

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

| 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 (MO1040A) and current tax year | | | | MO1040A/2013 |
| 5 | Header | Specification Version (0 for current version) | | | | 0 |
| 6 | Header | Software/Form Version | | | | |
| | | | | | | |
| | | | | | | |
| | | **** MO 1040A **** | | | | |
| | | Fields 7 through 10 are carriage return only (blank) | | | | |
| | | | | | | |
| 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 | Carriage return only (blank) | | | | |
| 31 | CHKBOX | Carriage return only (blank) | | | | |
| 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 | 1 | Federal Adjusted Gross Income (Yourself) | PIC S9(9) | 9 | Y | |
| 41 | | Carriage return only (blank) | | | | |
| 42 | | Carriage return only (blank) | | | | |
| 43 | | Carriage return only (blank) | | | | |
| 44 | 2 | Any state income tax refund | PIC 9(9) | 9 | N | |
| 45 | | Carriage return only (blank) | | | | |
| 46 | 3 | Missouri Adj Gross Income (Subtract Line 2 from Line 1) | PIC S9(9) | 9 | Y | |
| 47 | | Carriage return only (blank) | | | | |
| 48 | | Carriage return only (blank) | | | | |
| 49 | 4 | A. Single — \$2,100 (See Box B before checking.) | PIC X(1) | 1 | | X YES |
| 50 | 4 | B. Claimed as a dependent on another person's federal tax return — \$0.00 | PIC X(1) | 1 | | X YES |
| 51 | 4 | C. Married filing joint federal & combined Missouri — \$4,200 | PIC X(1) | 1 | | X YES |
| 52 | 4 | D. Married filing separate — \$2,100 | PIC X(1) | 1 | | X YES |
| 53 | 4 | E. Married filing separate (spouse NOT filing) — \$4,200 | PIC X(1) | 1 | | X YES |
| 54 | 4 | F. Head of household — \$3,500 | PIC X(1) | 1 | | X YES |
| 55 | 4 | G. Qualifying widow(er) with dependent child — \$3,500 | PIC X(1) | 1 | | X YES |
| 56 | 4 | Enter the appropriate exemption amount | PIC 9(9) | 9 | | 0,2100,4200,3500 |
| 57 | 5a | Tax from Federal Return | PIC 9(9) | 9 | N | |
| 58 | | Carriage return only (blank) | | | | |
| 59 | | Carriage return only (blank) | | | | |
| 60 | 5 | Federal tax deduction. | PIC 9(9) | 9 | | Married — 10000, Single — 5000 max |
| 61 | 6 | Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS. | PIC 9(9) | 9 | N | |
| 62 | 7a | Number of dependents from Federal Form 1040 or 1040A | PIC 9(2) | 2 | N | |
| 63 | 7 | Number of dependents from Federal Form 1040 * 1200 | PIC 9(9) | 9 | | Dependents * 1200 |
| 64 | | Carriage return only (blank) | | | | |
| 65 | | Carriage return only (blank) | | | | |
| 66 | 8 | Long-term care insurance deduction | PIC 9(9) | 9 | N | |
| 67 | | Carriage return only (blank) | | | | |
| 68 | | Carriage return only (blank) | | | | |

