2014 2-D Barcode Specifications for Form MO-1040

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		Important note for 2014 - if field 10 (Amended return) is checked, there must be information in fields 99-106.				
		*** 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 (MO1040) and current tax year				MO1040/2014
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
		**** MO 1040 ****				
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 2014	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 2014	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	

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Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		**Important note for 2014 - if field 10 (Amended return) is checked, there must be information in fields 99-106.**				
69	19	Total deductions--add Lines 8,9,13,14,15,16,17 and 18	PIC 9(9)	9	N	
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 (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)
78	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)
79	28Y	Balance (Yourself)	PIC 9(9)	9	N	
80	28S	Balance (Spouse)	PIC 9(9)	9	N	
81	29	Other Taxes, Lump Sum distribution (Form 4972)	PIC X(1)	1		X YES
82	29	Other Taxes, Recapture of low income housing credit (Form 8611)	PIC X(1)	1		X YES
83	29Y	Other Taxes (Yourself)	PIC 9(9)	9	N	
84	29S	Other Taxes (Spouse)	PIC 9(9)	9	N	
85	30Y	Subtotal — Add Lines 28 and 29 (Yourself)	PIC 9(9)	9	N	
86	30S	Subtotal — Add Lines 28 and 29 (Spouse)	PIC 9(9)	9	N	
87	32	Missouri Tax withheld	PIC 9(9)	9	N	
88	33	**2014** Missouri estimated tax payments	PIC 9(9)	9	N	
89	34	Missouri tax withheld for nonresident partners or S corp shareholders	PIC 9(9)	9	N	
90	35	Missouri Tax withheld for nonresident entertainers	PIC 9(9)	9	N	
91	36	Amount paid with Missouri extension of time to file (Form MO-60)	PIC 9(9)	9	N	
92	37	Miscellaneous tax credits (from Form MO-TC, Line 13)	PIC 9(9)	9	N	
93	38	Property tax credit. Attach Form MO-PTS	PIC 9(9)	9	N	
94	39	Total payments and credits Add Lines 32 through 38.	PIC 9(9)	9	N	
95	40	Amount paid on original return	PIC 9(9)	9	N	
96	41	Overpayment as shown (or adjusted) on original return	PIC 9(9)	9	N	
97	41A	Federal Audit	PIC X(1)	1		X YES
98	41A	Enter date of IRS report	PIC 9(6)	6		MMDDYY (example: 032114)
99	41B	Net operating loss carryback	PIC X(1)	1		X YES
100	41B	Enter year of loss	PIC 9(2)	2		YY
101	41C	Investment tax credit carryback	PIC X(1)	1		X YES
102	41C	Enter year of credit	PIC 9(2)	2		YY
103	41D	Correction other than A,B or C	PIC X(1)	1		X YES
104	41D	Enter date of federal amended return, if filed	PIC 9(6)	6		MMDDYY (example: 022314)
105	42	Amended Return — total payments and credits — add Line 40 to Line 39 or subtract Line 4	PIC 9(9)	9	N	
106	43	If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference	PIC 9(9)	9	N	
107	44	Amount of Line 43 to be applied to your **2015** estimated tax	PIC 9(9)	9	N	
108	45a	Children's Trust Fund	PIC 9(9)	9	N	
109	45b	Veterans Trust Fund	PIC 9(9)	9	N	
110	45c	Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9	N	
111	45d	Missouri National Guard Trust Fund	PIC 9(9)	9	N	
112	45e	Workers' Memorial Trust Fund	PIC 9(9)	9	N	
113	45f	Childhood Lead Testing Trust Fund	PIC 9(9)	9	N	
114	45g	Missouri Military Family Relief Fund	PIC 9(9)	9	N	
115	45h	General Revenue Fund	PIC 9(9)	9	N	
116	45I	Organ Donor Trust Fund	PIC 9(9)	9	N	
117	45j1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
118	45j2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
119	45k1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
120	45k2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
121	46	Overpayment to be refunded to you	PIC 9(9)	9	N	
122	47	If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of	PIC 9(9)	9	N	
123	48	Underpayment of estimated tax penalty. Attach Form MO-2210.	PIC 9(9)	9	N	
124	49	Total Amount Due	PIC 9(9)	9	N	
125	SIGN	I authorize the Director of Revenue to discuss my return and	PIC X(1)	1		X YES
126	SIGN	Daytime Telephone	PIC 9(10)	10		
127	SIGN	FEIN, SSN, PTIN	PIC X(9)	9		
		**** MO-A ****				
		**** MO-A Additions ****				
128	1Y	Interest on state and local obligations other than Missouri source (Yourself)	PIC 9(9)	9	N	
129	1S	Interest on state and local obligations other than Missouri source (Spouse)	PIC 9(9)	9	N	
130	2	Net Operating Loss (Carryback/Carryforward)	PIC X(1)	1		X YES

