

# 2013 2-D Barcode Specifications for Form MO-1040

| Code Field  | Form Line # | Description  | Picture Clause | Max Size | Neg Values | Acceptable Values                          |
|---|-------------|--|----------------|----------|------------|--|
| <b>Important note for 2013 - if field 10 (Amended return) is checked, there must be information in fields 99-106.</b> |             |  |                |          |            |  |
|   |             | <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 (MO1040) and current tax year  |                |          |            | MO1040/2013                                |
| 5   | Header      | Specification Version (0 for current version)                                    |                |          |            | 0  |
| 6   | Header      | Software/Form Version  |                |          |            |  |
|   |             |  |                |          |            |  |
|   |             |  |                |          |            |  |
|   |             | <b>**** MO 1040 ****</b>   |                |          |            |  |
| 7   | Top         | Fiscal Year Beginning (Month)  | PIC 9(2)       | 2        |            | 01 to 12 (Must be two digits)              |
| 8   | Top         | Fiscal Year Ending (Month)   | PIC 9(2)       | 2        |            | 01 to 12 (Must be two digits)              |
| 9   | Top         | Year   | PIC 9(4)       | 4        |            | Tax Year                                   |
| 10  | Top         | AMENDED RETURN — CHECK HERE  | PIC X(1)       | 1        |            | X YES                                      |
| 11  | Top         | Vendor Code  | PIC 9(3)       | 3        |            | Software Vendor Code                       |
| 12  | NAME        | Your Social Security Number  | PIC 9(9)       | 9        |            |  |
| 13  | NAME        | Spouse's Social Security Number  | PIC 9(9)       | 9        |            |  |
| 14  | NAME        | Your Last Name   | PIC X(20)      | 20       |            |  |
| 15  | NAME        | Your First Name  | PIC X(14)      | 14       |            |  |
| 16  | NAME        | Your Middle Initial  | PIC X(1)       | 1        |            |  |
| 17  | NAME        | Yourself Title (JR,SR,etc)   | PIC X(3)       | 3        |            | Title (JR,SR,etc) (No period after suffix) |
| 18  | NAME        | Yourself Deceased in 2013  | 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 2013  | PIC X(1)       | 1        |            | X YES                                      |
| 24  | NAME        | In Care of Name  | PIC X(30)      | 30       |            |  |
| 25  | NAME        | County of Residence  | PIC X(4)       | 4        |            | Use 4 character county code                |
| 26  | NAME        | Present Address (include Apt. or Rural Route)                                    | PIC X(35)      | 35       |            |  |
| 27  | NAME        | City, Town or Post Office  | PIC X(23)      | 23       |            |  |
| 28  | NAME        | State  | PIC X(2)       | 2        |            |  |
| 29  | NAME        | Zip Code   | PIC X(9)       | 9        |            | 99999 or 999999999                         |
| 30  | CHKBOX      | Age 62 Through 64 Yourself   | PIC X(1)       | 1        |            | X YES                                      |
| 31  | CHKBOX      | Age 62 Through 64 Spouse   | PIC X(1)       | 1        |            | X YES                                      |
| 32  | CHKBOX      | Age 65 or Older Yourself   | PIC X(1)       | 1        |            | X YES                                      |
| 33  | CHKBOX      | Age 65 or Older Spouse   | PIC X(1)       | 1        |            | X YES                                      |
| 34  | CHKBOX      | Blind Yourself   | PIC X(1)       | 1        |            | X YES                                      |
| 35  | CHKBOX      | Blind Spouse   | PIC X(1)       | 1        |            | X YES                                      |
| 36  | CHKBOX      | 100% Disabled Yourself   | PIC X(1)       | 1        |            | X YES                                      |
| 37  | CHKBOX      | 100% Disabled Spouse   | PIC X(1)       | 1        |            | X YES                                      |
| 38  | CHKBOX      | Non-Obligated Spouse Yourself  | PIC X(1)       | 1        |            | X YES                                      |
| 39  | CHKBOX      | Non-Obligated Spouse Spouse  | PIC X(1)       | 1        |            | X YES                                      |
| 40  | 1Y          | Federal Adjusted Gross Income (Yourself)   | PIC S9(9)      | 9        | Y          |  |
| 41  | 1S          | Federal Adjusted Gross Income (Spouse)   | PIC S9(9)      | 9        | Y          |  |
| 42  | 2Y          | Total Additions (from Form MO-A, Part 1, Line 6) Yourself                        | PIC 9(9)       | 9        | N          |  |
| 43  | 2S          | Total Additions (from Form MO-A, Part 1, Line 6) Spouse                          | PIC 9(9)       | 9        | N          |  |
| 44  | 4Y          | Total Subtractions (From Form MO-A, Part 1, Line 14) Yourself                    | PIC 9(9)       | 9        | N          |  |
| 45  | 4S          | Total Subtractions (From Form MO-A, Part 1, Line 14) Spouse                      | PIC 9(9)       | 9        | N          |  |
| 46  | 5Y          | Missouri Adj Gross Income (Subtract Line 4 from Line 3) Yourself                 | PIC S9(9)      | 9        | Y          |  |
| 47  | 5S          | Missouri Adj Gross Income (Subtract Line 4 from Line 3) Spouse                   | PIC S9(9)      | 9        | Y          |  |
| 48  | 8           | Pension Exemption (From Form MO-A, Part 3)                                       | PIC 9(9)       | 9        | N          |  |
| 49  | 9           | A. Single — \$2,100 (See Box B before checking.)                                 | PIC X(1)       | 1        |            | X YES                                      |
| 50  | 9           | B. Claimed as a dependent on another person's federal tax return — \$0.00        | PIC X(1)       | 1        |            | X YES                                      |
| 51  | 9           | C. Married filing joint federal & combined Missouri — \$4,200                    | PIC X(1)       | 1        |            | X YES                                      |
| 52  | 9           | D. Married filing separate — \$2,100   | PIC X(1)       | 1        |            | X YES                                      |
| 53  | 9           | E. Married filing separate (spouse NOT filing) — \$4,200                         | PIC X(1)       | 1        |            | X YES                                      |
| 54  | 9           | F. Head of household — \$3,500   | PIC X(1)       | 1        |            | X YES                                      |
