

2015
2D Barcode Specifications for Form MO-1040

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
Important note for 2015 - if field 10 (Amended return) is checked, there must be information in fields 97-105.						
*** Header Information ***						
1	Header	Version Number				(see notes below) (T1 is current standard version)
2	Header	Developer Code				
3	Header	Jurisdiction (MO)				MO
4	Header	Description (MO1040) and current tax year				MO1040/2015
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 2015	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 2015	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	Stillborn indicator	PIC X(1)	1		X YES
63	15	Number of dependents from Federal Form 1040, Line 6c	PIC 9(2)	2	N	
64	15	Number of dependents from Federal Form 1040 * 1200	PIC 9(9)	9		Dependents * 1200
65	16	Number of dependents on Line 15 who are 65 years of age or older and	PIC 9(2)	2	N	
66	16	Number of dependents on Line 15 who are 65 years of age * 1000	PIC 9(9)	9		Over 65 Dependents * 1000
67	17	Long-term care insurance deduction	PIC 9(9)	9	N	
68	18	Health care sharing ministry deduction	PIC 9(9)	9	N	
69	19	18B New Jobs Deduction - REMOVED	PIC 9(9)	9		
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 max. If below .5, include 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	2015 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	

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Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
97	41A	Federal Audit	PIC X(1)	1		X YES
98	41A	Enter date of IRS report	PIC 9(6)	6		MMDDYY (example: 032115)
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: 022315)
105	42	Amended Return — total payments and credits — add Line 40 to Line 39 or subtract	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	MOST direct deposit from Form 5632	PIC 9(9)	9	N	
122	47	Overpayment to be refunded to you	PIC 9(9)	9	N	
123	48	If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of	PIC 9(9)	9	N	
124	49	Underpayment of estimated tax penalty. Attach Form MO-2210.	PIC 9(9)	9	N	
125	50	Total Amount Due	PIC 9(9)	9	N	
126	SIGN	I authorize the Director of Revenue to discuss my return and	PIC X(1)	1		X YES
127	SIGN	Daytime Telephone	PIC 9(10)	10		
128	SIGN	FEIN, SSN, PTIN	PIC X(9)	9		
		**** MO-A ****				
		**** MO-A Additions ****				
129	1Y	Interest on state and local obligations other than Missouri source (Yourself)	PIC 9(9)	9	N	
130	1S	Interest on state and local obligations other than Missouri source (Spouse)	PIC 9(9)	9	N	
131	2	Net Operating Loss (Carryback/Carryforward)	PIC X(1)	1		X YES
132	2Y	Partnership; Fiduciary; S Corporation; Net operating Loss: (Yourself)	PIC 9(9)	9	N	
133	2S	Partnership; Fiduciary; S Corporation; Net operating Loss: (Spouse)	PIC 9(9)	9	N	
134	3Y	Nonqualified distribution received from qualified 529 plan (Yourself)	PIC 9(9)	9	N	
135	3S	Nonqualified distribution received from qualified 529 plan(Spouse)	PIC 9(9)	9	N	
136	4Y	Food Pantry contributions included on Federal Sched A	PIC 9(9)	9	N	
137	4S	Food Pantry contributions included on Federal Sched A	PIC 9(9)	9	N	
138	5Y	Nonresident Property Tax	PIC 9(9)	9	N	
139	5S	Nonresident Property Tax	PIC 9(9)	9	N	
140	6Y	ABLE distributions not used to pay for qualified expenses (Yourself)	PIC 9(9)	9	N	
141	6S	ABLE distributions not used to pay for qualified expenses (Spouse)	PIC 9(9)	9	N	
		**** MO-A Subtractions ****				
142	8Y	Interest from exempt federal obligations included in federal AGI(Yourself)	PIC 9(9)	9	N	
143	8S	Interest from exempt federal obligations included in federal AGI (Spouse)	PIC 9(9)	9	N	
144	9Y	Any state income tax refund included in federal AGI (Yourself)	PIC 9(9)	9	N	
145	9S	Any state income tax refund included in federal AGI (Spouse)	PIC 9(9)	9	N	
146	10	Nonresident Military Check Box	PIC X(1)	1		X YES
147	10	Combat Pay Check Box	PIC X(1)	1		X YES
148	10	Other	PIC X(1)	1		X YES
149	10Y	Partnership; Fiduciary; S Corporation; Railroad retirement (Yourself)	PIC 9(9)	9	N	
150	10S	Partnership; Fiduciary; S Corporation; Railroad retirement (Spouse)	PIC 9(9)	9	N	
151	11Y	Exempt contributions made to qualified 529 plan (Yourself)	PIC S(9)	9	N	\$16000 maximum for BOTH primary and secondary
152	11S	Exempt contributions made to qualified 529 plan (Spouse)	PIC S(9)	9	N	\$16000 maximum for BOTH primary and secondary
153	12Y	Qualified Health Insurance Premiums (Yourself)	PIC 9(9)	9	N	
154	12S	Qualified Health Insurance Premiums (Spouse)	PIC 9(9)	9	N	
155	13Y	Missouri depreciation adjustment (Yourself)	PIC 9(9)	9	N	
156	13S	Missouri depreciation adjustment (Spouse)	PIC 9(9)	9	N	
157	14Y	Home Energy Audit Expenses	PIC 9(9)	9	N	
158	14S	Home Energy Audit Expenses	PIC 9(9)	9	N	
159	15Y	ABLE contributions (Yourself)	PIC 9(9)	9	N	
160	15S	ABLE contributions (Spouse)	PIC 9(9)	9	N	
		**** MO-A, Part 2, Missouri Itemized Deductions ****				
161	1	Total federal itemized deductions from Federal Form 1040, Line 40	PIC 9(9)	9	N	
162	2	2015 (FICA) — yourself — Social security \$ Medicare \$	PIC 9(9)	9	N	
163	3	2015 (FICA) — spouse — Social security \$ Medicare \$	PIC 9(9)	9	N	
164	4	2015 Railroad retirement tax — yourself (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
165	5	2015 Railroad retirement tax — spouse (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
166	6	2015 Medicare Tax - Yourself and Spouse	PIC 9(9)	9	N	
167	7	2015 Self-employment tax	PIC 9(9)	9	N	
168	9	State and local income taxes — See instructions	PIC 9(9)	9	N	
169	10	Earnings taxes included in Line 8	PIC 9(9)	9	N	
170	11	Net state income taxes	PIC 9(9)	9	N	
		**** MO-A, Part 3, Section A, Public Pension Calculation ****				
171	1	MO Adjusted Gross Income from MO-1040, Line 6	PIC S9(9)	9	Y	
172	2	Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	PIC 9(9)	9	N	
173	3	Subtract Line 2 from Line 1	PIC S9(9)	9	Y	
174	4	Filing status amount -MFC-\$100,000, S,HOH, MFS, QW -\$85,000	PIC 9(9)	9	N	can't be 0
175	5	Subtract Line 4 from Line 3 and enter on Line 5. If Line 4>Line 3, enter \$0	PIC 9(9)	9	N	
176	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	
177	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	
178	7Y	If Line 6 > \$36,976, enter \$36,976. If < \$36,976, enter amt from Line 6	PIC 9(9)	9	N	
179	7S	If Line 6 > \$36,976, enter \$36,976. If < \$36,976, enter amt from Line 6	PIC 9(9)	9	N	
180	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	
181	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	
182	9Y	Subtract Line 8 from Line 7. If Line 8>Line 7, enter \$0	PIC 9(9)	9	N	
183	9S	Subtract Line 8 from Line 7. If Line 8>Line 7, enter \$0	PIC 9(9)	9	N	
184	10	Add amounts on Line 7Y and 7S	PIC 9(9)	9	N	
185	11	Total Pension Exemption — subtract Line 5 from Line 8, enter here. If Line 5>Line 8, enter \$0	PIC 9(9)	9	N	

