

| -1000 | | | | | | | - | | | | | | | | | |
|----------------------------------|-----------------|---|------------|--|-----------|--|-------------|------------------------------|-------------------|------------|---------------------------------------|---------|---------------------------|---------|------------------------------------|---|
| F | OR C | ALENDAR YEAR JAN. 1-DEC. 3 | | R FISCAL YEAR | | | | | | | | | | | | |
| | | 20, EN | _ | | 2 | 20 | 1 | | | | | | | | | |
| | | NDED RETURN — CHECK H E AND ADDRESS | ERE | SOFTWARE VENDOR CODE | | | | | | | | | | | | |
| SO | CIAL | SECURITY NUMBER | SPOUSE'S | SOCIAL SECURITY | NUMBER | | | | | | | | | | | |
| NIA | ME /I | ACT\ (FIDCT\ | | MI | ID CD | | - | | | | | | | | | |
| IVA | ME (L | AST) (FIRST) | | IVI.I. | JR, SR | EASED | | | | | | | | | | |
| SP | OUSE | 'S (LAST) (FIRST) | | M.I. | JR, SR | | | | | | | | | | | |
| IN | CARE | OF NAME (ATTORNEY, EXECUTOR, PE | ERSONAL RI | EPRESENTATIVE, E | TC.) | | | | | | | | CC | OUNTY (| OF RESIDE | ENCE |
| PR | ESEN | T ADDRESS (INCLUDE APARTMENT NU | JMBER OR F | RURAL ROUTE) | | | | CITY. TO\ | WN. OR PC | OST OFFICE | | | S1 | TATE | ZIP COD | E |
| | | (| | | | | | , | , | | | | | | | |
| tru for | st fun a des | scription of each trust fund, as well Ch | | Elderly Home Delivere the Fund Meals Trust Fu | ed Ind T | Missouri National Guard rust Fund | Workers | Workers' Memorial Fund | (LEAD) Le | | Missouri Military Family Relief | General | eneral Revenue Fund | | After School Retreat Fund | Missowii Organ Donor Program Fund |
| F | PLE | ASE CHECK THE APPRO | PRIATE | BOXES THA | T API | PLY T | O YOU | RSELF | ORY | OUR S | POUSE | AS O | F DE | CEM | BER 3 | 1, 2013. |
| Α | GE 6 | 2 THROUGH 64 AGE | 65 OR OLD | DER | BLIND | ! | | 10 | 00% DISA | BLED | | NON | -OBLI | GATED | SPOUSE | |
| _ | _ | OHOLLI | OURSELF | | | URSELF | | | YOURSE | | | | OURSE | | | |
| L | _ SP | OUSE L SI | POUSE | | ☐ SP | OUSE | | | SPOUSE | | | ∟ S | POUSE | | | |
| | | | | | | | | | | Yo | urself | - | | | Spouse | |
| | | Federal adjusted gross income f | | | | | | | | | 4 | 00 | 18 | | | 00 |
| ш | | Total additions (from Form MO- | | | | | | | | | | 00 | 2S | | | 00 |
| INCOME | | Total income — Add Lines 1 an | | | | | | | | | | 00 | 3S 4S | | | 00 |
| 욀 | | Total subtractions (from Form Missouri adjusted gross income | | | | | | | | | | 00 | 5S | | | 00 |
| | | Total Missouri adjusted gross income | | | | | | | | | 6 | ; 00 | 55 | | 00 | 100 |
| | | Income percentages — Divide c | | | - | | | | | | 0 | % | 7S | | - 1 00 | % |
| \dashv | - | | | | | | | | | tion [] | | 70 | 70 | | 00 | 70 |
| | | Pension and Social Security/Socia Mark your filing status box below | _ | | | , | | | ırı 3, Sec | uon E.) | 8 | | | | 00 | - |
| | 9.1 | ☐ A. Single — \$2,100 (See B | | | exempli | | . Marriec | | eparate (s | spouse | | | | | | |
| | | ☐ B. Claimed as a dependent | | | ral | | NOT fili | ing) — \$ | 4,200 | | | | | | | |
| | | tax return — \$0.00 ☐ C. Married filing joint federal | 9 combine | od Missouri \$4 | 200 | | Head c | | | | | | | | | |
| | | D. Married filing separate – | | eu Missouri — \$4, | 200 | | G. Qualify | | | n 00 | 9 | | | | 00 | |