| 55  | 9           | G. Qualifying widow(er) with dependent child — \$3,500                           | PIC X(1)       | 1        |            | X YES                                      |
| 56  | 9           | Enter the appropriate exemption amount   | PIC 9(9)       | 9        |            | 0,2100,4200,3500                           |
| 57  | 10          | Tax from Federal Return  | PIC 9(9)       | 9        | N          |  |
| 58  | 11          | Other Tax from federal return. Attach copy of your federal return (pages 1 & 2). | PIC 9(9)       | 9        | N          |  |
| 59  | 12          | Total Tax from federal return. Add lines 10 and 11.                              | PIC 9(9)       | 9        | N          |  |
| 60  | 13          | Federal tax deduction.   | PIC 9(9)       | 9        |            | Married — 10000, Single — 5000 max         |
| 61  | 14          | Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS.                              | PIC 9(9)       | 9        | N          |  |
| 62  | 15          | Number of dependents from Federal Form 1040, Line 6c                             | PIC 9(2)       | 2        | N          |  |
| 63  | 15          | Number of dependents from Federal Form 1040 * 1200                               | PIC 9(9)       | 9        |            | Dependents * 1200                          |
| 64  | 16          | Number of dependents on Line 15 who are 65 years of age or older and             | PIC 9(2)       | 2        | N          |  |
| 65  | 16          | Number of dependents on Line 15 who are 65 years of age * 1000                   | PIC 9(9)       | 9        |            | Over 65 Dependents * 1000                  |
| 66  | 17          | Long-term care insurance deduction   | PIC 9(9)       | 9        | N          |  |
| 67  | 18A         | Health care sharing ministry deduction   | PIC 9(9)       | 9        | N          |  |
| 68  | 18B         | New Jobs Deduction   | PIC 9(9)       | 9        | N          |  |
| 69  | 19          | Total deductions--add Lines 8,9,13,14,15,16,17 and 18                            | PIC 9(9)       | 9        | N          |  |

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| 70  | 20          | Subtotal — subtract Line 19 from Line 6   | PIC 9(9)       | 9        | N          |   |
| 71  | 22Y         | Enterprise zone or rural empowerment zone income modification. Yourself               | PIC 9(9)       | 9        | N          |   |
| 72  | 22S         | Enterprise zone or rural empowerment zone income modification. Spouse                 | PIC 9(9)       | 9        | N          |   |
| 73  | 25Y         | Tax on Line 24 Yourself   | PIC 9(9)       | 9        | N          |   |
| 74  | 25S         | Tax on Line 24 Spouse   | PIC 9(9)       | 9        | N          |   |
| 75  | 26Y         | Resident Credit (Yourself)  | PIC 9(9)       | 9        | N          |   |
| 76  | 26S         | Resident Credit (Spouse)  | PIC 9(9)       | 9        | N          |   |
| 77  | 27Y         | MO income percentage (professional entertainer) Yourself                              | PIC X(1)       | 1        |            | X YES   |
| 78  | 27S         | MO income percentage (professional entertainer) Spouse                                | PIC X(1)       | 1        |            | X YES   |
| 79  | 27Y         | MO income percentage (Yourself)   | PIC 9(4)       | 4        |            | 100 for 100%, 67 for 67%. Default to 100. 100 is max. If below .5, include decimal point and up to 3 decimals to the right of the decimal point (acceptable values for decimal points are .001 to .499) |
|   |             |   |                |          |            |   |
| 80  | 27S         | MO income percentage (Spouse)   | PIC 9(4)       | 4        |            | 100 for 100%, 67 for 67%. Default to 100. 100 is max. If below .5, include decimal point and up to 3 decimals to the right of the decimal point (acceptable decimal values for points are .001 to .499) |
|   |             |   |                |          |            |   |
| 81  | 28Y         | Balance (Yourself)  | PIC 9(9)       | 9        | N          |   |
| 82  | 28S         | Balance (Spouse)  | PIC 9(9)       | 9        | N          |   |
| 83  | 29          | Other Taxes, Lump Sum distribution (Form 4972)  | PIC X(1)       | 1        |            | X YES   |
| 84  | 29          | Other Taxes, Recapture of low income housing credit (Form 8611)                       | PIC X(1)       | 1        |            | X YES   |
| 85  | 29Y         | Other Taxes (Yourself)  | PIC 9(9)       | 9        | N          |   |
| 86  | 29S         | Other Taxes (Spouse)  | PIC 9(9)       | 9        | N          |   |
| 87  | 30Y         | Subtotal — Add Lines 28 and 29 (Yourself)   | PIC 9(9)       | 9        | N          |   |
| 88  | 30S         | Subtotal — Add Lines 28 and 29 (Spouse)   | PIC 9(9)       | 9        | N          |   |
| 89  | 32          | Missouri Tax withheld   | PIC 9(9)       | 9        | N          |   |
| 90  | 33          | 2013 Missouri estimated tax payments  | PIC 9(9)       | 9        | N          |   |
| 91  | 34          | Missouri tax withheld for nonresident partners or S corp shareholders                 | PIC 9(9)       | 9        | N          |   |
| 92  | 35          | Missouri Tax withheld for nonresident entertainers                                    | PIC 9(9)       | 9        | N          |   |
| 93  | 36          | Amount paid with Missouri extension of time to file (Form MO-60)                      | PIC 9(9)       | 9        | N          |   |
| 94  | 37          | Miscellaneous tax credits (from Form MO-TC, Line 13)                                  | PIC 9(9)       | 9        | N          |   |
| 95  | 38          | Property tax credit. Attach Form MO-PTS   | PIC 9(9)       | 9        | N          |   |
| 96  | 39          | Total payments and credits Add Lines 32 through 38.                                   | PIC 9(9)       | 9        | N          |   |
| 97  | 40          | Amount paid on original return  | PIC 9(9)       | 9        | N          |   |
| 98  | 41          | Overpayment as shown (or adjusted) on original return                                 | PIC 9(9)       | 9        | N          |   |
| 99  | 41A         | Federal Audit   | PIC X(1)       | 1        |            | X YES   |
| 100   | 41A         | Enter date of IRS report  | PIC 9(6)       | 6        |            | MMDDYY (example: 031913)  |
| 101   | 41B         | Net operating loss carryback  | PIC X(1)       | 1        |            | X YES   |
| 102   | 41B         | Enter year of loss  | PIC 9(2)       | 2        |            | YY  |
| 103   | 41C         | Investment tax credit carryback   | PIC X(1)       | 1        |            | X YES   |
| 104   | 41C         | Enter year of credit  | PIC 9(2)       | 2        |            | YY  |
| 105   | 41D         | Correction other than A,B or C  | PIC X(1)       | 1        |            | X YES   |