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Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
**** MO-A, Part 3, Section B, Private Pension calculation ****						
186	1	Enter Mo Adjusted Gross Income from Form MO-1040, Line 6	PIC 9S(9)	9	Y	
187	2	Enter taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	PIC 9(9)	9	N	
188	3	Subtract Line 2 from Line 1	PIC 9S(9)	9	Y	
189	4	Enter appropriate filing status amount:MFC \$32,000; S,HQH,QW \$25,000;MFS \$16,000	PIC 9(9)	9	N	can't be 0
190	5	Subtract Line 4 from Line 3. If Line 4>\$0, enter 0	PIC 9(9)	9	N	
191	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	
192	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	
193	7Y	Enter amounts from Line 6Y or \$6000, whichever is less	PIC 9(9)	9	N	
194	7S	Enter amounts from Line 6S or \$6000, whichever is less	PIC 9(9)	9	N	
195	8	Add Lines 7Y and 7S	PIC 9(9)	9	N	
196	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*						
197	1	Enter Mo Adjusted Gross Income from Form MO-1040, Line 6	PIC 9S(9)	9	Y	
198	2	Enter appropriate filing status amount; MFC \$100,000; S,HQH,MFS, QW \$85,000	PIC 9(9)	9	N	can't be 0
199	3	Subtract Line 2 from Line 1. If Line 2>Line 1, enter \$0	PIC 9(9)	9	N	
200	4Y	Enter taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b(Yourself)	PIC 9(9)	9	N	
201	4S	Enter taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b(Spouse)	PIC 9(9)	9	N	
202	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	
203	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	
204	6Y	Amount from Line(s) 4Y and/or 5Y	PIC 9(9)	9	N	
205	6S	Amount from Line(s) 4S and/or 5S	PIC 9(9)	9	N	
206	7	Add Lines 6Y and 6S	PIC 9(9)	9	N	
207	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**						
208	1	Military ret benefits from Federal Form 1040A, line 12b or Federal 1040, line 16b	PIC 9(9)	9	N	
209	2	Taxable pub pension from Federal 1040A, Line 12b or Federal 1040, line 16b	PIC 9(9)	9	N	
210	3	Divide Line 1 by Line 2	PIC 9(3)	3	N	
211	4	Multiply Line 3 by Line 11 of Sec A. If not Claim pub pension, enter 0	PIC 9(9)	9	N	
212	5	Subtract Line 4 from line 1	PIC 9(9)	9	N	
213	6	Total Military pension, multiply Line 5 by 90%	PIC 9(9)	9	N	
**MO-A, Part 3, Section E, Total Pension and Soc Sec/Soc Sec Disab*						
214		Total Pension and Social Security/Social Security Disability Deduction	PIC 9(9)	9	N	
**** MO-TC ****						
215	1	Credit Code (3 Characters) see form	PIC X(3)	3		
216	1	Y	PIX 9(9)	9		
217	1	S	PIC 9(9)	9		
218	2	Credit Code (3 Characters) see form	PIC X(3)	3		
219	2	Y	PIC X(9)	9		
220	2	S	PIC 9(9)	9		
221	3	Credit Code (3 Characters) see form	PIX X(3)	3		
222	3	Y	PIC 9(9)	9		
223	3	S	PIC 9(9)	9		
224	4	Credit Code (3 Characters) see form	PIC X(3)	3		
225	4	Y	PIC 9(9)	9		
226	4	S	PIC 9(9)	9		
227	5	Credit Code (3 Characters) see form	PIC X(3)	3		
228	5	Y	PIC 9(9)	9		
229	5	S	PIC 9(9)	9		
230	6	Credit Code (3 Characters) see form	PIC X(3)	3		
231	6	Y	PIC 9(9)	9		
232	6	S	PIC 9(9)	9		
233	7	Credit Code (3 Characters) see form	PIC X(3)	3		
234	7	Y	PIC 9(9)	9		
235	7	S	PIC 9(9)	9		
236	8	Credit Code (3 Characters) see form	PIC X(3)	3		
237	8	Y	PIC 9(9)	9		
238	8	S	PIC 9(9)	9		
239	9	Credit Code (3 Characters) see form	PIC X(3)	3		
240	9	Y	PIC 9(9)	9		
241	9	S	PIC 9(9)	9		
242	10	Credit Code (3 Characters) see form	PIC X(3)	3		
243	10	Y	PIC 9(9)	9		
244	10	S	PIC 9(9)	9		
**** MO-TC **** 2						
245	1	Credit Code (3 Characters) see form	PIC X(3)	3		
246	1	Y	PIX 9(9)	9		
247	1	S	PIC 9(9)	9		
248	2	Credit Code (3 Characters) see form	PIC X(3)	3		
249	2	Y	PIC X(9)	9		
250	2	S	PIC 9(9)	9		
251	3	Credit Code (3 Characters) see form	PIX X(3)	3		
252	3	Y	PIC 9(9)	9		
253	3	S	PIC 9(9)	9		
254	4	Credit Code (3 Characters) see form	PIC X(3)	3		
255	4	Y	PIC 9(9)	9		
256	4	S	PIC 9(9)	9		
257	5	Credit Code (3 Characters) see form	PIC X(3)	3		
258	5	Y	PIC 9(9)	9		
259	5	S	PIC 9(9)	9		
260	6	Credit Code (3 Characters) see form	PIC X(3)	3		
261	6	Y	PIC 9(9)	9		
262	6	S	PIC 9(9)	9		
263	7	Credit Code (3 Characters) see form	PIC X(3)	3		
264	7	Y	PIC 9(9)	9		
265	7	S	PIC 9(9)	9		
266	8	Credit Code (3 Characters) see form	PIC X(3)	3		
267	8	Y	PIC 9(9)	9		