| | 10. | Tax from federal return (Do not e | nter feder | | | | | | | 00 | | | | | 1 | J |
| | | Federal Form 1040, Line 55 mi Federal Form 1040A, Line 35 mi | | | | | | | | on Lino O | 10 | | | | | |
| ഗ | | • Federal Form 1040EZ, Line 10 | minus Line | e 8a | iu ariy a | ılemalı | ve minimi | 10 | riciuueu | | 00 | | | | | |
| 8 | 11. | Other tax from federal return — A | | | | | | | | | 00 | | | | | |
| 5 | 12. | ${\it Total tax from federal return} - $ | Add Lines | s 10 and 11 | | | | 12 | | | 00 | | | | | |
| EXEMPTIONS AND DEDUCTIONS | 13. | Federal tax deduction — Ente \$10,000 for combined filers | | | | | | | | | 13 | | | | 00 | |
| 힞 | 14 | Missouri standard deduction OF | | | | | | | | | | | | | - 00 | |
| Ā | l · ·· | Household— \$8,950; Married Filin | ng a Comb | ined Return or Q | ualifying | Widow | (er) — \$12 | 2,200; If | you are | | . | | | | | |
| S | | older, blind, or claimed as a dep | | | | | | | | | | | | | 00 | |
| 틹 | 15 | see Form MO-A, Part 2 Number of dependents from Fed | | | | | | | ····· | | 14 | | | | 00 | |
| Ē | 15. | (DO NOT INCLUDE YOURSEL | F OR SPO | DUSE.) | , LIIIE (| | | | x \$ ⁻ | 1,200 = | 15 | | | | 00 | Do not include |
| EX | 16. | Number of dependents on Line receive Medicaid or state fundin | 15 who ar | e 65 years of ago | e or olde | er and o | do not | | | 1,000 = | 16 | | | | 00 | yourself or spouse. |
| | | Long-term care insurance deduc | ction | | | | | | | | | | | | 00 | |
| | | A. Health care sharing ministry of | | | | - | | | | | | | | | 00 | |
| | | Total deductions — Add Lines 8 | | | | | | | | | | | | | 00 | |
| | 20. | Subtotal — Subtract Line 19 from | m Line 6 | | | | | | | | 20 | | | | 00 | <u> </u> |
| | 21. | Multiply Line 20 by appropriate | percentag | es (%) on Lines | 7Y and | 7S | | | | | | 00 | 21S | | | 00 |
| | | Enterprise zone or rural empow | | | | | | | | | | 00 | 22S | | | 00 |
| | 23. | Subtract Line 22 from Line 21. | Enter here | and on Line 24. | | | | | 23Y | | | 00 | 23S | | | 00 |

| | | | | | | Yourself | | | Spouse | | |
|--------------------|---|---|--|--|--------------------|---|----------|---------------------------|--------------------|---------------------------|----------|
| | 24. | Taxable income amount from Lines 23Y and 23 | S | | 24Y | | | 00 249 | 3 | | 00 |
| | 25. | Tax. (See tax table on page 25 of the instruction | ns.) | | 25Y | | | 00 259 | 3 | | 00 |
| | | Resident credit — Attach Form MO-CR and other | | | 00 269 | 3 | | 00 | | | |
| | | Missouri income percentage — Enter 100% unle Attach Form MO-NRI and a copy of your fede | i | % 275 | | | % | | | | |
| TAX | 28. | Balance — Subtract Line 26 from Line 25; OR Multiply Line 25 by percentage on Line | | | 27Y 28Y | | | 00 289 | | | 00 |
| | 29. | Other taxes (Check box and attach federal form Lump sum distribution (Form 4972) | | | 201 | | | 00 200 | | | 00 |
| | | Recapture of low income housing credit (For | rm 8611) | | 29Y | | | 00 298 | 3 | | 00 |
| | 30. | Subtotal — Add Lines 28 and 29. | | | 30Y | | | 00 309 | 3 | | 00 |
| | 31. | Total Tax — Add Lines 30Y and 30S | | | | | 31 | • | • | 00 | |
| ΄, | 32. | MISSOURI tax withheld — Attach Forms W-2 an | d 1099 | | | | 32 | | | 00 | |
