2014
2-D Barcode Specifications for Form MO-1040P

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		*** Header Information ***				(see notes below)
1	Header	Version Number				(T1 is current standard version)
2	Header	Developer Code				
3	Header	Jurisdiction (MO)				MO
4	Header	Description (MO1040P) and current tax year				MO1040P/2014
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
		**** MO 1040P ****				
7	Top	**Carriage return only (blank)**	PIC 9(2)	2		
8	Top	**Carriage return only (blank)**	PIC 9(2)	2		
9	Top	**Carriage return only (blank)**	PIC 9(4)	4		
10	Top	**Carriage return only (blank)**	PIC X(1)	1		
11	Top	Vendor Code	PIC 9(3)	3		Software Vendor Code
12	NAME	Your Social Security Number	PIC 9(9)	9		
13	NAME	Spouse's Social Security Number	PIC 9(9)	9		
14	NAME	Your Last Name	PIC X(20)	20		
15	NAME	Your First Name	PIC X(14)	14		
16	NAME	Your Middle Initial	PIC X(1)	1		
17	NAME	Yourself Title (JR,SR,etc)	PIC X(3)	3		Title (JR,SR,etc) (No period after suffix)
18	NAME	Yourself Deceased in 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 Yourself	PIC X(1)	1		X YES
33	CHKBOX	Age 65 Spouse	PIC X(1)	1		X YES
34	CHKBOX	Blind Yourself	PIC X(1)	1		X YES
35	CHKBOX	Blind Spouse	PIC X(1)	1		X YES
36	CHKBOX	100% Disabled Yourself	PIC X(1)	1		X YES
37	CHKBOX	100% Disabled Spouse	PIC X(1)	1		X YES
38	CHKBOX	Non-Obligated Spouse Yourself	PIC X(1)	1		X YES
39	CHKBOX	Non-Obligated Spouse Spouse	PIC X(1)	1		X YES
40	1Y	Federal Adjusted Gross Income (Yourself)	PIC S9(9)	9	Y	
41	1S	Federal Adjusted Gross Income (Spouse)	PIC S9(9)	9	Y	
42		**Carriage return only (blank)**	PIC 9(9)	9	N	
43		**Carriage return only (blank)**	PIC 9(9)	9	N	
44	2Y	Any state income tax refund (yourself)	PIC 9(9)	9	N	
45	2S	Any state income tax refund (spouse)	PIC 9(9)	9	N	
46	3Y	Missouri Adj Gross Income (Subtract Line 2 from Line 1) Yourself	PIC S9(9)	9	Y	
47	3S	Missouri Adj Gross Income (Subtract Line 2 from Line 1) Spouse	PIC S9(9)	9	Y	
48	10	Total Pension Exemption (From Form MO-A, Part 3)	PIC 9(9)	9	N	
49	6	A. Single — $2,100 (See Box B before checking.)	PIC X(1)	1		X YES
50	6	B. Claimed as a dependent on another person's federal tax return — $0.00	PIC X(1)	1		X YES
51	6	C. Married filing joint federal & combined Missouri — $4,200	PIC X(1)	1		X YES
52	6	D. Married filing separate — $2,100	PIC X(1)	1		X YES
53	6	E. Married filing separate (spouse NOT filing) — $4,200	PIC X(1)	1		X YES
54	6	F. Head of household — $3,500	PIC X(1)	1		X YES
55	6	G. Qualifying widow(er) with dependent child — $3,500	PIC X(1)	1		X YES
56	6	Enter the appropriate exemption amount	PIC 9(9)	9		0,2100,4200,3500
57	7a	Tax from Federal Return	PIC 9(9)	9	N	
58		**Carriage return only (blank)**	PIC 9(9)	9		
59		**Carriage return only (blank)**	PIC 9(9)	9		
60	7	Federal tax deduction.	PIC 9(9)	9		Married — 10000, Single — 5000 max
61	8	Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS.	PIC 9(9)	9	N	
62	9a	Number of dependents from Federal Form 1040 or 1040A	PIC 9(2)	2	N	
63	9	Number of dependents from Federal Form 1040 * 1200	PIC 9(9)	9		Dependents * 1200
64		**Carriage return only (blank)**	PIC 9(2)	2		
65		**Carriage return only (blank)**	PIC 9(9)	9		
66	11	Long-term care insurance deduction	PIC 9(9)	9	N	
67		**Carriage return only (blank)**	PIC 9(9)	9		