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Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
268	8	S	PIC 9(9)	9		
269	9	Credit Code (3 Characters) see form	PIC X(3)	3		
270	9	Y	PIC 9(9)	9		
271	9	S	PIC 9(9)	9		
272	10	Credit Code (3 Characters) see form	PIC X(3)	3		
273	10	Y	PIC 9(9)	9		
274	10	S	PIC 9(9)	9		
**** MO-CR ****						
275	Top Y	STATE OF (Yourself)	PIC X(2)	2		Top, Line 2, Yourself
276	Top S	STATE OF (Your Spouse)	PIC X(2)	2		Top, Line 2, Your spouse
277	2nd Y	STATE OF (Yourself)	PIC X(2)	2		Bottom, Line 2, Yourself
278	2nd S	STATE OF (Your Spouse)	PIC X(2)	2		Bottom, Line 2, Your spouse
**** MO-PTS ****						
279	Name	Birthdate (Yourself)	PIC 9(6)	6		MMDDYY (example: 031537) **Total of 6 digits
280	Name	Birthdate (Spouse)	PIC 9(6)	6		MMDDYY (example: 031537) **Total of 6 digits
Note: Name/Address information same as 1040 name/address information.						
281	A	65 years of age or older	PIC X(1)	1		X YES
282	B	100% Disabled Veteran	PIC X(1)	1		X YES
283	C	100% Disabled	PIC X(1)	1		X YES
284	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1		X YES
285	Filing	Single	PIC X(1)	1		X YES
286	Filing	Married — Filing Combined	PIC X(1)	1		X YES
287	Filing	Married — Living Separate for Entire Year	PIC X(1)	1		X YES
288	1	Enter the amount of income from MO-1040, Line 6, or Form MO-1040P, Line 4	PIC S9(9)	9	Y	
289	2	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	
290	3	Enter the total amount of pensions, annuities, dividends, rental or interest income	PIC 9(9)	9	N	
291	4	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
292	5	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
293	6	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
294	7	Enter the amount of nonbusiness loss(es).	PIC 9(9)	9	N	
295	8	Total household income — add Lines 1 through 7	PIC S9(9)	9	Y	
296	9	Enter \$0, \$2000, or \$4000 based on filing and occupancy status	PIC 9(9)	9	N	
297	10A	rented checkbox (line 10 cannot exceed \$27,500)	PIC X(1)	1		X YES
298	10B	owned/occupied entire year checkbox (line 10 cannot exceed \$30,000)	PIC X(1)	1		X YES
299	10	Net household income — (Subtract Line 9 from Line 8.)	PIC S9(9)	9	Y	
300	11	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	
301	12	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
Total tax and or rent—add Lines 11 and 12 and enter total (max \$750 or \$1100, depending on occupancy)						
302	13		PIC 9(9)	9	N	
303	14	Property Tax Credit	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 1						
304	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012115) **Total of 6 digits
305	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123115) **Total of 6 digits
306	6	Enter your gross rent paid.	PIC 9(9)	9	N	
307	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
308	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
309	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
310	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
311	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
312	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)	PIC X(1)	1		X YES
313	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
314	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
315	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
316	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
317	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.
318	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
319	9	CRP total (see 20% of line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 2						
320	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012115) **Total of 6 digits
321	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123115) **Total of 6 digits
322	6	Enter your gross rent paid.	PIC 9(9)	9	N	
323	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
324	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
325	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
326	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
327	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
328	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)	PIC X(1)	1		X YES
329	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
330	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
331	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
332	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
333	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.
334	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
335	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 3						
336	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012115) **Total of 6 digits
337	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123115) **Total of 6 digits
338	6	Enter your gross rent paid.	PIC 9(9)	9	N	
339	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
340	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
341	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
342	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
343	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
344	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)	PIC X(1)	1		X YES
345	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
346	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
347	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
348	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
349	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.
350	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
351	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	