| PAYMENTS / CREDITS | 33. | 2013 Missouri estimated tax payments (include ov | verpayment from 2012 appl | ied to 2013) | | | 33 | | | 00 | |
| 띪 | l | Missouri tax payments for nonresident partners or \ensuremath{S} | | | | | 34 | | | 00 | |
| 3/0 | | Missouri tax payments for nonresident entertain | | | | | 35 | | | 00 | |
| N | | Amount paid with Missouri extension of time to | | | | | 36 37 | | | 00 | |
| YME | | Miscellaneous tax credits (from Form MO-TC, L Property tax credit — Attach Form MO-PTS | | | | | 38 | | | 00 | |
| PA | | Total payments and credits — Add Lines 32 thro | | | | | 39 | | | 00 | |
| | | p Lines 40–42 if you are not filing an ame | | | | | | | | 00 | |
| ٧ | | Amount paid on original return | | | | | 40 | | | 00 | |
| | 41. Overpayment as shown (or adjusted) on original return | | | | | | | | | | |
| | | INDICATE REASON FOR AMENDING. A. Federal audit | | | | | | | | | |
| | | B. Net operating loss carryback | | | | | | | | | |
| AMENDED | | C. Investment tax credit carryback | Eı | nter year of credit. | | | | | | | |
| A | | D. Correction other than A, B, or C E | | | <u> </u> | | 40 | | | | |
| | | Amended Return — total payments and credits. | | | | | 42 | | | 00 | |
| | | If Line 39, or if amended return, Line 42, is larger the Amount of Line 43 to be applied to your 2013 es | | • | | * | 43 44 | | | 00 | |
| | | Enter the amount of Line 43 to be applied to your 2013 es | | 1.51 | ₹G | | | DONATE | Additional | Additioinal | |
| | | your donation in the trust fund boxes to Children's Veterans Elderly Hom | Missouri National Guard Workers' | Childhood Missour Military | ri Rene | evenue | 1 | LÍFE vissowri | Fund Code | Fund Code (See Instr.) | |
| REFUND | | the right. See Trust Fund Trust Fund Delivered Merinstructions for trust : | Fund | Lead Testing Family Relief Fund Fund | Fi | renue Retreat und Fund | Prog | an Donor ram Fund ! | | | |
| 3EFL | 40 | fund codes 45. 00 00 0 | 00 00 | 00 00 | | 00 00 |) | 00 | 00 | 00 | |
| _ | 46. | REFUND - Subtract Lines 44 and 45 from Line 4 Revenue, PO Box 3222, Jefferson City, MO 651 | Department of | | | | | | | | |
| | | Check the box if you want your refund issued or | | 46 | | | 00 | | | | |
| | If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below. | | | | | | | | | | |
| | a. I | Routing Number | o. Account Number | | | | Щ | с. 🗌 | Checking | Sav | rings |
| UE | | If Line 31 is larger than Line 39 or Line 42, ente instructions for Line 48 | | | | | 47 | | | 00 | |
| AMOUNT DUE | l | Underpayment of estimated tax penalty — Attac AMOUNT DUE - Add Lines 47 and 48 and enter | | | | | 48 | | | 00 | |
| IOOI | | Department of Revenue, PO Box 3370, Jefferso | • | | | | 49 | | | 00 | |
| AN | | If you pay by check, you a Any chec | authorize the Departme k returned unpaid may | | | | k ele | ctronic | ally. | | |
| Е | prepa | er penalties of perjury, I declare that I have examined this return, arer (other than taxpayer) is based on all information of which he n. I also declare under penalties of perjury that I employ no illegal (| including accompanying schedule or she has any knowledge. As pro | es and statements, and to ovided in Chapter 143, RS | the bes Mo, a p | t of my knowledge ar enalty of up to \$500 s | hall be | imposed o | n any individua | al who files a fi | rivolous |
