2015
2D Barcode Specifications for Form MO-1040P

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 (MO1040P) and current tax year				MO1040P/2015
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 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 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	**9**	**Stillborn indicator**	**PIC X(1)**	**1**		**X YES**
63	9	Number of dependents from Federal Form 1040 or 1040A	PIC 9(2)	2	N	
64	9	Number of dependents from Federal Form 1040 * 1200	PIC 9(9)	9		Dependents * 1200
65		**Carriage return only (blank)**	PIC 9(2)	2		
66		**Carriage return only (blank)**	PIC 9(9)	9		
67	11	Long-term care insurance deduction	PIC 9(9)	9	N	
68			PIC 9(9)	9		
		Carriage return only (blank) REMOVED	PIC 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	2015 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	24I	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**	**MOST direct deposit from Form 5632**	**PIC 9(9)**	**9**	**N**	
122	26	Overpayment to be refunded to you	PIC 9(9)	9	N	
123		**Carriage return only (blank)**	PIC 9(9)	9		
124		**Carriage return only (blank)**	PIC 9(9)	9		
125	27	Total Amount Due	PIC 9(9)	9	N	
126	SIGN	I authorize the Director of Revenue to discuss my return	PIC X(1)	1		X YES
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)				

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
		**** 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, Section A Public Pension Calculation ****				
171	1	Enter MO Adjusted Gross Income from MO-1040P, Line 4	PIC S9(9)	9	Y	
172	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
173	3	Subtract Line 2 from Line 1	PIC S9(9)	9	Y	
174	4	Enter appropriate filing status amts: MFC-$100,000; S,HOH,MFS,QW-$85,000	PIC 9(9)	9	N	
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 Fed Form 1040A, line 12b or Fed Form 1040, line 16b	PIC 9(9)	9	N	
177	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	
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.		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 7<Line 8, enter $0	PIC 9(9)	9	N	
183	9S	Subtract Line 8 from Line 7. If Line 7<Line 8 , enter $0	PIC 9(9)	9	N	
184	10	Add amounts on Line 9Y and 9S	PIC 9(9)	9	N	
185	11	Total Pension Exemption — subtract Line 5 from Line 10, enter here	PIC 9(9)	9	N	
		**** MO-A, Section B Private Pension Calculation ****				
186	1	Enter Mo Adjusted Gross Income from Form MO-1040P, Line 4	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,HOH,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	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	
192	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	
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, Section C Social Sec or Social Sec Disability Calc****				
197	1	Enter Mo Adjusted Gross Income from Form MO-1040P, Line 4	PIC 9S(9)	9	Y	
198	2	Enter appropriate filing status amount; MFC-$100,000; S,HOH,QW,MFS-$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(Yourself) from Fed Form 1040A, Line 14b or Fed Form 1040, Line 20b	PIC 9(9)	9	N	
201	4S	Enter taxable social security benefits(Spouse) from Fed Form 1040A, Line 14b or Fed Form 1040, Line 20b	PIC 9(9)	9	N	
202	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	
203	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	
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 fed 1040, Line 16b	PIC 9(9)	9	N	
209	2	Taxable pub pension from fed 1040a, Line 12b or fed 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	
		Fields 215 through 278 are carriage return only (blank)				
		**** MO-PTS *****				
279	Name	Birthdate (Yourself)	PIC 9(6)	6		MMDDYY (example: 031535) **Total of 6 digits
280	Name	Birthdate (Spouse)	PIC 9(6)	6		MMDDYY (example: 031535) **Total of 6 digits
		Note: Name/Address information same as 1040P 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, 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). You must include nonbusiness losses in yo	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	

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
301	12	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
302	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	
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: 010915) **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 in	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: 010915) **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 in	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: 010915) **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 in	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	
		*** Certification of Rent Paid *** 4				
352	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 010915) **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 in	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: 010915) **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 in	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. ENTER HERE AN	PIC 9(9)	9	N	
383	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		Direct Deposit				
384		**Account Type**	PIC X(1)	1		Must be "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 - NEW				
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***		END OF DATA		
			1,692	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 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 Service's official state abbreviations. 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 395

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
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 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.