

Missouri Department of Revenue
2014 Fiduciary Income Tax Return

Attach copy of Federal Form 1041 and supporting schedules, including Schedule K-1.

For the calendar year 2014 or fiscal year beginning _____, 2014, ending _____, 20 ____

This return is due on April 15, 2015 for calendar year returns or for fiscal year returns it is due on or before the fifteenth day of the fourth month after close of the taxable year.

Select Applicable Boxes: <input type="checkbox"/> Address or Federal Employer Identification Number (FEIN) Change <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> Amended Return			
Name of Estate or Trust		Federal Identification Number	
Name and Title of Fiduciary		If Estate, Enter Social Security Number of Decedent	Social Security Number
Address of Fiduciary (Number and Street)		Department Use Only	P.M.
City, State, and Zip Code			

Information for Filing	A. Select If: <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Simple Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Complex Trust	B. If trust, select: <input type="checkbox"/> Testamentary <input type="checkbox"/> Inter Vivos	C. Select if estate or trust is: <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident	D. Is this an Electing Small Business Trust (ESBT)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	E. During this taxable year, was the estate or trust notified of any federal change for any prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has an amended Missouri return been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If an amended return has not been filed, attach explanation.			
	F. Did the estate or trust receive federal tax-exempt income? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the amount of non-Missouri tax-exempt interest income and exempt-interest dividends here \$ _____, and on MO-1041, Page 2, Part 1, Line 4.			
	G. Does the estate or trust have any Missouri adjustments from Form MO-1041, Page 2, Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	H. If the estate or trust has any nonresident beneficiaries, is any income from sources other than Missouri? <input type="checkbox"/> Yes <input type="checkbox"/> No (or not applicable)			
	I. Does Federal Form 1041, Line 22 reflect any taxable income of the estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	J. If no to all four questions and the estate or trust is a resident, do not complete remainder of form. Do complete Form MO-NRF , Parts 1, 2, 4, and 6 for nonresident beneficiaries, if a distribution of Missouri source income was made.			
K. If a nonresident estate or trust with income from both Missouri and non-Missouri sources - omit Lines 1-12, attach Form MO-NRF, select this box <input type="checkbox"/> and skip to Line 13.				

Income	1. Federal taxable income (from Federal Form 1041, Line 22 but not less than 0)	1	00
	2. Federal income tax (from Federal Form 1041, Schedule G, Line 3)	2	00
	3. Other federal income tax (from Federal Form 1041, Schedule G, Lines 2a and 5)	3	00
	4. Total federal deductions — add Lines 2 and 3	4	00
	5. Federal tax deduction. Enter amount from Line 4 not to exceed \$5,000	5	00
	6. Capital gain exclusion on sale of low income housing; see instructions	6	00
	7. Health care sharing ministry deduction	7	00
	8. Estate or trust's share of Missouri fiduciary adjustment — Subtraction (from Part 2, Column 6) ...	8	00
	9. Total subtractions — add Lines 5, 6, 7, and 8	9	00
	10. Estate or trust's share of Missouri fiduciary adjustment — Addition (from Part 2, Column 6)	10	00
	11. Balance — Line 1 less Line 9, plus Line 10	11	00
	12. Excess federal exemption (if Line 1 is equal to zero and Line 11 is positive, enter the excess amount of the personal exemption not used to reduce the federal taxable income to zero, after all other deductions are subtracted). Exemption is not allowed on final return	12	00
	13. Missouri taxable income (Line 11 less Line 12 for Missouri residents or from Form MO-NRF, Part 5, Line 9 for nonresidents)	13	00

Tax	14. Missouri income tax (see tax table on page 7 of instructions)	14	00
	15. Credit for income tax paid to another state by resident estate or trust (attach Form MO-CR and copy of other state's return) ..	15	00
	16. Balance — subtract Line 15 from Line 14	16	00
	17. Other taxes (select the appropriate box) <input type="checkbox"/> Lump sum distribution <input type="checkbox"/> Recapture taxes	17	00
	18. Total tax — add Lines 16 and 17	18	00

Credit and Payment	19. Credits (attach Form MO-TC)	19	00
	20. Payments (see instructions)	20	00
	21. Total Credits and Payments - Add Lines 19 and 20	21	00

Refund or Tax Due	22. Overpayment — If Line 21 is greater than Line 18, enter amount overpaid Refund	22	00
	23. Tax due — If Line 18 is greater than Line 21, enter amount due	23	00
	24. Interest	24	00
	25. Additions to tax	25	00
	26. Total due — add Lines 23 through 25 (U.S. funds only) (Pay this amount) Total Due	26	00

Name of Estate or Trust As Shown on Page 1	Federal Identification Number
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Part 1 — Missouri Fiduciary Adjustment

Enter Missouri modifications which are related to items of income, gain, loss, and deductions that are determinants of federal distributable net income.