| SIGNATURE | I au | thorize the Director of Revenue or delegate to disc | uss my return and attachm | F 14411 ADDDESS | | | | ARER'S TE | | - | |
| GNA | | the preparer or any member of the preparer's firm. ATURE | ☐ YES ☐ NO DATE (MMDDYYYY) | PREPARER'S SIGNATURE | | | | |) FEIN, SSN, OR | PTIN | |
| S | V | | // | = 5.500000112 | | | _ | | , 22.1, 311 | | |
| | SPOL | SE'S SIGNATURE (If filing combined, BOTH must sign) | DAYTIME TELEPHONE () - | PREPARER'S ADDRESS AN | ND ZIP C | CODE | | | Di | ATE (MMDDYY) | YY) |



2013 FORM MO-A Attachment Sequence No. 1040-01

ATTACH TO FORM MO-1040. ATTACH A COPY OF YOUR FEDERAL RETURN. See information beginning on page 11 to assist you in completing this form.

| | IVIO-A III con | pieting th | is ivilli. | | | |
|---|-----------------------------------|------------|----------------------------|--------|--------------------------|--------|
| AST NAME | FIRST NAME | | INITIAL | SOCI | AL SECURITY NO. | |
| | | | | | | |
| SPOUSE'S LAST NAME | FIRST NAME | | INITIAL | SPOU | SE'S SOCIAL SECURITY NO. | . |
| | | | - 40 | | | |
| PART 1 — MISSOURI MODIFICATIONS TO FEDERAL AL | DJUSTED GROSS INCOME (| SEE PAG | <u> </u> | | e epoues | |
| ADDITIONS | | 41/ | Y - YOURSELF | 0 40 | S - SPOUSE | 00 |
| 1. Interest on state and local obligations other than Missouri sou | | | 0 | 0 18 | 5 | 00 |
| Partnership; ☐ Fiduciary; ☐ S corporation; ☐ Net Oper Other (description) | | 01/ | 0 | 0 29 | 2 | 00 |
| 3. Nonqualified distribution received from a qualified 529 plan (high | ner education savings program) no | | 0 | 0 2 | 5 | 00 |
| used for qualified higher education expenses | | | 0 | 0 3 | 3 | 00 |
| 4. Food Pantry contributions included on Federal Schedule A | | 4Y | 0 | 0 48 | S | 00 |
| 5. Nonresident Property Tax | | 5Y | 0 | 0 59 | 3 | 00 |
| 6. TOTAL ADDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter he | e and on Form MO-1040, Line 2 | 6Y | 0 | 0 6 | 3 | 00 |
| SUBTRACTIONS | | 1 | | | | |
| 7. Interest from exempt federal obligations included in federal ac | | | 0 | 0 79 | | 00 |
| related expenses if expenses were over \$500). Attach a deta | | | | | | 00 |
| 8. Any state income tax refund included in federal adjusted gros 9. Partnership; Fiduciary; S corporation; R | | | U | 0 89 | 5 | 00 |
| Net Operating Loss; Military (nonresident); Build Ame | | rest | | | | |
| Combat pay included in federal adjusted gross income; | | | | | | |
| | tach supporting documentatio | | 0 | 0 98 | 3 | 00 |
| 0. Exempt contributions made to a qualified 529 plan (higher edu | cation savings program) | 10Y | 0 | 0 10 | S | 00 |
| 1. Qualified Health Insurance Premiums. | | | 0 | 0 11 | S | 00 |
| 2. Missouri depreciation adjustment (Section 143.121, RSMo) | | | | | | |
| Sold or disposed property previously taken as addition mo | | | | 0 12 | | 00 |
| 3. Home Energy Audit Expenses | | | | 0 13 | | 00 |
| 4. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. En | | | | 0 14 | | 00 |
| PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Com copy of your Federal Form 1040 (pages 1 and 2) and Fe | | u itemize | e deductions on you | r tea | erai return. Attac | n a |
