFC-\$100,000; S,H0H,MFS,QW-\$85,000	PIC 9(9)	9	N	
172	5	Subtract Line 4 from Line 3 and enter on Line 5. If Line 4>Line 3, enter 0	PIC 9(9)	9	N	
173	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	
174	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	
175	7Y	Multiply Line 6 by 80%	PIC 9(9)	9	N	
176	7S	Multiply Line 6 by 80%	PIC 9(9)	9	N	
177	8Y	If Line 7>\$34,141, enter \$34,141. If <\$34,141, enter amt from Line 7	PIC 9(9)	9	N	
178	8S	If Line 7>\$34,141, enter \$34,141. If <\$34,141, enter amt from Line 7	PIC 9(9)	9	N	
179	9Y	Amount from Line 6 or \$6,000, whichever is less	PIC 9(9)	9	N	
180	9S	Amount from Line 6 or \$6,000, whichever is less	PIC 9(9)	9	N	
181	10Y	Amount from Line 8 or Line 9, whichever is greater	PIC 9(9)	9	N	
182	10S	Amount from Line 8 or Line 9, whichever is greater	PIC 9(9)	9	N	
183	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	

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Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
184	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	
185	12Y	Subtract Line 11 from Line 10. If Line 11>Line 10, enter 0	PIC 9(9)	9	N	
186	12S	Subtract Line 11 from Line 10. If Line 11>Line 10, enter 0	PIC 9(9)	9	N	
187	13	Add amounts on Line 12Y and 12S	PIC 9(9)	9	N	
188	14	Total Pension Exemption — subtract Line 5 from Line 13, enter here	PIC 9(9)	9	N	
**** MO-A, Section B Private Pension Calculation ****						
189	1	Enter Mo Adjusted Gross Income from Form MO-1040P, Line 4	PIC 9S(9)	9	Y	
190	2	Enter taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	PIC 9(9)	9	N	
191	3	Subtract Line 2 from Line 1	PIC 9S(9)	9	Y	
192	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
193	5	Subtract Line 4 from Line 3. If Line 4>\$0, enter 0	PIC 9(9)	9	N	
194	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	
195	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	
196	7Y	Enter amounts from Line 6Y or \$6000, whichever is less	PIC 9(9)	9	N	
197	7S	Enter amounts from Line 6S or \$6000, whichever is less	PIC 9(9)	9	N	
198	8	Add Lines 7Y and 7S	PIC 9(9)	9	N	
199	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, Section C Social Sec or Social Sec Disability Calc****						
200	1	Enter Mo Adjusted Gross Income from Form MO-1040P, Line 4	PIC 9S(9)	9	Y	
201	2	Enter appropriate filing status amount; MFC-\$100,000; S,HOH,QW,MFS-\$85,000	PIC 9(9)	9	N	can't be 0
202	3	Subtract Line 2 from Line 1. If Line 2>Line 1, enter \$0	PIC 9(9)	9	N	
203	4Y	Enter taxable social security benefits(Yourself) from fed Form 1040A, Line 14b or fed Form 1040, Line 20b	PIC 9(9)	9	N	
204	4S	Enter taxable social security benefits(Spouse) from fed Form 1040A, Line 14b or fed Form 1040, Line 20b	PIC 9(9)	9	N	
205	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	
206	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	
207	6Y	Multiply lines 4 or 5 by 80%(Yourself)	PIC 9(9)	9	N	
208	6S	Multiply lines 4 or 5 by 80%(Spouse)	PIC 9(9)	9	N	
209	7	Add Lines 6Y and 6S	PIC 9(9)	9	N	
210	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						
211	1	Military ret benefits from federal Form 1040A, Line 12b or fed 1040, Line 16b	PIC 9(9)	9	N	
212	2	Taxable pub pension from fed 1040a, Line 12b or fed 1040, Line 16b	PIC 9(9)	9	N	
213	3	Divide Line 1 by Line 2	PIC 9(9)	9	N	
214	4	Multiply Line 3 by Line 14 of Sec. A. If not Claim pub pension, enter 0	PIC 9(9)	9	N	
215	5	Subtract Line f from Line 1	PIC 9(9)	9	N	
216	6	Total Military pension, multiply Line 5 by 30%	PIC 9(9)	9	N	
MO-A, Part 3, Section E, Total Pension and Soc Sec/Soc Sec Disab						
217		Total Pension and Social Security/Social Security Disability Deduction	PIC 9(9)	9	N	
Fields 218 through 251 are carriage return only (blank)						
**** MO-PTS ****						
252	Name	Birthdate (Yourself)	PIC 9(6)	6		MMDDYY (example: 031535) **Total of 6 digits
253	Name	Birthdate (Spouse)	PIC 9(6)	6		MMDDYY (example: 031535) **Total of 6 digits
Note: Name/Address information same as 1040P name/address information.						
254	A	65 years of age or older	PIC X(1)	1		X YES
255	B	100% Disabled Veteran	PIC X(1)	1		X YES
256	C	100% Disabled	PIC X(1)	1		X YES
257	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1		X YES
258	Filing	Single	PIC X(1)	1		X YES
259	Filing	Married — Filing Combined	PIC X(1)	1		X YES
260	Filing	Married — Living Separate for Entire Year	PIC X(1)	1		X YES
261	1	Enter the amount of income from MO-1040, Line 6, or Form MO-1040P, Line 4	PIC S9(9)	9	Y	
262	2	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	

