



MISSOURI DEPARTMENT OF REVENUE **2011 FORM MO-1040**
INDIVIDUAL INCOME TAX RETURN—LONG FORM

FOR CALENDAR YEAR JAN. 1—DEC. 31, 2011, OR FISCAL YEAR BEGINNING
 20 __, ENDING 20 __

AMENDED RETURN — CHECK HERE SOFTWARE VENDOR CODE **002**
NAME AND ADDRESS

SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER

NAME (LAST) (FIRST) M.I. JR, SR DECEASED IN 2011

SPOUSE'S (LAST) (FIRST) M.I. JR, SR DECEASED IN 2011

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 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.

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Trust Fund	Childhood Lead Testing Trust Fund	Missouri Military Family Relief Trust Fund	General Revenue Trust Fund	After School Retreat Trust Fund	Donate Life Trust Fund
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PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2011.

AGE 62 THROUGH 64 <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	AGE 65 OR OLDER <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	BLIND <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	100% DISABLED <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	NON-OBLIGATED SPOUSE <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE
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INCOME	Yourself		Spouse	
	1Y	00	1S	00
1. Federal adjusted gross income from your 2011 federal return (See worksheet on page 6.) ..	2Y	00	2S	00
2. Total additions (from Form MO-A, Part 1, Line 6)	3Y	00	3S	00
3. Total income — Add Lines 1 and 2.	4Y	00	4S	00
4. Total subtractions (from Form MO-A, Part 1, Line 14)	5Y	00	5S	00
5. Missouri adjusted gross income — Subtract Line 4 from Line 3.	6		00	
6. Total Missouri adjusted gross income — Add columns 5Y and 5S.	7Y	%	7S	%
7. Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)				

8. Pension and Social Security/Social Security disability 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"/> E. Married filing separate (spouse NOT filing) — \$4,200
<input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00	<input type="checkbox"/> F. Head of household — \$3,500
<input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200	<input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500
<input type="checkbox"/> D. Married filing separate — \$2,100	

9 00

10. Tax from federal return (**Do not enter federal income tax withheld.**)

- Federal Form 1040, Line 55 minus Lines 45, 63, 64a, 66, 67, and amounts from Forms 8801, 8839, and 8885 on Line 71
- Federal Form 1040A, Line 35 minus Line 40, 41a, 43, and any alternative minimum tax included on Line 28
- Federal Form 1040EZ, Line 11 minus Line 8 and 9a

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 — **\$5,800**; Head of Household — **\$8,500**; married Filing a Combined Return or Qualifying Widow(er) — **\$11,600**; If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you claimed an additional standard deduction or you are itemizing, see Form MO-A, Part 2, or Form MO-L..... 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 Do not include yourself or spouse.

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

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

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 - \$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
			Y - YOURSELF				S - SPOUSE							
	6. Taxable pension for each spouse from public sources from federal Form 1040A, Line 12b or 1040, Line 16b	6Y			00	6S								00
	7. Multiply Line 6 by 80%	7Y			00	7S								00
	8. Amount from Line 7 or \$33,703 (maximum social security benefit), whichever is less.....	8Y			00	8S								00
	9. Amount from Line 6 or \$6,000, whichever is less	9Y			00	9S								00
	10. Amount from Line 8 or Line 9, whichever is greater.....	10Y			00	10S								00
	11. If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s) 6y and 6s. See instructions if Line 3 of Section C is more than \$0	11Y			00	11S								00
	12. Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter \$0	12Y			00	12S								00
	13. Add amounts on Lines 12y and 12s.....	13												00
14. Total public pension , subtract Line 5, from Line 13. If Line 5 is greater than Line 13, enter \$0.....	14												00	
PRIVATE PENSION CALCULATION — Annuities, pensions, IRA'S, 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 Widower: \$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	
			Y - YOURSELF				S - SPOUSE							
	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.	6Y			00	6S								00
	7. Amounts from Line 6Y and 6S or \$6,000, whichever is less	7Y			00	7S								00
	8. Add Lines 7Y and 7S.....	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 Widower - \$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	
			Y - YOURSELF				S - SPOUSE							
	4. Taxable social security benefits for each spouse from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	4Y			00	4S								00
	5. Taxable social security disability benefits for each spouse from federal Form 1040A, Line 14b or 1040, Line 20b.....	5Y			00	5S								00
	6. Multiply Line 4 or Line 5 by 80%.....	6Y			00	6S								00
	7. Add Lines 6Y and 6S.....	7												00
8. Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0.....	8												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 14 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 30%.....	6												00
TOTAL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION														
SECTION E	Add Line 14 (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.													00
			TOTAL EXEMPTION											