| 106   | 41D         | Enter date of federal amended return, if filed  | PIC 9(6)       | 6        |            | MMDDYY (example: 031913)  |
| 107   | 42          | Amended Return — total payments and credits — add Line 40 to Line 39 or subtract Line | PIC 9(9)       | 9        | N          |   |
| 108   | 43          | If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference   | PIC 9(9)       | 9        | N          |   |
| 109   | 44          | Amount of Line 43 to be applied to your 2014 estimated tax                            | PIC 9(9)       | 9        | N          |   |
| 110   | 45a         | Children's Trust Fund   | PIC 9(9)       | 9        | N          |   |
| 111   | 45b         | Veterans Trust Fund   | PIC 9(9)       | 9        | N          |   |
| 112   | 45c         | Elderly Home Delivered Meals Trust Fund   | PIC 9(9)       | 9        | N          |   |
| 113   | 45d         | Missouri National Guard Trust Fund  | PIC 9(9)       | 9        | N          |   |
| 114   | 45e         | Workers' Memorial Trust Fund  | PIC 9(9)       | 9        | N          |   |
| 115   | 45f         | Childhood Lead Testing Trust Fund   | PIC 9(9)       | 9        | N          |   |
| 116   | 45g         | Missouri Military Family Relief Fund  | PIC 9(9)       | 9        | N          |   |
| 117   | 45h         | General Revenue Fund  | PIC 9(9)       | 9        | N          |   |
| 118   | 45i         | After School Retreat Trust Fund   | PIC 9(9)       | 9        | N          |   |
| 119   | 45i         | Organ Donor Trust Fund  | PIC 9(9)       | 9        | N          |   |
| 120   | 45j1        | Additional Trust Fund Code (2-Digit)  | PIC 9(2)       | 2        |            |   |
| 121   | 45j2        | Trust Fund Dollar Amount  | PIC 9(9)       | 9        | N          |   |
| 122   | 45k1        | Additional Trust Fund Code (2-Digit)  | PIC 9(2)       | 2        |            |   |
| 123   | 45k2        | Trust Fund Dollar Amount  | PIC 9(9)       | 9        | N          |   |
| 124   | 46          | Overpayment to be refunded to you   | PIC 9(9)       | 9        | N          |   |
| 125   | 47          | If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of         | PIC 9(9)       | 9        | N          |   |
| 126   | 48          | Underpayment of estimated tax penalty. Attach Form MO-2210.                           | PIC 9(9)       | 9        | N          |   |
| 127   | 49          | 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        |            |   |
|   |             |   |                |          |            |   |
|   |             | **** MO-A ****  |                |          |            |   |
|   |             | **** MO-A Additions ****  |                |          |            |   |
| 131   | 1Y          | Interest on state and local obligations other than Missouri source (Yourself)         | PIC 9(9)       | 9        | N          |   |
| 132   | 1S          | Interest on state and local obligations other than Missouri source (Spouse)           | PIC 9(9)       | 9        | N          |   |
| 133   | 2           | Net Operating Loss (Carryback/Carryforward)   | PIC X(1)       | 1        |            | X YES   |

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| <b>Important note for 2013 - if field 10 (Amended return) is checked, there must be information in fields 99-106.</b> |             |   |                |          |            |  |
| 134   | 2Y          | Partnership; Fiduciary; S Corporation; Net operating Loss; (Yourself)   | PIC 9(9)       | 9        | N          |  |
| 135   | 2S          | Partnership; Fiduciary; S Corporation; Net operating Loss; (Spouse)   | PIC 9(9)       | 9        | N          |  |
| 136   | 3Y          | Nonqualified distribution received from qualified 529 plan (Yourself)   | PIC 9(9)       | 9        | N          |  |
| 137   | 3S          | Nonqualified distribution received from qualified 529 plan(Spouse)  | PIC 9(9)       | 9        | N          |  |
| 138   | 4Y          | Food Pantry contributions included on Federal Sched A   | PIC 9(9)       | 9        | N          |  |
| 139   | 4S          | Food Pantry contributions included on Federal Sched A   | PIC 9(9)       | 9        | N          |  |
| 140   | 5Y          | Nonresident Property Tax  | PIC 9(9)       | 9        | N          |  |
| 141   | 5S          | Nonresident Property Tax  | PIC 9(9)       | 9        | N          |  |
| <b>**** MO-A Subtractions ****</b>  |             |   |                |          |            |  |
| 142   | 7Y          | Interest from exempt federal obligations included in federal AGI(Yourself)  | PIC 9(9)       | 9        | N          |  |
| 143   | 7S          | Interest from exempt federal obligations included in federal AGI (Spouse)   | PIC 9(9)       | 9        | N          |  |
| 144   | 8Y          | Any state income tax refund included in federal AGI (Yourself)  | PIC 9(9)       | 9        | N          |  |
| 145   | 8S          | Any state income tax refund included in federal AGI (Spouse)  | PIC 9(9)       | 9        | N          |  |
| 146   | 9           | <b>Nonresident Military Check Box</b>   | PIC X(1)       | 1        |            | X YES  |
| 147   | 9           | <b>Combat Pay Check Box</b>   | PIC X(1)       | 1        |            | X YES  |
| 148   | 9           | <b>Other</b>  | PIC X(1)       | 1        |            | X YES  |
| 149   | 9Y          | Partnership; Fiduciary; S Corporation; Railroad retirement (Yourself)   | PIC 9(9)       | 9        | N          |  |
| 150   | 9S          | Partnership; Fiduciary; S Corporation; Railroad retirement (Spouse)   | PIC 9(9)       | 9        | N          |  |
| 151   | 10Y         | Exempt contributions made to qualified 529 plan (Yourself)  | PIC S(9)       | 9        | N          | \$16000 maximum for BOTH primary and secondary |
| 152   | 10S         | Exempt contributions made to qualified 529 plan (Spouse)  | PIC S(9)       | 9        | N          | \$16000 maximum for BOTH primary and secondary |
| 153   | 11Y         | Qualified Health Insurance Premiums (Yourself)  | PIC 9(9)       | 9        | N          |  |
| 154   | 11S         | Qualified Health Insurance Premiums (Spouse)  | PIC 9(9)       | 9        | N          |  |
| 155   | 12Y         | Missouri depreciation adjustment (Yourself)   | PIC 9(9)       | 9        | N          |  |
| 156   | 12S         | Missouri depreciation adjustment (Spouse)   | PIC 9(9)       | 9        | N          |  |
| 157   | 13Y         | Home Energy Audit Expenses  | PIC 9(9)       | 9        | N          |  |
| 158   | 13S         | Home Energy Audit Expenses  | PIC 9(9)       | 9        | N          |  |
| <b>**** MO-A, Part 2, Missouri Itemized Deductions ****</b>   |             |   |                |          |            |  |