**2015
2D Barcode Specifications for Form MO-1040**

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
*** Certification of Rent Paid *** 4						
352	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012115) **Total of 6 digits
353	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123115) **Total of 6 digits
354	6	Enter your gross rent paid.	PIC 9(9)	9	N	
355	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
356	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
357	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
358	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
359	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
360	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)	PIC X(1)	1		X YES
361	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
362	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
363	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
364	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
365	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.
366	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
367	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 5						
368	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012115) **Total of 6 digits
369	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123115) **Total of 6 digits
370	6	Enter your gross rent paid.	PIC 9(9)	9	N	
371	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
372	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
373	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
374	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
375	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
376	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)	PIC X(1)	1		X YES
377	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
378	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
379	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
380	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
381	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.
382	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
383	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
Direct Deposit						
384	1	Account Type	PIC X(1)	1		"C" for checking, "S" for savings, or blank
385	9	Routing Number	PIC 9(9)	9	N	
386	17	Account Number	PIC 17(17)	17	N	
MO-5632						
387	A	MOST Account Number	PIC 9(11)	11		
388	A	Deposit Amount	PIC 9(9)	9	N	
389	B	MOST Account Number	PIC 9(11)	11		
390	B	Deposit Amount	PIC 9(9)	9	N	
391	C	MOST Account Number	PIC 9(11)	11		
392	C	Deposit Amount	PIC 9(9)	9	N	
393	D	MOST Account Number	PIC 9(11)	11		
394	D	Deposit Amount	PIC 9(9)	9	N	
395		*EOD*				
2,523 calculated # characters						

2015
2D Barcode Specifications for Form MO-1040

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-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 395

Trust Funds

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

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.