MISSOURI DEPARTMENT OF REVENUE
**MISCELLANEOUS INCOME
 TAX CREDITS**

**2011
 FORM
 MO-TC**

Attachment Sequence No. 1040-02, 1120-04,
 1120S-02

NAME (LAST, FIRST)		SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER
SPOUSE'S NAME (LAST, FIRST)		SPOUSE'S SOCIAL SECURITY NUMBER
CORPORATION NAME	MO TAX I.D. NUMBER	CHARTER NUMBER

- **Each credit will apply against your tax liability in the order they appear on the form.**
- **If you are claiming more than 10 credits, attach an additional sheet.**
- **If you are filing a combined return, both names must be on the certificate/form from the issuing agency.**
- **If you are a shareholder or partner and claiming a credit, you must attach a copy of the shareholder listing, specifying your percentage of ownership, including the corporation's percentage of ownership, if applicable.**

USE THIS FORM TO CLAIM INCOME TAX CREDITS ON FORM MO-1040, MO-1120, MO-1120S, OR MO-1041. ATTACH TO FORM MO-1040, MO-1120, MO-1120S, OR MO-1041.

#	BENEFIT NUMBER (Assigned by DED only)	ALPHA CODE (3 Characters) from back	CREDIT NAME	• YOURSELF (one income) • Corporation Income • Fiduciary		• SPOUSE (on a combined return) • Corporation Franchise	
				Column 1	Column 2	Column 1	Column 2
1.				1.	00		00
2.				2.	00		00
3.				3.	00		00
4.				4.	00		00
5.				5.	00		00
6.				6.	00		00
7.				7.	00		00
8.				8.	00		00
9.				9.	00		00
10.				10.	00		00
11. SUBTOTALS — add Lines 1 through 10.				11.	00		00
12. Enter the amount of the tax liability from Form MO-1040, Line 30Y for yourself and Line 30S for your spouse, or from Form MO-1120, Line 14 plus Line 15 for income or Line 16 for franchise; Form MO-1120S, Line 15 for franchise tax; or Form MO-1041, Line 18.				12.	00		00
13. Total Credits — add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 18; Form MO-1120S, Line 16; Form MO-1040, Line 37; or Form MO-1041, Line 19.) Line 13 cannot exceed the amount on Line 12, unless the credit is refundable.				13.			00

For Privacy Notice, see the instructions.

MO-TC (11-2011)

Instructions

- If you are filing an individual income tax return and you have only one income, use Column 1.
- If you are filing a combined return and **both** you and your spouse have income, use Column 1 for yourself and Column 2 for your spouse.
- If you are filing a fiduciary return, use Column 1.
- If you are filing a corporation income tax return, use Column 1. If you are filing a corporation franchise tax return, use Column 2.
- Include a copy of your certificate/form from the issuing agency.

Benefit Number:

The number is located on your Certificate of Eligibility Schedule (Certificate).

Alpha Code:

This is the three character code located on the back of the form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.

I 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 also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services.

Miscellaneous tax credits are administered by various agencies. For more information, forms, and approval to claim these credits, contact the following Departments. Visit <http://dor.mo.gov/taxcredit/> for a description of each credit and more contact information for agencies administering each credit.

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT

P.O. BOX 118, JEFFERSON CITY, MO 65102-0118
<http://www.ded.mo.gov>

Alpha Code	Name of Credit and Phone Number	Attach to Form MO-TC
BEC	Bond Enhancement — (573) 522-9062	Certificate*
BFC	New or Expanded Business Facility — (573) 522-2790	Schedule 150, Fed. K-1, Form 4354
BJI	Brownfield "Jobs and Investment" — (573) 522-8004	Certificate*
CBC	Community Bank Investment — (573) 522-8004	Certificate*
DAL	Distressed Area Land Assemblage — (573) 522-8004	Certificate*
DFH	Dry Fire Hydrant — (573) 751-4539	Certificate*
DPC	Development Tax Credit — (573) 526-3285	Certificate*
DTC	Demolition — (573) 522-8004	Certificate*
EZC	Enterprise Zone — (573) 751-4539	Schedule 250, Fed. K-1, Form 4354
FDA	Family Development Account — (573) 526-5417	Certificate*
FPC	Film Production — (573) 751-9048	Certificate*
HPC	Historic Preservation — (573) 522-8004	Certificate*
ISB	Small Business Investment (Capital) — (573) 522-2790	Certificate*
MQJ	Missouri Quality Jobs — (573) 751-4539	Certificate*
NAC	Neighborhood Assistance — (573) 751-4539	Certificate*
NEC	New Enterprise Creation — (573) 522-2790	Certificate*
NEZ	New Enhanced Enterprise Zone — (573) 751-4539	Certificate*
NMC	New Market Tax Credit — (573) 522-8004	Certificate*
RCC	Rebuilding Communities — (573) 526-3285	Certificate*
RCN	Rebuilding Communities and Neighborhood Preservation Act — (573) 522-8004	Certificate*
REC	Qualified Research Expense — (573) 526-0124	Certificate*
RTC	Remediation — (573) 522-8004	Certificate*
SBG	Small Business Guaranty Fees — (573) 751-9048	Certificate*
SBI	Small Business Incubator — (573) 526-6708	Certificate*
SCC	Missouri Business Modernization and Technology (Seed Capital) — (573) 522-2790	Original Certificate*
TDC	Transportation Development — (573) 522-2629	Certificate*
WGC	Wine and Grape Production — (573) 751-9048	Certificate*
YOC	Youth Opportunities — (573) 526-5417	Certificate*