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Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		**Important note for 2014 - if field 10 (Amended return) is checked, there must be information in fields 99-106.**				
131	2Y	Partnership; Fiduciary; S Corporation; Net operating Loss; (Yourself)	PIC 9(9)	9	N	
132	2S	Partnership; Fiduciary; S Corporation; Net operating Loss; (Spouse)	PIC 9(9)	9	N	
133	3Y	Nonqualified distribution received from qualifed 529 plan (Yourself)	PIC 9(9)	9	N	
134	3S	Nonqualified distribution received from qualifed 529 plan(Spouse)	PIC 9(9)	9	N	
135	4Y	Food Pantry contributions included on Federal Sched A	PIC 9(9)	9	N	
136	4S	Food Pantry contributions included on Federal Sched A	PIC 9(9)	9	N	
137	5Y	Nonresident Property Tax	PIC 9(9)	9	N	
138	5S	Nonresident Property Tax	PIC 9(9)	9	N	
		**** MO-A Subtractions ****				
139	7Y	Interest from exempt federal obligations included in federal AGI(Yourself)	PIC 9(9)	9	N	
140	7S	Interest from exempt federal obligations included in federal AGI (Spouse)	PIC 9(9)	9	N	
141	8Y	Any state income tax refund included in federal AGI (Yourself)	PIC 9(9)	9	N	
142	8S	Any state income tax refund included in federal AGI (Spouse)	PIC 9(9)	9	N	
143	9	**Nonresident Military Check Box**	PIC X(1)	1		X YES
144	9	**Combat Pay Check Box**	PIC X(1)	1		X YES
145	9	**Other**	PIC X(1)	1		X YES
146	9Y	Partnership; Fiduciary; S Corporation; Railroad retirement (Yourself)	PIC 9(9)	9	N	
147	9S	Partnership; Fiduciary; S Corporation; Railroad retirement (Spouse)	PIC 9(9)	9	N	
148	10Y	Exempt contributions made to qualifed 529 plan (Yourself)	PIC S(9)	9	N	$16000 maximum for BOTH primary and secondary
149	10S	Exempt contributions made to qualifed 529 plan (Spouse)	PIC S(9)	9	N	$16000 maximum for BOTH primary and secondary
150	11Y	Qualified Health Insurance Premiums (Yourself)	PIC 9(9)	9	N	
151	11S	Qualified Health Insurance Premiums (Spouse)	PIC 9(9)	9	N	
152	12Y	Missouri depreciation adjustment (Yourself)	PIC 9(9)	9	N	
153	12S	Missouri depreciation adjustment (Spouse)	PIC 9(9)	9	N	
154	13Y	Home Energy Audit Expenses	PIC 9(9)	9	N	
155	13S	Home Energy Audit Expenses	PIC 9(9)	9	N	
		**** MO-A, Part 2, Missouri Itemized Deductions ****				
156	1	Total federal itemized deductions from Federal Form 1040, Line 40	PIC 9(9)	9	N	
157	2	**2014** (FICA) — yourself — Social security $ Medicare $	PIC 9(9)	9	N	
158	3	**2014** (FICA) — spouse — Social security $ Medicare $	PIC 9(9)	9	N	
159	4	**2014** Railroad retirement tax — yourself (Tier 1 and Tier II) $ Medicare $	PIC 9(9)	9	N	
160	5	**2014** Railroad retirement tax — spouse (Tier 1 and Tier II) $ Medicare $	PIC 9(9)	9	N	
161	6	**2014** Medicare Tax - Yourself and Spouse	PIC 9(9)	9	N	
162	7	**2014** Self-employment tax	PIC 9(9)	9	N	
163	9	State and local income taxes — See instructions	PIC 9(9)	9	N	
164	10	Earnings taxes included in Line 8	PIC 9(9)	9	N	
165	11	Net state income taxes	PIC 9(9)	9	N	
		**** MO-A, Part 3, Section A, Public Pension Calculation ****				
166	1	MO Adjusted Gross Income from MO-1040, Line 6	PIC S9(9)	9	Y	
167	2	Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	PIC 9(9)	9	N	
168	3	Subtract Line 2 from Line 1	PIC S9(9)	9	Y	
169	4	Filing status amount -MFC-$100,000, S,HOH, MFS, QW -$85,000	PIC 9(9)	9	N	can't be 0
170	5	Subtract Line 4 from Line 3 and enter on Line 5. If Line 4>Line 3, enter $0	PIC 9(9)	9	N	
171	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	
172	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	
173	7Y	If Line **6** > **$36,442**, enter **$36,442**. If<**$36,442**, enter amt from Line **6**	PIC 9(9)	9	N	
174	7S	If Line **6** > **$36,442**, enter **$36,442**. If<**$36,442**, enter amt from Line **6**	PIC 9(9)	9	N	
175	8Y	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	
176	8S	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	
177	9Y	Subtract Line 8 from Line 7. If Line 8>Line 7, enter $0	PIC 9(9)	9	N	
178	9S	Subtract Line 8 from Line 7. If Line 8>Line 7, enter $0	PIC 9(9)	9	N	
179	10	Add amounts on Line 7Y and 7S	PIC 9(9)	9	N	
180	11	Total Pension Exemption — subtract Line 5 from Line 8, enter here. If Line 5>Line 8, enter $0	PIC 9(9)	9	N	
		**** MO-A, Part 3, Section B, Private Pension calculation ****				
181	1	Enter Mo Adjusted Gross Income from Form MO-1040, Line 6	PIC 9S(9)	9	Y	
182	2	Enter taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	PIC 9(9)	9	N	
183	3	Subtract Line 2 from Line 1	PIC 9S(9)	9	Y	
184	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

