2015
2D Barcode Specifications for Form MO-1040A

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative 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 (MO1040A) and current tax year				MO1040A/2015
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
		*** MO 1040A ***				
		Fields 7 through 10 are carriage return only (blank)				
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	Carriage return only (blank)				
31	CHKBOX	Carriage return only (blank)				
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	1	Federal Adjusted Gross Income (Yourself)	PIC S9(9)	9	Y	
41		Carriage return only (blank)				
42		Carriage return only (blank)				
43		Carriage return only (blank)				
44	2	Any state income tax refund	PIC 9(9)	9	N	
45		Carriage return only (blank)				
46	3	Missouri Adj Gross Income (Subtract Line 2 from Line 1)	PIC S9(9)	9	Y	
47		Carriage return only (blank)				
48		Carriage return only (blank)				
49	4	A. Single — $2,100 (See Box B before checking.)	PIC X(1)	1		X YES
50	4	B. Claimed as a dependent on another person's federal tax return — $0.00	PIC X(1)	1		X YES
51	4	C. Married filing joint federal & combined Missouri — $4,200	PIC X(1)	1		X YES
52	4	D. Married filing separate — $2,100	PIC X(1)	1		X YES
53	4	E. Married filing separate (spouse NOT filing) — $4,200	PIC X(1)	1		X YES
54	4	F. Head of household — $3,500	PIC X(1)	1		X YES
55	4	G. Qualifying widow(er) with dependent child — $3,500	PIC X(1)	1		X YES
56	4	Enter the appropriate exemption amount	PIC 9(9)	9		0,2100,4200,3500
57	5a	Tax from Federal Return	PIC 9(9)	9	N	
58		Carriage return only (blank)				
59		Carriage return only (blank)				
60	5	Federal tax deduction.	PIC 9(9)	9		Married — 10000, Single — 5000 max
61	6	Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS.	PIC 9(9)	9	N	
62	7	Stillborn Indicator	PIC X(1)	1		X YES
63	7a	Number of dependents from Federal Form 1040 or 1040A	PIC 9(2)	2	N	
64	7	Number of dependents from Federal Form 1040 * 1200	PIC 9(9)	9		Dependents * 1200
65		Carriage return only (blank)				
66		Carriage return only (blank)				
67	8	Long-term care insurance deduction	PIC 9(9)	9	N	
68		Carriage return only (blank)				
		Carriage return only (blank) REMOVED				
69	9	Total deductions--add Lines 4,5,6,7 and 8	PIC 9(9)	9	N	
70	10	Subtotal — subtract Line 9 from Line 3	PIC 9(9)	9	N	
71		Carriage return only (blank)				
72		Carriage return only (blank)				
73	11	Tax	PIC 9(9)	9	N	
		Fields 74 through 86 are carriage return only (blank)				
87	12	Missouri Tax withheld	PIC 9(9)	9	N	
88	13	2015 Missouri estimated tax payments	PIC 9(9)	9	N	
		Fields 89 through 93 are carriage return only (blank)				
94	14	Total payments. Add Lines 12 and 13.	PIC 9(9)	9	N	
		Fields 95 through 105 are carriage return only (blank)				
106	15	Overpayment	PIC 9(9)	9	N	
107	16	Amount of Line 15 to be applied to your 2015 estimated tax	PIC 9(9)	9	N	
108	17a	Children's Trust Fund	PIC 9(9)	9	N	
109	17b	Veterans Trust Fund	PIC 9(9)	9	N	
110	17c	Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9	N	
111	17d	Missouri National Guard Trust Fund	PIC 9(9)	9	N	
112	17e	Workers' Memorial Trust Fund	PIC 9(9)	9	N	
113	17f	Childhood Lead Testing Trust Fund	PIC 9(9)	9	N	
114	17g	Missouri Military Family Relief Fund	PIC 9(9)	9	N	
115	17h	General Revenue Fund	PIC 9(9)	9	N	
116	17I	Organ Donor Trust Fund	PIC 9(9)	9	N	

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
117	17j1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
118	17j2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
119	17k1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
120	17k2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
121	**18**	**MOST Deposit**	**PIC 9(9)**	**9**	**N**	
122	18	Subtract Lines 16 and 17 from Line 15 (amount overpaid).	PIC 9(9)	9	N	
123		**Carriage return only (blank)**				
124		**Carriage return only (blank)**				
125	19	If Line 14 < Line 11, enter different here (amount due).	PIC 9(9)	9	N	
126	SIGN	I authorize the Director of Revenue to discuss my return and	PIC X(1)	1		
127	SIGN	Daytime Telephone	PIC 9(10)	10		
128	SIGN	FEIN, SSN, PTIN	PIC X(9)	9		
		Fields 129 through 160 are carriage return only (blank)				
		**** 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		**Carriage return only (blank)**				
164	3	2015 Railroad retirement tax — yourself (Tier 1 and Tier II) $ Medicare $	PIC 9(9)	9	N	
165		**Carriage return only (blank)**				
166	4	2015 Medicare tax	PIC 9(9)	9	N	
167	5	2015 Self-employment tax	PIC 9(9)	9	N	
168	7	State and local income taxes — See instructions	PIC 9(9)	9	N	
169	8	Earnings taxes included in Line 7	PIC 9(9)	9	N	
170	9	Net state income taxes — (subtract Line 8 from Line 7 or enter Line 8)	PIC 9(9)	9	N	
		Fields 171 through 383 are carriage return only (blank)				
		Direct Deposit				
384		**Account Type**	PIC X(1)	1		"C" for checking, "S" for savings, or blank
385		**Routing Number**	PIC 9(9)	9	N	
386		**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***				
				702 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-1040A 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 MO1040A.

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: "MO1040A"
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
      TRUST FUND CODES for Form MO-1040A, Lines 17j and 17k
      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.