MISSOURI DEVELOPMENT FINANCE BOARD

P.O. BOX 567, JEFFERSON CITY, MO 65102-0567
<http://www.mdff.org> • (573) 751-8479

Alpha Code	Name of Credit	Attach to Form MO-TC
BUC	Missouri Business Use Incentives for Large Scale Development (BUILD)	Certificate*
DRC	Development Reserve	Certificate*
EFC	Export Finance	Certificate*
IDC	Infrastructure Development	Certificate*

MISSOURI DEVELOPMENT HOUSING COMMISSION

3435 BROADWAY, KANSAS CITY, MO 64111
<http://www.mhdc.com>

Alpha Code	Name of Credit and Phone Number	Attach to Form MO-TC
AHC	Affordable Housing Assistance — (816) 759-6662	Certificate*
LHC	Missouri Low Income Housing — (816) 759-6668	Eligibility Statement, Fed. K-1, 8609A, 8609 (first year)

MISSOURI DEPARTMENT OF REVENUE

P.O. BOX 2200, JEFFERSON CITY, MO 65105-2200
<http://dor.mo.gov/> • (573) 526-8733 or (573) 751-4541

Alpha Code	Name of Credit	Attach to Form MO-TC
ATC	Special Needs Adoption	Form ATC
BFT	Bank Franchise Tax	Form INT-2, INT-2-1
BTC	Bank Tax Credit for S Corporation Shareholders	Form BTC, and Form INT-3, 2823, INT-2, Fed. K-1
CIC	Children In Crisis	Contribution Verification from Issuing Agency
DAC	Disabled Access	Federal Form 8826 and Form MO-8826
DAT	Residential Dwelling Accessibility	Form MO-DAT
FPT	Food Pantry Tax	Form MO-FPT
SHC	Self-Employed Health Insurance	Form MO-SHC
SSC	Public Safety Officer Surviving Spouse	Form MO-SSC

MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY

P.O. BOX 630, JEFFERSON CITY, MO 65102-0630
<http://www.mda.mo.gov> • (573) 751-2129

Alpha Code	Name of Credit	Attach to Form MO-TC
APU	Agricultural Product Utilization Contributor	Certificate*
FFC	Family Farms Act	Certificate*
NGC	New Generation Cooperative Incentive	Certificate*
QBC	Qualified Beef	Certificate*

MISSOURI DEPARTMENT OF NATURAL RESOURCES

JEFFERSON CITY, MO 65105
<http://www.dnr.mo.gov>

Alpha Code	Name of Credit and Phone Number	Attach to Form MO-TC
AFI	Alternative Fuel Infrastructure - (573) 751-2254	Certificate*
CPC	Charcoal Producers — (573) 751-4817	Certificate*
WEC	Processed Wood Energy — (573) 526-1723	Certificate*

MISSOURI DEPARTMENT OF SOCIAL SERVICES

JEFFERSON CITY, MO 65109
<http://www.dss.mo.gov/dfas/taxcredit/index.htm> • (573) 751-7533

Alpha Code	Name of Credit	Attach to Form MO-TC
DVC	Shelter for Victims of Domestic Violence	Certificate*
MHC	Maternity Home	Certificate*
PRC	Pregnancy Resource	Certificate*
RTA	Residential Treatment Agency	Certificate*

MISSOURI DEPARTMENT OF HEALTH DIVISION OF SENIOR SERVICES

P.O. BOX 570, JEFFERSON CITY, MO 65102-0570
<http://www.dhss.mo.gov> • (800) 235-5503

Alpha Code	Name of Credit	Attach to Form MO-TC
HCC	Health Care Access	Certificate*
SCT	Shared Care	Must Register Each Year With Division of Aging—Attach Form MO-SCC

* Must be approved by the issuing agency

Individuals with speech/hearing impairments may call TDD (800) 735-2966 or fax (573) 526-1881.

MO-TC (11-2011)