Additions (attach explanation of each item)

1. State and local income taxes deducted on Federal Form 1041, Line 11	1	00	
2. Less: Kansas City and St. Louis earnings taxes	2	00	
3. Net (subtract Line 2 from Line 1)			3 00
4. Non-Missouri state and local bond interest	4	00	
5. Less: related expenses (omit if less than \$500)	5	00	
6. Net (subtract Line 5 from Line 4)			6 00
7. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list _____)			7 00
8. Food Pantry contributions included on Federal Schedule A			8 00
9. Nonresident Property Tax deducted on Federal Form 1041, Line 11			9 00
10. Total of Lines 3, 6, 7, 8, and 9			10 00

Subtractions (attach explanation of each item)

11. Interest from exempt federal obligations (attach a detailed list)	11	00	
12. Less: related expenses (omit if less than \$500)	12	00	
13. Net (subtract Line 12 from Line 11)			13 00
14. Amount of any state income tax refund included in federal taxable income			14 00
15. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list _____)			15 00
16. Missouri depreciation adjustment (See Section 143.121, RSMo.)			16 00
17. Total of Lines 13, 14, 15, and 16			17 00
18. Missouri fiduciary adjustment — Net Addition — subtract Line 17 from Line 10			18 00
19. Missouri fiduciary adjustment — Net Subtraction — subtract Line 10 from Line 17			19 00

Part 2 — Allocation of Missouri Fiduciary Adjustment

Complete Part 2 only if Part 1 indicates a Missouri fiduciary adjustment. The adjustment is allocated among all beneficiaries and estate or trust in the same ratio as their relative shares of federal distributable net income.

Complete List of Beneficiaries (Resident And Nonresident)

1. Name Of Each Beneficiary. All Beneficiaries Must Be Listed. Use Attachment If More Than Four.	2. Select Box if Beneficiary is Nonresident	3. Social Security Number	Shares Of Federal Distributable Net Income		6. Shares Of Missouri Fiduciary Adjustment	
			4. Percent	5. Amount	<input type="checkbox"/> Addition	<input type="checkbox"/> Subtraction
a)	<input type="checkbox"/>		%	00		00
b)	<input type="checkbox"/>		%	00		00
c)	<input type="checkbox"/>		%	00		00
d)	<input type="checkbox"/>		%	00		00
Charitable Beneficiaries			%	00		00
Estate or Trust			%	00		00
Totals			100%	00		00

Column 4 — Indicate percentages.

Column 5 — Total federal distributable net income from Federal Form 1041, Schedule B, Line 7.

Column 6 — Enter Missouri fiduciary adjustment from Part 1, Line 18 or 19, as the total of Column 6. Multiply each percentage in Column 4 by the total in Column 6. Indicate at top of Column 6 whether the adjustments are additions or subtractions.

Columns 4, 5, and 6 — Attach a detailed explanation of the allocation method used if there is no federal distributable net income or if the percentages do not agree with the relative shares indicated on Federal Form 1041, Schedules B and K-1.

Column 6 — The amount after each name is reported as a modification, either as an addition to or subtraction from federal adjusted gross income. Each beneficiary should add the explanation: "Fiduciary Adjustment — (Name of estate or trust)". A copy of this part (or its information) must be provided to each beneficiary. The estate or trust's share of the adjustment is entered on Page 1, Line 8 or Line 10.

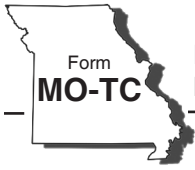
Authorization and Signature

If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his or her firm, or if internally prepared, any member of the internal staff. ☐ Yes ☐ No

Signature of Fiduciary or Officer Representing Fiduciary		Signature of Preparer Other Than Fiduciary		Preparer's Phone Number (____) ____-____
Date (MM/DD/YYYY) ____/____/____	Telephone No. (____) ____-____	Address		FEIN or PTIN ____ ____ ____ ____ ____ ____
				Date (MM/DD/YYYY) ____/____/____





Missouri Department of Revenue
Miscellaneous Income Tax Credits

Department Use Only
(MM/DD/YY)

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Attachment Sequence No. 1120-04 and 1120S-02

Name (Last, First)		Social Security Number							
Spouse's Name (Last, First)		Spouse's Social Security Number							
Corporation Name		Charter Number							
Missouri Tax I.D. Number									
		Federal Employer I.D. Number							

- Each credit will apply against your tax liability in the order they appear on the form.
- If you are claiming more than 10 credits, attach additional MO-TC(s).
- If you are claiming a tax credit for both taxpayers on a combined return, both names must be on the certificate.
- If you are a shareholder or partner and claiming a credit, you must attach a copy of the shareholder listing, specifying your percentage of ownership, including the corporation's percentage of ownership, if applicable