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Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
263	3	Enter the total amount of pensions, annuities, dividends, or interest income	PIC 9(9)	9	N	
264	4	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
265	5	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
266	6	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
267	7	Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in	PIC 9(9)	9	N	
268	8	Total household income — add Lines 1 through 7	PIC S9(9)	9	Y	
269	9	Enter \$0, \$2000, or \$4000 based on filing and occupancy status	PIC 9(9)	9	N	
270	10A	rented checkbox (line 10 cannot exceed \$27,500)	PIC X(1)	1		X YES
271	10B	owned/occupied entire year checkbox (line 10 cannot exceed \$30,000)	PIC X(1)	1		X YES
272	10	Net household income — (Subtract Line 9 from Line 8.)	PIC S9(9)	9	Y	
273	11	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	
274	12	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
275	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	
276	14	Property Tax Credit	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 1						
277	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020111) **Total of 6 digits
278	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123111) **Total of 6 digits
279	6	Enter your gross rent paid.	PIC 9(9)	9	N	
280	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
281	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
282	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
283	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
284	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
285	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household	PIC X(1)	1		X YES
286	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
287	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
288	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
289	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
290	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.
291	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
292	9	CRP total (see 20% of line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 2						
293	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020111) **Total of 6 digits
294	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123111) **Total of 6 digits
295	6	Enter your gross rent paid.	PIC 9(9)	9	N	
296	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
297	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
298	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
299	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
300	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
301	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household	PIC X(1)	1		X YES
302	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
303	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
304	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
305	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
306	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.
307	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
308	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 3						
309	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020111) **Total of 6 digits
310	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123111) **Total of 6 digits
311	6	Enter your gross rent paid.	PIC 9(9)	9	N	
312	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
313	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
314	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
315	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
316	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
317	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household	PIC X(1)	1		X YES
318	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
319	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
320	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
321	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
322	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.
323	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
324	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 4						
325	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020111) **Total of 6 digits
326	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123111) **Total of 6 digits

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Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
327	6	Enter your gross rent paid.	PIC 9(9)	9	N	
328	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
329	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
330	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
331	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
332	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
333	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household)	PIC X(1)	1		X YES
334	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
335	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
336	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
337	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
338	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.
339	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
340	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 5						
341	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020111) **Total of 6 digits
342	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123111) **Total of 6 digits
343	6	Enter your gross rent paid.	PIC 9(9)	9	N	
344	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
345	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
346	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
347	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
348	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
349	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household)	PIC X(1)	1		X YES
350	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
351	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
352	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
353	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
354	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.
355	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
356	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
357		Account Type	PIC X(1)	1		Must be "C" for checking, "S" for savings, or blank
358		Routing Number	PIC 9(9)	9	N	
359		Account Number	PIC 17(17)	17	N	
360		*EOD*				END OF DATA
				1,671		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-1040P 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>						

2011 Tax Year 1040P 2D specs

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		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 MO1040P.				
		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: "MO1040P" Specification Version: "0" Software/Form Version: "1.0"				
		Raw Header T1<CR>9999<CR>MO<CR>MO1040P<CR>0<CR>1.0<CR>				
		End of Data *EOD* must be printed in Field 360				
		Trust Funds TRUST FUND CODES for Form MO-1040P, Lines 24j and 24k 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 14 Foster Care and Adoptive Recruitment and Retention Fund 15 American Red Cross Trust Fund 16 Developmental Disabilities Waiting List Equity Trust Fund 17 Puppy Protection Trust 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 <i>encourages</i> 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.				

2011 Tax Year 1040P 2D specs

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 65105-3385)</p> <p>AMOUNT YOU OWE: 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.				