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| 69 | 9 | Total deductions--add Lines 4,5,6,7 and 8 | PIC 9(9) | 9 | N | |
| 70 | 10 | Subtotal — subtract Line 9 from Line 3 | PIC 9(9) | 9 | N | |
| 71 | | Carriage return only (blank) | | | | |
| 72 | | Carriage return only (blank) | | | | |
| 73 | 11 | Tax | PIC 9(9) | 9 | N | |
| | | Fields 74 through 88 are carriage return only (blank) | | | | |
| 89 | 12 | Missouri Tax withheld | PIC 9(9) | 9 | N | |
| 90 | 13 | 2013 Missouri estimated tax payments | PIC 9(9) | 9 | N | |
| | | Fields 91 through 95 are carriage return only (blank) | | | | |
| 96 | 14 | Total payments. Add Lines 12 and 13. | PIC 9(9) | 9 | N | |
| | | Fields 97 through 107 are carriage return only (blank) | | | | |
| 108 | 15 | Overpayment | PIC 9(9) | 9 | N | |
| 109 | 16 | Amount of Line 15 to be applied to your 2014 estimated tax | PIC 9(9) | 9 | N | |
| 110 | 17a | Children's Trust Fund | PIC 9(9) | 9 | N | |
| 111 | 17b | Veterans Trust Fund | PIC 9(9) | 9 | N | |
| 112 | 17c | Elderly Home Delivered Meals Trust Fund | PIC 9(9) | 9 | N | |
| 113 | 17d | Missouri National Guard Trust Fund | PIC 9(9) | 9 | N | |
| 114 | 17e | Workers' Memorial Trust Fund | PIC 9(9) | 9 | N | |
| 115 | 17f | Childhood Lead Testing Trust Fund | PIC 9(9) | 9 | N | |
| 116 | 17g | Missouri Military Family Relief Fund | PIC 9(9) | 9 | N | |
| 117 | 17h | General Revenue Fund | PIC 9(9) | 9 | N | |
| 118 | 17i | After School Retreat Trust Fund | PIC 9(9) | 9 | N | |
| 119 | 17l | Organ Donor Trust Fund | PIC 9(9) | 9 | N | |
| 120 | 17j1 | Additional Trust Fund Code (2-Digit) | PIC 9(2) | 2 | | |
| 121 | 17j2 | Trust Fund Dollar Amount | PIC 9(9) | 9 | N | |
| 122 | 17k1 | Additional Trust Fund Code (2-Digit) | PIC 9(2) | 2 | | |
| 123 | 17k2 | Trust Fund Dollar Amount | PIC 9(9) | 9 | N | |
| 124 | 18 | Subtract Lines 16 and 17 from Line 15 (amount overpaid). | PIC 9(9) | 9 | N | |
| 125 | | Carriage return only (blank) | | | | |
| 126 | | Carriage return only (blank) | | | | |
| 127 | 19 | If Line 14 < Line 11, enter different here (amount due). | PIC 9(9) | 9 | N | |
| 128 | SIGN | I authorize the Director of Revenue to discuss my return and | PIC X(1) | 1 | | |
| 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 | 2013 (FICA) — yourself — Social security \$ Medicare \$ | PIC 9(9) | 9 | N | |
| 161 | | Carriage return only (blank) | | | | |
| 162 | 3 | 2013 Railroad retirement tax — yourself (Tier 1 and Tier II) \$ Medicare \$ | PIC 9(9) | 9 | N | |
| 163 | | Carriage return only (blank) | | | | |
| 164 | 4 | 2013 Medicare tax | PIC 9(9) | 9 | N | |
| 165 | 5 | 2013 Self-employment tax | PIC 9(9) | 9 | N | |
| 166 | 7 | State and local income taxes — See instructions | PIC 9(9) | 9 | N | |
| 167 | 8 | Earnings taxes included in Line 7 | PIC 9(9) | 9 | N | |
| 168 | 9 | Net state income taxes — (subtract Line 8 from Line 7 or enter Line 8) | PIC 9(9) | 9 | N | |
| | | Fields 169 through 355 are carriage return only (blank) | | | | |
| 356 | | Account Type | PIC X(1) | 1 | | "C" for checking, "S" for savings, or blank |
| 357 | | Routing Number | PIC 9(9) | 9 | N | |
| 358 | | Account Number | PIC 17(17) | 17 | N | |
| 359 | | Refund by Debit Card | PIC X(1) | 1 | | X Yes |
| 360 | | *EOD* | | | | |
| | | | 622 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.

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|------------|-------------|-------------|----------------|----------|------------|-------------------|

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-1040A 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.

(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 MO1040A.

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: "MO1040A"
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 360

Trust Funds

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|---------------|-------------------|-------------|-------------------|-------------|---------------|----------------------|
|---------------|-------------------|-------------|-------------------|-------------|---------------|----------------------|

TRUST FUND CODES for Form MO-1040A, Lines 17j and 17k

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

13 Breast Cancer Awareness Fund

14 Foster Care and Adoptive Parents 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 *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.

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.

REFUND:

DEPARTMENT OF REVENUE, PO BOX 500, JEFFERSON CITY, MO 65106-0500.

(*2-D Barcode ONLY—DOR, PO BOX 3222, JEFFERSON CITY, MO 65105-3222)

AMOUNT YOU OWE:

DEPARTMENT OF REVENUE, PO BOX 329, JEFFERSON CITY, MO 65107-0329.

(*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.