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
68		**Carriage return only (blank)**	PIC 9(9)	9		
69	12	Total deductions--add Lines 6 through 11	PIC 9(9)	9	N	
70	13	Subtotal — subtract Line 12 from Line 4	PIC 9(9)	9	N	
71		**Carriage return only (blank)**	PIC 9(9)	9		
72		**Carriage return only (blank)**	PIC 9(9)	9		
73	16Y	Tax on Line 15 Yourself	PIC 9(9)	9	N	
74	16S	Tax on Line 15 Spouse	PIC 9(9)	9	N	
		Fields 75 through 86 are carriage return only (blank)	PIC 9(9)	9		
87	18	Missouri Tax withheld	PIC 9(9)	9	N	
88	19	**2014** Missouri estimated tax payments	PIC 9(9)	9	N	
		Fields 89 through 92 are carriage return only (blank)				
93	20	Property tax credit. Attach Form MO-PTS	PIC 9(9)	9	N	
94	21	Total payments and credits Add Lines 18 through 20.	PIC 9(9)	9	N	
		Fields 95 through 105 are carriage return only (blank)	PIC 9(9)	9	N	
106	22	If line 21 > Line 17, enter difference here.(Amount overpaid.)	PIC 9(9)	9	N	
107	23	Amount of Line 22 to be applied to your **2015** estimated tax	PIC 9(9)	9	N	
108	24a	Children's Trust Fund	PIC 9(9)	9	N	
109	24b	Veterans Trust Fund	PIC 9(9)	9	N	
110	24c	Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9	N	
111	24d	Missouri National Guard Trust Fund	PIC 9(9)	9	N	
112	24e	Workers' Memorial Trust Fund	PIC 9(9)	9	N	
113	24f	Childhood Lead Testing Trust Fund	PIC 9(9)	9	N	
114	24g	Missouri Military Family Relief Fund	PIC 9(9)	9	N	
115	24h	General Revenue Fund	PIC 9(9)	9	N	
116	24l	Organ Donor Trust Fund	PIC 9(9)	9	N	
117	24j1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
118	24j2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
119	24k1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
120	24k2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
121	25	Overpayment to be refunded to you	PIC 9(9)	9	N	
122		**Carriage return only (blank)**	PIC 9(9)	9		
123		**Carriage return only (blank)**	PIC 9(9)	9		
124	26	Total Amount Due	PIC 9(9)	9	N	
125	SIGN	I authorize the Director of Revenue to discuss my return	PIC X(1)	1		X YES
126	SIGN	Daytime Telephone	PIC 9(10)	10		
127	SIGN	FEIN, SSN, PTIN	PIC X(9)	9		
		Fields 128 through 155 are carriage return only (blank)				
		**** 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, Section A Public Pension Calculation ****				
166	1	Enter MO Adjusted Gross Income from MO-1040P, Line 4	PIC S9(9)	9	Y	
167	2	Enter taxable social security benefits from Fed form 1040A, Line 14b or Federal Form 1040, Line 20b	PIC 9(9)	9	N	can't be 0
168	3	Subtract Line 2 from Line 1	PIC S9(9)	9	Y	
169	4	Enter appropriate filing status amts: MFC-$100,000; S,HOH,MFS,QW-$85,000	PIC 9(9)	9	N	
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 Fed Form 1040A, line 12b or Fed Form 1040, line 16b	PIC 9(9)	9	N	
172	6S	Taxable pension for each spouse from public sources from Fed Form 1040A, line 12b or Fed Form 1040, line 16b	PIC 9(9)	9	N	
173	7Y	If Line 6>**$36,442**. If <**$36,442**, enter amt from Line 6	PIC 9(9)	9	N	
174	7S	If Line 6>**$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	