| 159   | 1           | Total federal itemized deductions from Federal Form 1040, Line 40   | PIC 9(9)       | 9        | N          |  |
| 160   | 2           | 2013 (FICA) — yourself — Social security \$ Medicare \$   | PIC 9(9)       | 9        | N          |  |
| 161   | 3           | 2013 (FICA) — spouse — Social security \$ Medicare \$   | PIC 9(9)       | 9        | N          |  |
| 162   | 4           | 2013 Railroad retirement tax — yourself (Tier 1 and Tier II) \$ Medicare \$   | PIC 9(9)       | 9        | N          |  |
| 163   | 5           | 2013 Railroad retirement tax — spouse (Tier 1 and Tier II) \$ Medicare \$   | PIC 9(9)       | 9        | N          |  |
| 164   | 6           | 2013 Medicare Tax - Yourself and Spouse   | PIC 9(9)       | 9        | N          |  |
| 165   | 7           | 2013 Self-employment tax  | PIC 9(9)       | 9        | N          |  |
| 166   | 9           | State and local income taxes — See instructions   | PIC 9(9)       | 9        | N          |  |
| 167   | 10          | Earnings taxes included in Line 8   | PIC 9(9)       | 9        | N          |  |
| 168   | 11          | Net state income taxes  | PIC 9(9)       | 9        | N          |  |
| <b>**** MO-A, Part 3, Section A, Public Pension Calculation ****</b>  |             |   |                |          |            |  |
| 169   | 1           | MO Adjusted Gross Income from MO-1040, Line 6   | PIC S9(9)      | 9        | Y          |  |
| 170   | 2           | Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b   | PIC 9(9)       | 9        | N          |  |
| 171   | 3           | Subtract Line 2 from Line 1   | PIC S9(9)      | 9        | Y          |  |
| 172   | 4           | Filing status amount -MFC-\$100,000, S,HOH, MFS, QW -\$85,000   | PIC 9(9)       | 9        | N          | can't be 0                                     |
| 173   | 5           | Subtract Line 4 from Line 3 and enter on Line 5. If Line 4>Line 3, enter \$0  | PIC 9(9)       | 9        | N          |  |
| 174   | 6Y          | Taxable pension for each spouse from public sources from Federal Form 1040A, line 12b or Federal Form 1040, line 16b  | PIC 9(9)       | 9        | N          |  |
| 175   | 6S          | Taxable pension for each spouse from public sources from Federal Form 1040A, line 12b or Federal Form 1040, line 16b  | PIC 9(9)       | 9        | N          |  |
| 176   | 7Y          | If Line 6 > \$35,939, enter \$35,939. If<\$35,939, enter amt from Line 6  | PIC 9(9)       | 9        | N          |  |
| 177   | 7S          | If Line 6 > \$35,939, enter \$35,939. If<\$35,939, enter amt from Line 6  | PIC 9(9)       | 9        | N          |  |
| 178   | 8Y          | Amount from Line 6 or \$6,000, whichever is less  | PIC 9(9)       | 9        | N          |  |
| 179   | 8S          | Amount from Line 6 or \$6,000, whichever is less  | PIC 9(9)       | 9        | N          |  |
| 180   | 9Y          | Amount from Line 7 or Line 8, whichever is greater  | PIC 9(9)       | 9        | N          |  |
| 181   | 9S          | Amount from Line 7 or Line 8, whichever is greater  | PIC 9(9)       | 9        | N          |  |
| 182   | 10Y         | If you received taxable social security and are claiming a social security exemption, complete Lines 1 thru 8 of Part 3 of MO-A, Section C, and enter the amount from Line 6Y here. | PIC 9(9)       | 9        | N          |  |
| 183   | 10S         | If you received taxable social security and are claiming a social security exemption, complete Lines 1 thru 8 of Part 3 of MO-A, Section C, and enter the amount from Line 6S here. | PIC 9(9)       | 9        | N          |  |
| 184   | 11Y         | Subtract Line 10 from Line 9. If Line 10>Line 9, enter \$0  | PIC 9(9)       | 9        | N          |  |
| 185   | 11S         | Subtract Line 10 from Line 9. If Line 10>Line 9, enter \$0  | PIC 9(9)       | 9        | N          |  |
| 186   | 12          | Add amounts on Line 11Y and 11S   | PIC 9(9)       | 9        | N          |  |
| 187   | 13          | Total Pension Exemption — subtract Line 5 from Line 12, enter here. If Line 5>Line 12, enter \$0  | PIC 9(9)       | 9        | N          |  |
| <b>**** MO-A, Part 3, Section B, Private Pension calculation ****</b>   |             |   |                |          |            |  |
| 188   | 1           | Enter Mo Adjusted Gross Income from Form MO-1040, Line 6  | PIC 9S(9)      | 9        | Y          |  |

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|---|-------------|---|----------------|----------|------------|-------------------|
| <b>Important note for 2013 - if field 10 (Amended return) is checked, there must be information in fields 99-106.</b> |             |   |                |          |            |                   |
| 189   | 2           | Enter taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b                                   | PIC 9(9)       | 9        | N          |                   |
| 190   | 3           | Subtract Line 2 from Line 1   | PIC 9S(9)      | 9        | Y          |                   |
| 191   | 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        |
| 192   | 5           | Subtract Line 4 from Line 3. If Line 4>\$0, enter 0   | PIC 9(9)       | 9        | N          |                   |
| 193   | 6Y          | Taxable pension amount from private sources from Federal Form 1040A, Lines 11b and 12b, or Federal Form 1040, Lines 15b and 16b(Yourself) | PIC 9(9)       | 9        | N          |                   |
| 194   | 6S          | Taxable pension amount from private sources from Federal Form 1040A, Lines 11b and 12b, or Federal Form 1040, Lines 15b and 16b(Spouse)   | PIC 9(9)       | 9        | N          |                   |
| 195   | 7Y          | Enter amounts from Line 6Y or \$6000, whichever is less   | PIC 9(9)       | 9        | N          |                   |
| 196   | 7S          | Enter amounts from Line 6S or \$6000, whichever is less   | PIC 9(9)       | 9        | N          |                   |
| 197   | 8           | Add Lines 7Y and 7S   | PIC 9(9)       | 9        | N          |                   |
| 198   | 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, Part 3, Section C, Social Security or Social Security Disability Calculation*</b>                        |             |   |                |          |            |                   |
| 199   | 1           | Enter Mo Adjusted Gross Income from Form MO-1040, Line 6  | PIC 9S(9)      | 9        | Y          |                   |
| 200   | 2           | Enter appropriate filing status amount; MFC \$100,000; S,HOH,MFS, QW \$85,000   | PIC 9(9)       | 9        | N          | can't be 0        |
| 201   | 3           | Subtract Line 2 from Line 1. If Line 2>Line 1, enter \$0  | PIC 9(9)       | 9        | N          |                   |