| 1. Total federal itemized deductions from Federal Form 1040, I | | | | 1 | | 00 |
| 2. 2013 Social security tax — (Yourself) | | | _ | 2 | | 00 |
| 3. 2013 Social security tax — (Spouse) | | | | 3 | | 00 |
| 4. 2013 Railroad retirement tax — Tier I and Tier II (Yourself) . | | | | 4 | | 00 |
| 5. 2013 Railroad retirement tax — Tier I and Tier II (Spouse) | | | | 5 | | 00 |
| 6. 2013 Medicare tax — Yourself and Spouse. See instructions | | | | 6 | | 00 |
| 7. 2013 Self-employment tax - See instructions on Page 35 | | | | 7 | | 00 |
| 8. TOTAL — Add Lines 1 through 7 | | | - | 8 | | 00 |
| 9. State and local income taxes — from Federal Schedule A, Lin0. Earnings taxes included in Line 9 | | 9 | 00 | | | |
| Net state income taxes — Subtract Line 10 from Line 9 or er | | | | 11 | | 00 |
| MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 11 fr | | | | 12 | | 00 |
| NOTE: IF LINE 12 IS LESS THAN YOUR FEI | | | | | N PAGE 7. | - 00 |
| Complete this worksheet only if your federal adjusted gross incom | | | | | | v(er), |
| \$275,000 if head of household, \$250,000 if single or claimed as a to these amounts, do not complete this worksheet. Attach a copy | | | | | | equal |
| Enter amount from Federal Itemized Deduction Works | <u> </u> | . romoneet | . ago / 12 or r ederal och | .odule | | |
| (See page A-12 of Federal Schedule A instructions.) | f \$0 or less, enter "0" | | | 1 | | 00 |
| 2. Enter amount from Federal Itemized Deduction Works | | | | 2 | | 00 |
| 3. State and local income taxes from Federal Form 1040 | | | | 3 | | 00 |
| Earnings taxes included on Federal Form 1040, Scher Subtract Line 4 from Line 3 | | | | 5 | | 00 |
| 5. Subtract Line 4 from Line 3 | | | | 6 | | % |
| 7. Multiply Line 2 by Line 6 | | | | 7 | | 00 |
| 8 Subtract Line 7 from Line 5. Enter here and on Form | | | | 8 | | 00 |



2013 FORM Attachment Sequence No. 1040-04

Attach Federal Return. See Instructions and Diagram on page 2 of Form MO-NRI.

| | PART A — RESIDENT/NONRESIDE | NT STAT | JS — | Che | k your status in the ap | propria | te box below | | | | | | | | |
|--|---|--|--|---|--|---|-------------------------|--|--|--|--|--|--|--|--|
| NAME (YOURSELF) | | | | | NAME (SPOUSE) | | | | | | | | | | |
| ADDRESS | | | | | ADDRESS | | | | | | | | | | |
| | | | | | , | | | | | | | | | | |
| CITY, STATE, ZIP CODE SOCIAL SECURITY NUMBER | | | | | CITY, STATE, ZIP CODE SOCIAL SECURITY NUMBER | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | 1. NONRESIDENT OF MISSOURI What was your state of | residence durin | g 2013? | | NONRESIDENT OF MISSOUR | What was | your state of residence | e during 2013? | | | | | | | |
| П | 2. PART-YEAR MISSOURI RESIDENT | | | | . PART-YEAR MISSOURI RESI | DENT | | | | | | | | | |
| | a. Indicate the date you were a Missouri resident in 2013. | e From: Date | То: | _ | a. Indicate the date you were a Missouri re | sident in 2013 | B. Date From: | Date To: | | | | | | | |
| | b. Indicate other state of residence and date you resided there. Date | From: Date | To: | | Indicate other state of residence and dat | o vou rocidod | there. Date From: | Date To: | | | | | | | |