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		Important note for 2014 - if field 10 (Amended return) is checked, there must be information in fields 99-106.				
185	5	Subtract Line 4 from Line 3. If Line 4>$0, enter 0	PIC 9(9)	9	N	
186	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	
187	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	
188	7Y	Enter amounts from Line 6Y or $6000, whichever is less	PIC 9(9)	9	N	
189	7S	Enter amounts from Line 6S or $6000, whichever is less	PIC 9(9)	9	N	
190	8	Add Lines 7Y and 7S	PIC 9(9)	9	N	
191	9	Total Private Pension Exemption-subtract Line 5 from Line 8. If Line 5> Line 8, enter $0	PIC 9(9)	9	N	
		****MO-A, Part 3, Section C, Social Security or Social Security Disability Calculation*				
192	1	Enter Mo Adjusted Gross Income from Form MO-1040, Line 6	PIC 9S(9)	9	Y	
193	2	Enter appropriate filing status amount; MFC $100,000; S,HOH,MFS, QW $85,000	PIC 9(9)	9	N	can't be 0
194	3	Subtract Line 2 from Line 1. If Line 2>Line 1, enter $0	PIC 9(9)	9	N	
195	4Y	Enter taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b(Yourself)	PIC 9(9)	9	N	
196	4S	Enter taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b(Spouse)	PIC 9(9)	9	N	
197	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	
198	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	
199	6Y	Amount from Line(s) 4Y and/or 5Y	PIC 9(9)	9	N	
200	6S	Amount from Line(s) 4S and/or 5S	PIC 9(9)	9	N	
201	7	Add Lines 6Y and 6S	PIC 9(9)	9	N	
202	8	Enter total social security/social security disability-subtract Line 3 from Line 7, if Line 3>Line 7,enter $0	PIC 9(9)	9	N	
		****MO-A, Part 3, Section D, Military Pension Calculation**				
203	1	Military ret benefits from Federal Form 1040A, line 12b or Federal 1040, line 16b	PIC 9(9)	9	N	
204	2	Taxable pub pension from Federal 1040A, Line 12b or Federal 1040, line 16b	PIC 9(9)	9	N	
205	3	Divide Line 1 by Line 2	**PIC 9(3)**	**3**	N	
206	4	Multiply Line 3 by Line **11** of Sec A. If not Claim pub pension, enter 0	PIC 9(9)	9	N	
207	5	Subtract Line 4 from line 1	PIC 9(9)	9	N	
208	6	Total Military pension, multiply Line 5 by **75%**	PIC 9(9)	9	N	
		**MO-A, Part 3, Section E, Total Pension and Soc Sec/Soc Sec Disab*				
209		Total Pension and Social Security/Social Security Disability Deduction	PIC 9(9)	9	N	
		**** MO-TC ****				
210	1	Credit Code (3 Characters) see form	PIC X(3)	3		
211	1	Y	PIX 9(9)	9		
212	1	S	PIC 9(9)	9		
213	2	Credit Code (3 Characters) see form	PIC X(3)	3		
214	2	Y	PIC X(9)	9		
215	2	S	PIC 9(9)	9		
216	3	Credit Code (3 Characters) see form	PIX X(3)	3		
217	3	Y	PIC 9(9)	9		
218	3	S	PIC 9(9)	9		
219	4	Credit Code (3 Characters) see form	PIC X(3)	3		
220	4	Y	PIC 9(9)	9		
221	4	S	PIC 9(9)	9		
222	5	Credit Code (3 Characters) see form	PIC X(3)	3		
223	5	Y	PIC 9(9)	9		
224	5	S	PIC 9(9)	9		
225	6	Credit Code (3 Characters) see form	PIC X(3)	3		
226	6	Y	PIC 9(9)	9		
227	6	S	PIC 9(9)	9		
228	7	Credit Code (3 Characters) see form	PIC X(3)	3		
229	7	Y	PIC 9(9)	9		
230	7	S	PIC 9(9)	9		
231	8	Credit Code (3 Characters) see form	PIC X(3)	3		
232	8	Y	PIC 9(9)	9		
233	8	S	PIC 9(9)	9		
234	9	Credit Code (3 Characters) see form	PIC X(3)	3		
235	9	Y	PIC 9(9)	9		
236	9	S	PIC 9(9)	9		
237	10	Credit Code (3 Characters) see form	PIC X(3)	3		
238	10	Y	PIC 9(9)	9		
239	10	S	PIC 9(9)	9		

