

NACTP

Test 7

These are MFJ taxpayers with 6 children. The TP has 1 W2 & 4 rental properties. The Spouse has an IRA distribution & gambling income.

NACTP Forms: 1040, W2 (1), 1099R (1), W2G(1), Schedule E pg 1(2), Schedule E pg 2(1), 5329, Schedule EIC, 9912, 8582, 8867, 4562

MO Forms: MO-1040, MO-A (private pension), MO-CR Refund by Paper Check

Taxpayer:

Rental Investor

511 Carol Blvd

St. Joseph, MO 64505

SSN: 400-00-6107

DOB: 02/28/1970

County: ANDR

Spouse:

Lucky Gambler

SSN: 400-00-6117

DOB: 03/12/1970

Missouri resident with Arkansas gambling income

Filing Status: Married Filing Joint (using standard deduction)

Dependents

Slot Machine	SSN	600-00-2007	DOB	04/01/2004
Black Jack	SSN	600-00-3007	DOB	05/01/2002
Poker Table	SSN	600-00-4007	DOB	06/01/2000
Horse Racing	SSN	600-00-5007	DOB	07/01/1998
Sports Book	SSN	600-00-6007	DOB	08/01/1996
Bingo Hall	SSN	600-00-7007	DOB	09/01/1994

TEST 7

W-2 Detail

SSN	Employer Name	Employer ID	Gross Wages	Fed W/H	State W/H	State
400-00-6107	Tony's Ties	481255245	3,500			MO

W-2G Detail

SSN	Employer Name	Employer ID	Gross Wages	Fed W/H	State W/H	State
400-00-6117	Casino City	481259930	16,500		300	AR

1099 Detail

SSN	Payer Name	Gross Wages	Fed W/H	State W/H	State
400-00-6117	ABC IRA	12,200	2,800	150	MO



FOR CALENDAR YEAR JAN. 1–DEC. 31, 2014, OR FISCAL YEAR BEGINNING

20 , ENDING

20

AMENDED RETURN — CHECK HERE ☐SOFTWARE
VENDOR CODE
(Assigned by DOR)
000

NAME AND ADDRESS

SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

M. INITIAL

SUFFIX (JR, SR, etc.)

DECEASED
2014
☐

SPOUSE'S LAST NAME

FIRST NAME

M. INITIAL

SUFFIX (JR, SR, etc.)

DECEASED
2014
☐

IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)

COUNTY OF RESIDENCE

PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)

CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE

You may contribute to any one or all of the trust funds on Line 45. See pages 9–10 for a description of each trust fund, as well as trust fund codes to enter on Line 45.



PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2014.

AGE 62 THROUGH 64

☐ YOURSELF
☐ SPOUSE

AGE 65 OR OLDER

☐ YOURSELF
☐ SPOUSE

BLIND

☐ YOURSELF
☐ SPOUSE

100% DISABLED

☐ YOURSELF
☐ SPOUSE

NON-OBLIGATED SPOUSE

☐ YOURSELF
☐ SPOUSE

INCOME

Yourself

Spouse

1. Federal adjusted gross income from your 2014 federal return (See worksheet on page 6.) ...	1Y	00	1S	00
2. Total additions (from Form MO-A, Part 1, Line 6)	2Y	00	2S	00
3. Total income — Add Lines 1 and 2.	3Y	00	3S	00
4. Total subtractions (from Form MO-A, Part 1, Line 14)	4Y	00	4S	00
5. Missouri adjusted gross income — Subtract Line 4 from Line 3.	5Y	00	5S	00
6. Total Missouri adjusted gross income — Add columns 5Y and 5S.	6			00
7. Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%.)	7Y	%	7S	%