| | b. Illulcate other state of residence and date you resided there. | FITOIII. Date | 10. | | . Indicate offer state of residence and da | e you resided | Titlete. Date From. | Date 10. | | | | | | | |
| bed | sed on the Military Spouse's Residency Relief cause your spouse is there on military orders, and M onot complete Form MO-NRI. You must report 100 | issouri is you | ır state | of resi | dence, any income you earn is | | | ouri solely | | | | | | | |
| | 3. MILITARY/NONRESIDENT TAX STATUS — In | | | | . MILITARY/NONRESIDENT | | | | | | | | | | |
| | status below and complete Part C—Missouri Inco | ome Percenta | ige. | | status below and complete P | art C—Mis | ssouri Income Pe | rcentage. | | | | | | | |
| | a. Missouri Home of Record | monent alone | | | . Missouri Home of Record |) tay yaar m | ointain a narmanant | nlage of | | | | | | | |
| | I did not at any time during the 2013 tax year maintain a per abode in Missouri nor did I spend more than 30 days in Mis | | | | I did not at any time during the 201 abode in Missouri nor did I spend r | | | | | | | | | | |
| | year. I did maintain a permanent place of abode in the state | | | | year. I did maintain a permanent p | | | | | | | | | | |
| | b. Non-Missouri Home of Record | | | | . Non-Missouri Home of Record | | | | | | | | | | |
| | I resided in Missouri during 2013 solely because my spouse | or I was statio | ned | | resided in Missouri during 2013 se | lely becaus | e my spouse or I wa | s stationed | | | | | | | |
| | at on military o | | | | at | | on military orders, m | y home of | | | | | | | |
| | record is in the state of | | | | record is in the state of | | | | | | | | | | |
| | PART B — W | ORKSHE | ET FC | OR M | SSOURI SOURCE INCO | OME | | | | | | | | | |
| | AD WOTED ODGO WOOM | FEDERA | | | YOURSELF OR | | SPOUSE (ON | Α | | | | | | | |
| | ADJUSTED GROSS INCOME COMPUTATIONS | FORM 1040A | 104 | 0 | ONE INCOME FILER | C | OMBINED RET | URN) | | | | | | | |
| | COMPUTATIONS | LINE NO. | LIN | | MISSOURI SOURCES | | MISSOURI SOUR | CES | | | | | | | |
| A. | Wages, salaries, tips, etc | 7 | 7 | Α | 0 | | | 00 | | | | | | | |
| B. | Taxable interest income | 8a | 8a | | 0 | | | 00 | | | | | | | |
| C. | Dividend income | 9a | 9a | | 0 | | | 00 | | | | | | | |
| | State and local income tax refunds | | _ | | 0 | | | 00 | | | | | | | |
| | Alimony received | | | _ | 0 | | | 00 | | | | | | | |
| | Business income or (loss) | | _ | _ | 0 | | | 00 | | | | | | | |
| G. | Capital gain or (loss) | | 13 | | 0 | | | 00 | | | | | | | |
| H. | 0 () | none | 14 | 1 H | | ^ I I | | | | | | | | | |
| | | | _ | _ | | 0 н | | 00 | | | | | | | |
| I. | Taxable IRA distributions | 11b | 15 | b I | 0 | 0 1 | | 00 | | | | | | | |
| l. J. | Taxable pensions and annuities | 11b | 15 16 | b I b J | 0 | 0 J | | 00 | | | | | | | |
| J. K. | Taxable pensions and annuities | 11b 12b c none | 15 16 17 | b I b J | 0 0 | 0 I 0 J 0 K | | 00 00 00 | | | | | | | |
| K. L. | Taxable pensions and annuities | 11b 12b c none none | 15 16 17 18 | b I b J 7 K B L | 0 0 0 0 | 0 I 0 J 0 K 0 L | | 00 00 00 00 | | | | | | | |