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
177	9Y	Subtract Line 8 from Line 7. If Line 7<8, enter $0	PIC 9(9)	9	N	
178	9S	Subtract Line 8 from Line 7. If Line 7<8 , enter $0	PIC 9(9)	9	N	
179	10	Add amounts on Line 9Y and 9S	PIC 9(9)	9	N	
180	11	Total Pension Exemption — subtract Line 5 from Line 10, enter here	PIC 9(9)	9	N	
		**** MO-A, Section B Private Pension Calculation ****				
181	1	Enter Mo Adjusted Gross Income from Form MO-1040P, Line 4	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
185	5	Subtract Line 4 from Line 3. If Line 4>$0, enter 0	PIC 9(9)	9	N	
186	6Y	Enter taxable pension amount from private sources(Yourself) from Fed Form 1040A, Lines 11b and 12b, or Fed Form 1040, Lines 15b and 16b	PIC 9(9)	9	N	
187	6S	Enter taxable pension amount from private sources(Spouse) from Fed Form 1040A, Lines 11b and 12b, or Fed Form 1040, Lines 15b and 16b	PIC 9(9)	9	N	
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, Section C Social Sec or Social Sec Disability Calc****				
192	1	Enter Mo Adjusted Gross Income from Form MO-1040P, Line 4	PIC 9S(9)	9	Y	
193	2	Enter appropriate filing status amount; MFC-$100,000; S,HOH,QW,MFS-$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(Yourself) from Fed Form 1040A, Line 14b or Fed Form 1040, Line 20b	PIC 9(9)	9	N	
196	4S	Enter taxable social security benefits(Spouse) from Fed Form 1040A, Line 14b or Fed Form 1040, Line 20b	PIC 9(9)	9	N	
197	5Y	Enter taxable social security disability benefits(Yourself) from Fed Form 1040A, Line 14b or Fed Form 1040, Line 20b	PIC 9(9)	9	N	
198	5S	Enter taxable social security disability benefits(Spouse) from Fed Form 1040A, Line 14b or Fed Form 1040, Line 20b	PIC 9(9)	9	N	
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 fed 1040, Line 16b	PIC 9(9)	9	N	
204	2	Taxable pub pension from fed 1040a, Line 12b or fed 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	
		Fields 210 through 243 are carriage return only (blank)				
		**** MO-PTS *****				
244	Name	Birthdate (Yourself)	PIC 9(6)	6		MMDDYY (example: 031535) **Total of 6 digits
245	Name	Birthdate (Spouse)	PIC 9(6)	6		MMDDYY (example: 031535) **Total of 6 digits
		Note: Name/Address information same as 1040P 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, or interest income	PIC 9(9)	9	N	

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
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). You must include nonbusiness losses in	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: 010914) **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	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.	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: 010914) **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	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.	PIC 9(9)	9	N	
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: 010914) **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	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.	PIC 9(9)	9	N	
316	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 4				

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317	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 010914) **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	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.	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: 010914) **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	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		**Account Type**	PIC X(1)	1		Must be "C" for checking,"S" for savings, or blank
350		**Routing Number**	PIC 9(9)	9	N	
351		**Account Number**	PIC 17(17)	17	N	
352		***EOD***			END OF DATA	
				1,611	calculated # characters	

General Information

For blank fields, use a carriage return

County of Residence, field 25, must contain the four digit county code. If
out-of-state, enter NONR.

All alpha characters should be in capital letters (A-Z).

Numeric fields aren't zero filled.

Refer to the "Acceptable Values" column for clarification of acceptable field values.

Negative amounts will have a leading minus sign.

Check boxes, an X indicates Yes, nothing is No (see Acceptable Values Column)

Only whole dollar amounts should be entered on the MO-1040P return. When entering amounts (such as W-2s) where
multiple amounts may need to be entered as a total, add the amounts together then round and enter.

Any fields which can be negative are noted above. The picture clause should have a S (example: PIC S9(9)). A negative sign
must be included in the field (example: -90, -1000) and precede the first number in the field.

The intended use of the Description Column is to cross reference the barcode field number, form line number, and form line wording. The
description may not be exact due to limitations of space. Please refer to the tax form and instructions for the exact line wording.

Trailer: The last field in the barcode data stream is the trailer. The trailer is used to indicate the end of data has been reached. A static
String of "*EOD*" is used as the trailer value. If a trailer is not found, this indicates a data overflow condition has occurred.

Header Information: There is information generic to all barcodes that should be placed first
in the barcode data stream. The first six fields in the barcode comprise the official header. The

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		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 MO1040P.				
		Specification Version: A number that identifies the version of the specifications used to produce the form barcode. These specifications are provided by the jurisdiction processing the form and describe the data layout in the barcode. Draft versions of the specifications are not assigned version numbers. The final version shall be "0", revision thereafter will increase numerically.				
		Software/Form Version: A vendor defined version number that reflects the software and form revision used to produce the barcode.				
		Example				
		Header Version Number "T1"				
		Developer Code:"9999"				
		Jurisdiction: "MO"				
		Description: "MO1040P"				
		Specification Version: "0"				
		Software/Form Version: "1.0"				
		Raw Header				
		T1<CR>9999<CR>MO<CR>MO1040P<CR>0<CR>1.0<CR>				
		End of Data				
		EOD must be printed in Field 352				
		Trust Funds				
		TRUST FUND CODES for Form MO-1040P, Lines 24j and 24k **01 American Cancer Society** **02 American Diabetes Association** **03 American Heart Association** **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.				

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		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 2800, JEFFERSON CITY, MO 65105-2800. **(*2-D Barcode ONLY—DOR, PO BOX 3385, JEFFERSON CITY, MO 65105-3385)** **AMOUNT YOU OWE:** **DEPARTMENT OF REVENUE, PO BOX 3395, JEFFERSON CITY, MO 65105-3395.**				
		2-D barcode testing should be complete within two months of releasing the 2-D barcode packet.			