| 202   | 4Y          | Enter taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b(Yourself)                         | PIC 9(9)       | 9        | N          |                   |
| 203   | 4S          | Enter taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b(Spouse)                           | PIC 9(9)       | 9        | N          |                   |
| 204   | 5Y          | Enter taxable social security disability benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b(Yourself)              | PIC 9(9)       | 9        | N          |                   |
| 205   | 5S          | Enter taxable social security disability benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b(Spouse)                | PIC 9(9)       | 9        | N          |                   |
| 206   | 6Y          | Amount from Line(s) 4Y and/or 5Y  | PIC 9(9)       | 9        | N          |                   |
| 207   | 6S          | Amount from Line(s) 4S and/or 5S  | PIC 9(9)       | 9        | N          |                   |
| 208   | 7           | Add Lines 6Y and 6S   | PIC 9(9)       | 9        | N          |                   |
| 209   | 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>  |             |   |                |          |            |                   |
| 210   | 1           | Military ret benefits from Federal Form 1040A, line 12b or Federal 1040, line 16b   | PIC 9(9)       | 9        | N          |                   |
| 211   | 2           | Taxable pub pension from Federal 1040A, Line 12b or Federal 1040, line 16b  | PIC 9(9)       | 9        | N          |                   |
| 212   | 3           | Divide Line 1 by Line 2   | PIC 9(3)       | 3        | N          |                   |
| 213   | 4           | Multiply Line 3 by Line 13 of Sec A. If not Claim pub pension, enter 0  | PIC 9(9)       | 9        | N          |                   |
| 214   | 5           | Subtract Line 4 from line 1   | PIC 9(9)       | 9        | N          |                   |
| 215   | 6           | Total Military pension, multiply Line 5 by 60%  | PIC 9(9)       | 9        | N          |                   |
| <b>**MO-A, Part 3, Section E, Total Pension and Soc Sec/Soc Sec Disab*</b>  |             |   |                |          |            |                   |
| 216   |             | Total Pension and Social Security/Social Security Disability Deduction  | PIC 9(9)       | 9        | N          |                   |
| <b>**** MO-TC ****</b>  |             |   |                |          |            |                   |
| 217   | 1           | Credit Code (3 Characters) see form   | PIC X(3)       | 3        |            |                   |
| 218   | 1           | Y   | PIX 9(9)       | 9        |            |                   |
| 219   | 1           | S   | PIC 9(9)       | 9        |            |                   |
| 220   | 2           | Credit Code (3 Characters) see form   | PIC X(3)       | 3        |            |                   |
| 221   | 2           | Y   | PIC X(9)       | 9        |            |                   |
| 222   | 2           | S   | PIC 9(9)       | 9        |            |                   |
| 223   | 3           | Credit Code (3 Characters) see form   | PIX X(3)       | 3        |            |                   |
| 224   | 3           | Y   | PIC 9(9)       | 9        |            |                   |
| 225   | 3           | S   | PIC 9(9)       | 9        |            |                   |
| 226   | 4           | Credit Code (3 Characters) see form   | PIC X(3)       | 3        |            |                   |
| 227   | 4           | Y   | PIC 9(9)       | 9        |            |                   |
| 228   | 4           | S   | PIC 9(9)       | 9        |            |                   |
| 229   | 5           | Credit Code (3 Characters) see form   | PIC X(3)       | 3        |            |                   |
| 230   | 5           | Y   | PIC 9(9)       | 9        |            |                   |
| 231   | 5           | S   | PIC 9(9)       | 9        |            |                   |
| 232   | 6           | Credit Code (3 Characters) see form   | PIC X(3)       | 3        |            |                   |
| 233   | 6           | Y   | PIC 9(9)       | 9        |            |                   |
| 234   | 6           | S   | PIC 9(9)       | 9        |            |                   |
| 235   | 7           | Credit Code (3 Characters) see form   | PIC X(3)       | 3        |            |                   |
| 236   | 7           | Y   | PIC 9(9)       | 9        |            |                   |
| 237   | 7           | S   | PIC 9(9)       | 9        |            |                   |
| 238   | 8           | Credit Code (3 Characters) see form   | PIC X(3)       | 3        |            |                   |
| 239   | 8           | Y   | PIC 9(9)       | 9        |            |                   |
| 240   | 8           | S   | PIC 9(9)       | 9        |            |                   |
| 241   | 9           | Credit Code (3 Characters) see form   | PIC X(3)       | 3        |            |                   |
| 242   | 9           | Y   | PIC 9(9)       | 9        |            |                   |
| 243   | 9           | S   | PIC 9(9)       | 9        |            |                   |
| 244   | 10          | Credit Code (3 Characters) see form   | PIC X(3)       | 3        |            |                   |

# 2013 2-D Barcode Specifications for Form MO-1040

| Code Field  | Form Line # | Description   | Picture Clause | Max Size | Neg Values | Acceptable Values                                    |
|---|-------------|---|----------------|----------|------------|--|
| <b>Important note for 2013 - if field 10 (Amended return) is checked, there must be information in fields 99-106.</b> |             |   |                |          |            |  |
| 245   | 10          | Y   | PIC 9(9)       | 9        |            |  |
| 246   | 10          | S   | PIC 9(9)       | 9        |            |  |
|   |             | <b>**** MO-CR ****</b>  |                |          |            |  |
| 247   | Top Y       | STATE OF (Yourself)   | PIC X(2)       | 2        |            | Top, Line 2, Yourself                                |
| 248   | Top S       | STATE OF (Your Spouse)  | PIC X(2)       | 2        |            | Top, Line 2, Your spouse                             |
| 249   | 2nd Y       | STATE OF (Yourself)   | PIC X(2)       | 2        |            | Bottom, Line 2, Yourself                             |
| 250   | 2nd S       | STATE OF (Your Spouse)  | PIC X(2)       | 2        |            | Bottom, Line 2, Your spouse                          |
|   |             | <b>**** MO-PTS ****</b>   |                |          |            |  |
| 251   | Name        | Birthdate (Yourself)  | PIC 9(6)       | 6        |            | MMDDYY (example: 031537) **Total of 6 digits         |