	Benefit Number	Alpha Code (3 characters) from back	Credit Name Each credit will apply in the order they appear below	• Yourself (one income) • Corporation Income • Fiduciary		• Spouse (on a combined return) • Corporation Franchise	
				Column 1		Column 2	
1.				1.	00		00
2.				2.	00		00
3.				3.	00		00
4.				4.	00		00
5.				5.	00		00
6.				6.	00		00
7.				7.	00		00
8.				8.	00		00
9.				9.	00		00
10.				10.	00		00
11. Subtotals — add Lines 1 through 10.				11.	00		00
12. Enter the amount of the tax liability from Form MO-1040, Line 30Y for yourself and Line 30S for your spouse, or from Form MO-1120, Line 14 plus Line 15 for income or Line 16 for franchise; Form MO-1120S, Line 15 for franchise tax; or Form MO-1041, Line 18.				12.	00		00
13. Total Credits — add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 18; Form MO-1120S, Line 16; Form MO-1040, Line 37; or Form MO-1041, Line 19.) Line 13 cannot exceed the amount on Line 12, unless the credit is refundable.. . . .				13.			00

Instructions

- If you are filing an individual income tax return and you have only one income, use Column 1.
- If you are filing a combined return and both you and your spouse have income, use Column 1 for yourself and Column 2 for your spouse.
- If you are filing a fiduciary return, use Column 1.
- If you are filing a corporation income tax return, use Column 1. If you are filing a corporation franchise tax return, use Column 2.
- Include a copy of your certificate or form from the issuing agency.

Benefit Number — The number is located on your Certificate of Eligibility Schedule (Certificate).

Alpha Code — This is the three character code located on the back of the form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.

I declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. I also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services.



MISSOURI DEPARTMENT OF REVENUE
**CREDIT FOR INCOME TAXES PAID TO
OTHER STATES OR POLITICAL SUBDIVISIONS**

2014
FORM
MO-CR

Attachment Sequence No. 1040-03

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

- Attach a copy of all income tax returns for each state or political subdivision.
- Attach Form MO-CR to Form MO-1040.

YOUR NAME		YOUR SOCIAL SECURITY NO.		YOUR SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY NO.	
				YOURSELF		SPOUSE	
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S).....				1	00	1	00
2. Claimant's Missouri income tax (Form MO-1040, Line 25Y and Line 25S)				2	00	2	00
USE TWO LETTER ABBREVIATION FOR STATE OR NAME OF POLITICAL SUBDIVISION. See table on back				STATE OF:		STATE OF:	
3. Wages and commissions				3	00	3	00
4. Other (describe nature)				4	00	4	00
5. Total — Add Lines 3 and 4.....				5	00	5	00
6. Less: related adjustments (from Federal Form 1040A, Line 20, or Federal Form 1040, Line 36).				6	00	6	00
7. Net amounts — Subtract Line 6 from Line 5.				7	00	7	00
8. Percentage of your income taxed — Divide Line 7 by Line 1.				8	%	8	%
9. Maximum credit — Multiply Line 2 by percentage on Line 8.....				9	00	9	00
10. Income tax you paid to another state or political subdivision. This is not tax withheld. The income tax is reduced by all credits, except withholding and estimated tax.....				10	00	10	00
11. Credit — Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 26Y or Line 26S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040				11	00	11	00

For Privacy Notice see instructions

Form MO-CR (Revised 12-2014)



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YOUR NAME		YOUR SOCIAL SECURITY NO.		YOUR SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY NO.	
				YOURSELF		SPOUSE	
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S).....				1	00	1	00
2. Claimant's Missouri income tax (Form MO-1040, Line 25Y and Line 25S)				2	00	2	00
USE TWO LETTER ABBREVIATION FOR STATE OR NAME OF POLITICAL SUBDIVISION. See table on back				STATE OF:		STATE OF:	
3. Wages and commissions				3	00	3	00
4. Other (describe nature)				4	00	4	00
5. Total — Add Lines 3 and 4.....				5	00	5	00
6. Less: related adjustments (from Federal Form 1040A, Line 20, or Federal Form 1040, Line 36).				6	00	6	00
7. Net amounts — Subtract Line 6 from Line 5.				7	00	7	00
8. Percentage of your income taxed — Divide Line 7 by Line 1.				8	%	8	%
9. Maximum credit — Multiply Line 2 by percentage on Line 8.....				9	00	9	00
10. Income tax you paid to another state or political subdivision. This is not tax withheld. The income tax is reduced by all credits, except withholding and estimated tax.....				10	00	10	00
11. Credit — Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 26Y or Line 26S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040				11	00	11	00

For Privacy Notice see instructions

Form MO-CR (Revised 12-2014)