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		Important note for 2014 - if field 10 (Amended return) is checked, there must be information in fields 99-106.				
		**** MO-CR ****				
240	Top Y	STATE OF (Yourself)	PIC X(2)	2		Top, Line 2, Yourself
241	Top S	STATE OF (Your Spouse)	PIC X(2)	2		Top, Line 2, Your spouse
242	2nd Y	STATE OF (Yourself)	PIC X(2)	2		Bottom, Line 2, Yourself
243	2nd S	STATE OF (Your Spouse)	PIC X(2)	2		Bottom, Line 2, Your spouse
		**** MO-PTS *****				
244	Name	Birthdate (Yourself)	PIC 9(6)	6		MMDDYY (example: 031537) **Total of 6 digits
245	Name	Birthdate (Spouse)	PIC 9(6)	6		MMDDYY (example: 031537) **Total of 6 digits
		Note: Name/Address information same as 1040				
		name/address information.				
246	A	65 years of age or older	PIC X(1)	1		X YES
247	B	100% Disabled Veteran	PIC X(1)	1		X YES
248	C	100% Disabled	PIC X(1)	1		X YES
249	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1		X YES
250	Filing	Single	PIC X(1)	1		X YES
251	Filing	Married — Filing Combined	PIC X(1)	1		X YES
252	Filing	Married — Living Separate for Entire Year	PIC X(1)	1		X YES
253	1	Enter the amount of income from MO-1040, Line 6, or Form MO-1040P, Line 4	PIC S9(9)	9	Y	
254	2	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	
255	3	Enter the total amount of pensions, annuities, dividends, rental or interest income	PIC 9(9)	9	N	
256	4	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
257	5	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
258	6	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
259	7	Enter the amount of nonbusiness loss(es).	PIC 9(9)	9	N	
260	8	Total household income — add Lines 1 through 7	PIC S9(9)	9	Y	
261	9	Enter $0, $2000, or $4000 based on filing and occupancy status	PIC 9(9)	9	N	
262	10A	rented checkbox (line 10 cannot exceed $27,500)	PIC X(1)	1		X YES
263	10B	owned/occupied entire year checkbox (line 10 cannot exceed $30,000)	PIC X(1)	1		X YES
264	10	Net household income — (Subtract Line 9 from Line 8.)	PIC S9(9)	9	Y	
265	11	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	
266	12	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
267	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	
268	14	Property Tax Credit	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 1				
269	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012114) **Total of 6 digits
270	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123114) **Total of 6 digits
271	6	Enter your gross rent paid.	PIC 9(9)	9	N	
272	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
273	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
274	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
275	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
276	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
277	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income	PIC X(1)	1		X YES
278	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
279	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
280	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
281	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
282	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.
283	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
284	9	CRP total (see 20% of line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 2				
285	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012114) **Total of 6 digits
286	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123114) **Total of 6 digits
287	6	Enter your gross rent paid.	PIC 9(9)	9	N	
288	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
289	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
290	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
291	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
292	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
293	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income	PIC X(1)	1		X YES
294	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
295	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
296	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
297	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
298	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.
299	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	