| 252   | Name        | Birthdate (Spouse)  | PIC 9(6)       | 6        |            | MMDDYY (example: 031537) **Total of 6 digits         |
|   |             | Note: Name/Address information same as 1040 name/address information.                                   |                |          |            |  |
| 253   | A           | 65 years of age or older  | PIC X(1)       | 1        |            | X YES  |
| 254   | B           | 100% Disabled Veteran   | PIC X(1)       | 1        |            | X YES  |
| 255   | C           | 100% Disabled   | PIC X(1)       | 1        |            | X YES  |
| 256   | D           | 60 years of age or older and received surviving spouse benefits   | PIC X(1)       | 1        |            | X YES  |
| 257   | Filing      | Single  | PIC X(1)       | 1        |            | X YES  |
| 258   | Filing      | Married — Filing Combined   | PIC X(1)       | 1        |            | X YES  |
| 259   | Filing      | Married — Living Separate for Entire Year   | PIC X(1)       | 1        |            | X YES  |
| 260   | 1           | Enter the amount of income from MO-1040, Line 6, or Form MO-1040P, Line 4                               | PIC S9(9)      | 9        | Y          |  |
| 261   | 2           | Enter the amount of nontaxable social security benefits before any deductions                           | PIC 9(9)       | 9        | N          |  |
| 262   | 3           | Enter the total amount of pensions, annuities, dividends, rental or interest income                     | PIC 9(9)       | 9        | N          |  |
| 263   | 4           | Enter the amount of railroad retirement benefits before any deductions                                  | PIC 9(9)       | 9        | N          |  |
| 264   | 5           | Enter the amount of veteran's payments or benefits before any deductions                                | PIC 9(9)       | 9        | N          |  |
| 265   | 6           | Enter the total amount received by you and/or your minor children from:                                 | PIC 9(9)       | 9        | N          |  |
| 266   | 7           | Enter the amount of nonbusiness loss(es).   | PIC 9(9)       | 9        | N          |  |
| 267   | 8           | Total household income — add Lines 1 through 7  | PIC S9(9)      | 9        | Y          |  |
| 268   | 9           | Enter \$0, \$2000, or \$4000 based on filing and occupancy status                                       | PIC 9(9)       | 9        | N          |  |
| 269   | 10A         | rented checkbox (line 10 cannot exceed \$27,500)  | PIC X(1)       | 1        |            | X YES  |
| 270   | 10B         | owned/occupied entire year checkbox (line 10 cannot exceed \$30,000)                                    | PIC X(1)       | 1        |            | X YES  |
| 271   | 10          | Net household income — (Subtract Line 9 from Line 8.)   | PIC S9(9)      | 9        | Y          |  |
| 272   | 11          | If you owned your home, enter total prop. tax less spec. assessments.                                   | PIC 9(9)       | 9        | N          |  |
| 273   | 12          | If you rented your home, enter amount from MO-CRP, Line 9   | PIC 9(9)       | 9        | N          |  |
| 274   | 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          |  |
| 275   | 14          | Property Tax Credit   | PIC 9(9)       | 9        | N          |  |
|   |             | <b>*** Certification of Rent Paid *** 1</b>   |                |          |            |  |
| 276   | 5-From      | Rental Period during year, From Month, Day, Year  | PIC 9(6)       | 6        |            | MMDDYY (example: 012113) **Total of 6 digits         |
| 277   | 5-To        | Rental Period during year, To Month, Day, Year  | PIC 9(6)       | 6        |            | MMDDYY (example: 123113) **Total of 6 digits         |
| 278   | 6           | Enter your gross rent paid.   | PIC 9(9)       | 9        | N          |  |
| 279   | 7           | A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%  | PIC X(1)       | 1        |            | X YES  |
| 280   | 7           | B. MOBILE HOME LOT — 100%   | PIC X(1)       | 1        |            | X YES  |
| 281   | 7           | C. BOARDING HOME / RESIDENTIAL CARE — 50%   | PIC X(1)       | 1        |            | X YES  |
| 282   | 7           | D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%  | PIC X(1)       | 1        |            | X YES  |
| 283   | 7           | E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%                                    | PIC X(1)       | 1        |            | X YES  |
| 284   | 7           | F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)                         | PIC X(1)       | 1        |            | X YES  |
| 285   | 7           | G. SHARED RESIDENCE — If you shared your residence with relatives                                       | PIC X(1)       | 1        |            | X YES  |
| 286   | 7G1         | G1. Additional Persons sharing residence — 1  | PIC X(1)       | 1        |            | X YES (If this box is checked, enter 50% on Line 7.) |
| 287   | 7G2         | G2. Additional Persons sharing residence — 2  | PIC X(1)       | 1        |            | X YES (If this box is checked, enter 33% on Line 7.) |
| 288   | 7G3         | G3. Additional Persons sharing residence — 3  | PIC X(1)       | 1        |            | X YES (If this box is checked, enter 25% on Line 7.) |
| 289   | 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.    |
| 290   | 8           | Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN                                  | PIC 9(9)       | 9        | N          |  |
| 291   | 9           | CRP total (see 20% of line 8)   | PIC 9(9)       | 9        | N          |  |
|   |             | <b>*** Certification of Rent Paid *** 2</b>   |                |          |            |  |
| 292   | 5-From      | Rental Period during year, From Month, Day, Year  | PIC 9(6)       | 6        |            | MMDDYY (example: 012113) **Total of 6 digits         |
| 293   | 5-To        | Rental Period during year, To Month, Day, Year  | PIC 9(6)       | 6        |            | MMDDYY (example: 123113) **Total of 6 digits         |
| 294   | 6           | Enter your gross rent paid.   | PIC 9(9)       | 9        | N          |  |
| 295   | 7           | A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%  | PIC X(1)       | 1        |            | X YES  |
| 296   | 7           | B. MOBILE HOME LOT — 100%   | PIC X(1)       | 1        |            | X YES  |
| 297   | 7           | C. BOARDING HOME / RESIDENTIAL CARE — 50%   | PIC X(1)       | 1        |            | X YES  |
| 298   | 7           | D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%  | PIC X(1)       | 1        |            | X YES  |
| 299   | 7           | E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%                                    | PIC X(1)       | 1        |            | X YES  |