EXEMPTIONS AND DEDUCTIONS

8. Pension and Social Security/Social Security Disability/Military exemption (from Form MO-A, Part 3, Section E.) ...	8		00
9. Mark your filing status box below and enter the appropriate exemption amount on Line 9. <input type="checkbox"/> A. Single — \$2,100 (See Box B before checking.) <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00 <input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200 <input type="checkbox"/> D. Married filing separate — \$2,100 <input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200 <input type="checkbox"/> F. Head of household — \$3,500 <input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500	9		00
10. Tax from federal return (Do not enter federal income tax withheld.) • Federal Form 1040, Line 56 minus Lines 45, 46, 66a, 68, and 69 • Federal Form 1040A, Line 37, minus Line 29, 42a, 44, 45, and any alternative minimum tax included on Line 28. • Federal Form 1040EZ, Line 10 minus Line 8a.	10	00	
11. Other tax from federal return — Attach copy of your federal return (pages 1 and 2)	11	00	
12. Total tax from federal return — Add Lines 10 and 11.	12	00	
13. Federal tax deduction — Enter amount from Line 12 not to exceed \$5,000 for individual filer; \$10,000 for combined filers.	13		00
14. Missouri standard deduction or itemized deductions. Single or Married Filing Separate — \$6,200; Head of Household — \$9,100; Married Filing a Combined Return or Qualifying Widow(er) — \$12,400; If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you are itemizing, see Form MO-A, Part 2.	14		00
15. Number of dependents from Federal Form 1040 or 1040A, Line 6c (DO NOT INCLUDE YOURSELF OR SPOUSE.) X \$1,200 =	15		00
16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE.) X \$1,000 =	16		00
17. Long-term care insurance deduction.	17		00
18. A. Health care sharing ministry deduction \$ B. New jobs deduction \$	18		00
19. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and 18.	19		00
20. Subtotal — Subtract Line 19 from Line 6.	20		00
21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S.	21Y	00	21S 00
22. Enterprise zone or rural empowerment zone income modification.	22Y	00	22S 00
23. Subtract Line 22 from Line 21. Enter here and on Line 24.	23Y	00	23S 00

Do not
include
yourself
or
spouse.

		Yourself		Spouse												
TAX	24. Taxable income amount from Lines 23Y and 23S	24Y	00	24S	00											
	25. Tax (See tax table on page 25 of the instructions.)	25Y	00	25S	00											
	26. Resident credit — Attach Form MO-CR and other states' income tax return(s).	26Y	00	26S	00											
	27. Missouri income percentage — Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100%	27Y	%	27S	%											
	28. Balance — Subtract Line 26 from Line 25; OR Multiply Line 25 by percentage on Line 27.	28Y	00	28S	00											
	29. Other taxes (Check box and attach federal form indicated.) <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611)	29Y	00	29S	00											
	30. Subtotal — Add Lines 28 and 29.	30Y	00	30S	00											
	31. Total Tax — Add Lines 30Y and 30S.	31			00											
	PAYMENTS / CREDITS	32. MISSOURI tax withheld — Attach Forms W-2 and 1099.	32			00										
		33. 2014 Missouri estimated tax payments (include overpayment from 2013 applied to 2014)	33			00										
34. Missouri tax payments for nonresident partners or S corporation shareholders — Attach Forms MO-2NR and MO-NRP ..		34			00											
35. Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT.		35			00											
36. Amount paid with Missouri extension of time to file (Form MO-60)		36			00											
37. Miscellaneous tax credits (from Form MO-TC, Line 13) — Attach Form MO-TC.		37			00											
38. Property tax credit — Attach Form MO-PTS.		38			00											
39. Total payments and credits — Add Lines 32 through 38.		39			00											
Skip Lines 40–42 if you are not filing an amended return.																
AMENDED RETURN	40. Amount paid on original return	40			00											
	41. Overpayment as shown (or adjusted) on original return	41			00											
	INDICATE REASON FOR AMENDING.		M M D D Y Y													
	<input type="checkbox"/> A. Federal audit Enter date of IRS report.															
	<input type="checkbox"/> B. Net operating loss carryback Enter year of loss.															
	<input type="checkbox"/> C. Investment tax credit carryback Enter year of credit.															
	<input type="checkbox"/> D. Correction other than A, B, or C Enter date of federal amended return, if filed.															
	42. Amended Return — total payments and credits. Add Line 40 to Line 39 or subtract Line 41 from Line 39.	42			00											
	REFUND	43. If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference (amount of OVERPAYMENT) here.	43			00										
		44. Amount of Line 43 to be applied to your 2015 estimated tax	44			00										
45. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes.		45	00	00	00	00	00	00	00	00	00	00	00			
46. REFUND - Subtract Lines 44 and 45 from Line 43 and enter here. Sign below and mail return to: Department of Revenue, PO Box 500, Jefferson City, MO 65106-0500.												46			00	
AMOUNT DUE		47. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here and go to instructions for Line 48.	47				00									
		48. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here.	48				00									
		49. AMOUNT DUE - Add Lines 47 and 48 and enter here. Sign below and mail return and payment to: Department of Revenue, PO Box 329, Jefferson City, MO 65107-0329. See instructions for Line 49.	49				00									
		If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.														
SIGNATURE		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also 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 authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO										E-MAIL ADDRESS		PREPARER'S TELEPHONE () - - - -		
	SIGNATURE				DATE (MMDDYYYY) _ / _ / _ _				PREPARER'S SIGNATURE				FEIN, SSN, OR PTIN			
	SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)				DAYTIME TELEPHONE () - - - -				PREPARER'S ADDRESS AND ZIP CODE				DATE (MMDDYYYY) _ / _ / _ _			