2014 2-D Barcode Specifications for Form MO-1040

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
Important note for 2014 - if field 10 (Amended return) is checked, there must be information in fields 99-106.						
300	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 3				
301	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012114) **Total of 6 digits
302	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123114) **Total of 6 digits
303	6	Enter your gross rent paid.	PIC 9(9)	9	N	
304	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
305	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
306	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
307	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
308	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
309	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income	PIC X(1)	1		X YES
310	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
311	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
312	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
313	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
314	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.
315	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
316	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 4				
317	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012114) **Total of 6 digits
318	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123114) **Total of 6 digits
319	6	Enter your gross rent paid.	PIC 9(9)	9	N	
320	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
321	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
322	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
323	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
324	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
325	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income	PIC X(1)	1		X YES
326	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
327	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
328	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
329	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
330	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.
331	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
332	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 5				
333	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012114) **Total of 6 digits
334	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123114) **Total of 6 digits
335	6	Enter your gross rent paid.	PIC 9(9)	9	N	
336	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
337	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
338	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
339	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
340	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
341	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income	PIC X(1)	1		X YES
342	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
343	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
344	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
345	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
346	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.
347	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
348	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
349	1	Account Type	PIC X(1)	1		"C" for checking, "S" for savings, or blank
350	9	Routing Number	PIC 9(9)	9	N	
351	17	Account Number	PIC 17(17)	17	N	
352		***EOD***				
				2,196	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).				

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		Important note for 2014 - if field 10 (Amended return) is checked, there must be information in fields 99-106.				
		Numeric fields aren't zero filled.				
		Refer to the "Acceptable Values" column for clarification of acceptable field values.				
		Negative amounts will have a leading minus sign.				
		Check boxes, an X indicates Yes, nothing is No (see Acceptable Values Column)				
		Only whole dollar amounts should be entered on the MO-1040 return. When entering amounts (such as W-2s) where				
		multiple amounts may need to be entered as a total, add the amounts together then round and enter.				
		Any fields which can be negative are noted above. The picture clause should have a S (example: PIC S9(9)). A negative sign				
		must be included in the field (example: -90, -1000) and precede the first number in the field.				
		The intended use of the Description Column is to cross reference the barcode field number, form line number, and form line wording. The				
		description may not be exact due to limitations of space. Please refer to the tax form and instructions for the exact line wording.				
		Trailer: The last field in the barcode data stream is the trailer. The trailer is used to indicate the end of data has been reached. A static				
		String of "*EOD*" is used as the trailer value. If a trailer is not found, this indicates a data overflow condition has occurred.				
		Header Information: There is information generic to all barcodes that should be placed first				
		in the barcode data stream. The first six fields in the barcode comprise the official header. The				
		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 MO1040.				
		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: "MO1040"				
		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 352				
		Trust Funds				

2014 2-D Barcode Specifications for Form MO-1040

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		Important note for 2014 - if field 10 (Amended return) is checked, there must be information in fields 99-106.				
		Additional TRUST FUND CODES for Form MO-1040, Lines 45j and 45k **01 American Cancer Society** **02 American Diabetes Association** **03 American Heart 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** **18 Pediatric Cancer Research Trust Fund** **19 Missouri National Guard 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.				