| 300   | 7           | F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)                         | PIC X(1)       | 1        |            | X YES  |
| 301   | 7           | G. SHARED RESIDENCE — If you shared your residence with relatives                                       | PIC X(1)       | 1        |            | X YES  |
| 302   | 7G1         | G1. Additional Persons sharing residence — 1  | PIC X(1)       | 1        |            | X YES (If this box is checked, enter 50% on Line 7.) |
| 303   | 7G2         | G2. Additional Persons sharing residence — 2  | PIC X(1)       | 1        |            | X YES (If this box is checked, enter 33% on Line 7.) |
| 304   | 7G3         | G3. Additional Persons sharing residence — 3  | PIC X(1)       | 1        |            | X YES (If this box is checked, enter 25% on Line 7.) |

# 2013 2-D Barcode Specifications for Form MO-1040

| Code Field  | Form Line # | Description  | Picture Clause | Max Size                | Neg Values | Acceptable Values                                    |
|---|-------------|--|----------------|-------------------------|------------|--|
| <b>Important note for 2013 - if field 10 (Amended return) is checked, there must be information in fields 99-106.</b> |             |  |                |                         |            |  |
| 305   | 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.    |
| 306   | 8           | Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN                               | PIC 9(9)       | 9                       | N          |  |
| 307   | 9           | CRP total (see 20% of Line 8)  | PIC 9(9)       | 9                       | N          |  |
|   |             |  |                |                         |            |  |
|   |             | <b>*** Certification of Rent Paid *** 3</b>  |                |                         |            |  |
| 308   | 5-From      | Rental Period during year, From Month, Day, Year   | PIC 9(6)       | 6                       |            | MMDDYY (example: 012113) **Total of 6 digits         |
| 309   | 5-To        | Rental Period during year, To Month, Day, Year   | PIC 9(6)       | 6                       |            | MMDDYY (example: 123113) **Total of 6 digits         |
| 310   | 6           | Enter your gross rent paid.  | PIC 9(9)       | 9                       | N          |  |
| 311   | 7           | A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%   | PIC X(1)       | 1                       |            | X YES  |
| 312   | 7           | B. MOBILE HOME LOT — 100%  | PIC X(1)       | 1                       |            | X YES  |
| 313   | 7           | C. BOARDING HOME / RESIDENTIAL CARE — 50%  | PIC X(1)       | 1                       |            | X YES  |
| 314   | 7           | D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%   | PIC X(1)       | 1                       |            | X YES  |
| 315   | 7           | E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%                                 | PIC X(1)       | 1                       |            | X YES  |
| 316   | 7           | F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)                      | PIC X(1)       | 1                       |            | X YES  |
| 317   | 7           | G. SHARED RESIDENCE — If you shared your residence with relatives                                    | PIC X(1)       | 1                       |            | X YES  |
| 318   | 7G1         | G1. Additional Persons sharing residence — 1   | PIC X(1)       | 1                       |            | X YES (If this box is checked, enter 50% on Line 7.) |
| 319   | 7G2         | G2. Additional Persons sharing residence — 2   | PIC X(1)       | 1                       |            | X YES (If this box is checked, enter 33% on Line 7.) |
| 320   | 7G3         | G3. Additional Persons sharing residence — 3   | PIC X(1)       | 1                       |            | X YES (If this box is checked, enter 25% on Line 7.) |
| 321   | 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.    |
| 322   | 8           | Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN                               | PIC 9(9)       | 9                       | N          |  |
| 323   | 9           | CRP total (see 20% of Line 8)  | PIC 9(9)       | 9                       | N          |  |
|   |             |  |                |                         |            |  |
|   |             | <b>*** Certification of Rent Paid *** 4</b>  |                |                         |            |  |
| 324   | 5-From      | Rental Period during year, From Month, Day, Year   | PIC 9(6)       | 6                       |            | MMDDYY (example: 012113) **Total of 6 digits         |
| 325   | 5-To        | Rental Period during year, To Month, Day, Year   | PIC 9(6)       | 6                       |            | MMDDYY (example: 123113) **Total of 6 digits         |
| 326   | 6           | Enter your gross rent paid.  | PIC 9(9)       | 9                       | N          |  |
| 327   | 7           | A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%   | PIC X(1)       | 1                       |            | X YES  |
| 328   | 7           | B. MOBILE HOME LOT — 100%  | PIC X(1)       | 1                       |            | X YES  |
| 329   | 7           | C. BOARDING HOME / RESIDENTIAL CARE — 50%  | PIC X(1)       | 1                       |            | X YES  |
| 330   | 7           | D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%   | PIC X(1)       | 1                       |            | X YES  |
| 331   | 7           | E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%                                 | PIC X(1)       | 1                       |            | X YES  |
| 332   | 7           | F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)                      | PIC X(1)       | 1                       |            | X YES  |
| 333   | 7           | G. SHARED RESIDENCE — If you shared your residence with relatives                                    | PIC X(1)       | 1                       |            | X YES  |
| 334   | 7G1         | G1. Additional Persons sharing residence — 1   | PIC X(1)       | 1                       |            | X YES (If this box is checked, enter 50% on Line 7.) |
| 335   | 7G2         | G2. Additional Persons sharing residence — 2   | PIC X(1)       | 1                       |            | X YES (If this box is checked, enter 33% on Line 7.) |
| 336   | 7G3         | G3. Additional Persons sharing residence — 3   | PIC X(1)       | 1                       |            | X YES (If this box is checked, enter 25% on Line 7.) |
| 337   | 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.    |