PART 3 - PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION

SECTION A		PUBLIC PENSION CALCULATION — Pensions received from any federal, state, or local government.				
SECTION A	1. Missouri adjusted gross income from Form MO-1040, Line 6	1			00	
	2. Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	2			00	
	3. Subtract Line 2 from Line 1	3			00	
	4. Select the appropriate filing status and enter amount on Line 4. Married filing combined - \$100,000; Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000	4			00	
	5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5			00	
	6. Taxable pension for each spouse from public sources from Federal Form 1040A, Line 12b or 1040, Line 16b	Y - YOURSELF		S - SPOUSE		
		6Y		00	6S	00
	7. Amount from Line 6 or \$36,442 (maximum social security benefit), whichever is less	7Y			7S	00
		8Y		00	8S	00
	9. Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0	9Y			9S	00
		10				00
11. Total public pension , subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0	11				00	
PRIVATE PENSION CALCULATION — Annuities, pensions, IRAs, and 401(k) plans funded by a private source.						
SECTION B	1. Missouri adjusted gross income from Form MO-1040, Line 6	1			00	
	2. Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	2			00	
	3. Subtract Line 2 from Line 1	3			00	
	4. Select the appropriate filing status and enter the amount on Line 4: Married filing combined: \$32,000; Single, Head of Household and Qualifying Widow(er): \$25,000; Married Filing Separate: \$16,000	4			00	
	5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5			00	
	6. Taxable pension for each spouse from private sources from Federal Form 1040A, Lines 11b and 12b, or Federal Form 1040, Lines 15b and 16b.	Y - YOURSELF		S - SPOUSE		
		6Y		00	6S	00
	7. Amounts from Line 6Y and 6S or \$6,000, whichever is less	7Y			7S	00
		8				00
	9. Total private pension , subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0	9				00
	SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social security deduction you must be 62 years of age by December 31 and have marked the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to social security disability deduction.					
SECTION C	1. Missouri adjusted gross income from Form MO-1040, Line 6	1			00	
	2. Select the appropriate filing status and enter the amount on Line 2. Married filing combined - \$100,000; Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000	2			00	
	3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0	3			00	
	4. Taxable social security benefits for each spouse from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b...	Y - YOURSELF		S - SPOUSE		
		4Y		00	4S	00
	5. Taxable social security disability benefits for each spouse from Federal Form 1040A, Line 14b or 1040, Line 20b.	5Y			5S	00
		6Y		00	6S	00
	6. Amount from Line(s) 4Y or 5Y, and 4S or 5S	7				00
	7. Add Lines 6Y and 6S	8				00
	8. Total social security/social security disability , subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0					00
	MILITARY PENSION CALCULATION					
SECTION D	1. Military retirement benefits included on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b	1			00	
	2. Taxable public pension from Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b.	2			00	
	3. Divide Line 1 by Line 2 (Round to whole number)	3			%	
	4. Multiply Line 3 by Line 11 of Section A. If you are not claiming a public pension exemption, enter \$0	4			00	
	5. Subtract Line 4 from Line 1	5			00	
	6. Total military pension , multiply Line 5 by 75%.	6			00	
TOTAL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION						
SECTION E	Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D). Enter total amount here and on Form MO-1040, Line 8.	TOTAL EXEMPTION			00	



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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**CREDIT FOR INCOME TAXES PAID TO
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FORM
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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)