| 338   | 8           | Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN                               | PIC 9(9)       | 9                       | N          |  |
| 339   | 9           | CRP total (see 20% of Line 8)  | PIC 9(9)       | 9                       | N          |  |
|   |             |  |                |                         |            |  |
|   |             | <b>*** Certification of Rent Paid *** 5</b>  |                |                         |            |  |
| 340   | 5-From      | Rental Period during year, From Month, Day, Year   | PIC 9(6)       | 6                       |            | MMDDYY (example: 012113) **Total of 6 digits         |
| 341   | 5-To        | Rental Period during year, To Month, Day, Year   | PIC 9(6)       | 6                       |            | MMDDYY (example: 123113) **Total of 6 digits         |
| 342   | 6           | Enter your gross rent paid.  | PIC 9(9)       | 9                       | N          |  |
| 343   | 7           | A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%   | PIC X(1)       | 1                       |            | X YES  |
| 344   | 7           | B. MOBILE HOME LOT — 100%  | PIC X(1)       | 1                       |            | X YES  |
| 345   | 7           | C. BOARDING HOME / RESIDENTIAL CARE — 50%  | PIC X(1)       | 1                       |            | X YES  |
| 346   | 7           | D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%   | PIC X(1)       | 1                       |            | X YES  |
| 347   | 7           | E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%                                 | PIC X(1)       | 1                       |            | X YES  |
| 348   | 7           | F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)                      | PIC X(1)       | 1                       |            | X YES  |
| 349   | 7           | G. SHARED RESIDENCE — If you shared your residence with relatives                                    | PIC X(1)       | 1                       |            | X YES  |
| 350   | 7G1         | G1. Additional Persons sharing residence — 1   | PIC X(1)       | 1                       |            | X YES (If this box is checked, enter 50% on Line 7.) |
| 351   | 7G2         | G2. Additional Persons sharing residence — 2   | PIC X(1)       | 1                       |            | X YES (If this box is checked, enter 33% on Line 7.) |
| 352   | 7G3         | G3. Additional Persons sharing residence — 3   | PIC X(1)       | 1                       |            | X YES (If this box is checked, enter 25% on Line 7.) |
| 353   | 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.    |
| 354   | 8           | Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN                               | PIC 9(9)       | 9                       | N          |  |
| 355   | 9           | CRP total (see 20% of Line 8)  | PIC 9(9)       | 9                       | N          |  |
|   |             |  |                |                         |            |  |
| 356   | 1           | Account Type   | PIC X(1)       | 1                       |            | "C" for checking, "S" for savings, or blank          |
| 357   | 9           | Routing Number   | PIC 9(9)       | 9                       | N          |  |
| 358   | 17          | Account Number   | PIC 17(17)     | 17                      | N          |  |
|   |             |  |                |                         |            |  |
| 359   |             | Refund by Debit Card   | PIC X(1)       | 1                       |            | X Yes  |
|   |             |  |                |                         |            |  |
| 360   |             | <b>*EOD*</b>   |                |                         |            |  |
|   |             |  | 2,244          | 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. |                |                         |            |  |
|   |             |  |                |                         |            |  |



# 2013 2-D Barcode Specifications for Form MO-1040

| Code Field  | Form Line # | Description   | Picture Clause | Max Size | Neg Values | Acceptable Values |
|---|-------------|---|----------------|----------|------------|-------------------|
| <b>Important note for 2013 - if field 10 (Amended return) is checked, there must be information in fields 99-106.</b> |             |   |                |          |            |                   |
|   |             | 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.   |                |          |            |                   |
|   |             | <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 "EOD*" 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. |                |          |            |                   |
|   |             | (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 360</b>   |                |          |            |                   |
|   |             | <b>Trust Funds</b>  |                |          |            |                   |

# 2013 2-D Barcode Specifications for Form MO-1040

| Code Field  | Form Line # | Description   | Picture Clause | Max Size | Neg Values | Acceptable Values |
|---|-------------|---|----------------|----------|------------|-------------------|
| <b>Important note for 2013 - if field 10 (Amended return) is checked, there must be information in fields 99-106.</b> |             |   |                |          |            |                   |
|   |             | <b>Additional TRUST FUND CODES for Form MO-1040, Lines 45j and 45k</b><br>01 American Cancer Society<br>02 American Diabetes Association<br>03 American Heart Association<br>04 American Lung Association<br>05 Amyotrophic Lateral Sclerosis (ALS—Lou Gehrig's Disease)<br>07 Muscular Dystrophy Association<br>08 March of Dimes<br>09 Arthritis Foundation Fund<br>10 National Multiple Sclerosis Society Fund<br>13 Breast Cancer Awareness Fund<br>14 Foster Care and Adoptive Parents Recruitment and Retention Fund<br>15 American Red Cross Trust Fund<br>16 Developmental Disabilities Waiting List Equity Trust Fund<br>17 Puppy Protection Trust Fund<br>18 Pediatric Cancer Research Trust Fund<br>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</b> 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>ADDRESS ISSUE:</b><br>*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.<br><br><b>REFUND:</b><br>DEPARTMENT OF REVENUE, PO BOX 500, JEFFERSON CITY, MO 65106-0500.<br>(*2-D Barcode ONLY—DOR, PO BOX 3222, JEFFERSON CITY, MO 65105-3222)<br><br><b>AMOUNT YOU OWE:</b><br>DEPARTMENT OF REVENUE, PO BOX 329, JEFFERSON CITY, MO 65107-0329.<br>(*2-D Barcode ONLY—DOR, PO BOX 3370, JEFFERSON CITY, MO 65105-3370).  |                |          |            |                   |
|   |             | 2-D barcode testing should be complete within two months of releasing the 2-D barcode packet.   |                |          |            |                   |