| K. L. M. | Taxable pensions and annuities | 11b 12b none none 13 | 150 160 170 180 180 190 | b | 0 0 0 0 | 0 I 0 J 0 K 0 L | | 00 00 00 00 | | | | | | | |
| K. L. M. N. | Taxable pensions and annuities Rents, royalties, partnerships, S corporations, trusts, etc Farm income or (loss) Unemployment compensation Taxable social security benefits | | 150 160 170 180 180 190 200 | b | 0 0 0 0 0 0 | 0 I 0 J 0 K 0 L 0 M | | 00 00 00 00 00 00 | | | | | | | |
| K. L. M. N. | Taxable pensions and annuities Rents, royalties, partnerships, S corporations, trusts, etc Farm income or (loss) Unemployment compensation Taxable social security benefits Other income | | 15 16 17 18 18 19 20 21 | b I | 0 0 0 0 0 0 | 0 I 0 J 0 K 0 L 0 M 0 N | | 00 00 00 00 00 00 | | | | | | | |
| K. L. M. N. O. P. | Taxable pensions and annuities Rents, royalties, partnerships, S corporations, trusts, etc. Farm income or (loss) | | 15l 16l 17l 18l 19l 20l 21l 22l | b I b J J J J J J J J J J J J J J J J J | 0 0 0 0 0 0 0 | 0 I 0 J 0 K 0 L 0 M 0 N 0 O | | 00 00 00 00 00 00 00 | | | | | | | |
| K. L. M. N. O. P. | Taxable pensions and annuities Rents, royalties, partnerships, S corporations, trusts, etc. Farm income or (loss) Unemployment compensation Taxable social security benefits Other income Total — Add Lines A through O. Less: federal adjustments to income | 11b 12b 12b 10c 10c 11d 11d 11d 11d 11d 11d 11d 11d 11d 11 | 15 16 17 18 18 19 20 21 | b I b J J J J J J J J J J J J J J J J J | 0 0 0 0 0 0 | 0 I 0 J 0 K 0 L 0 M 0 N 0 O | | 00 00 00 00 00 00 | | | | | | | |
| K. L. M. N. O. P. | Taxable pensions and annuities Rents, royalties, partnerships, S corporations, trusts, etc. Farm income or (loss) Unemployment compensation Taxable social security benefits Other income Total — Add Lines A through O. Less: federal adjustments to income SUBTOTAL (Line P – Line Q) If no modifications to inco | | 15l 16l 17l 18l 19l 20l 21l 22l | b I I b J J F F F F F F F F F F F F F F F F F | 0 0 0 0 0 0 0 0 0 | 0 I 0 J 0 K 0 L 0 M 0 N 0 O 0 P | | 00 00 00 00 00 00 00 00 | | | | | | | |
| K. L. M. N. O. P. Q. R. | Taxable pensions and annuities Rents, royalties, partnerships, S corporations, trusts, etc. Farm income or (loss) Unemployment compensation Taxable social security benefits Other income Total — Add Lines A through O. Less: federal adjustments to income SUBTOTAL (Line P – Line Q) If no modifications to inco STOP and ENTER this amount on reverse side, Part C, Line | 11b 12b 12c 13 14b 15 12c 10 10 10 10 10 10 10 10 10 10 10 10 10 | 150 160 170 180 180 190 200 210 221 222 366 | b I I b J J F F F F F F F F F F F F F F F F F | 0 0 0 0 0 0 0 | 0 I 0 J 0 K 0 L 0 M 0 N 0 O 0 P | | 00 00 00 00 00 00 00 | | | | | | | |
| K. L. M. N. O. P. Q. R. | Taxable pensions and annuities Rents, royalties, partnerships, S corporations, trusts, etc. Farm income or (loss) Unemployment compensation Taxable social security benefits Other income Total — Add Lines A through O. Less: federal adjustments to income SUBTOTAL (Line P – Line Q) If no modifications to inco | 11b 12b 12c 13 14b 15 15 20 me, 21 gross income | 150 160 170 180 180 190 200 190 210 220 360 370 | b I b J b J b J b J b J b J b J b J b J | 0 0 0 0 0 0 0 0 0 | 0 I 0 J 0 K 0 L 0 M 0 N 0 O 0 P 0 Q | | 00 00 00 00 00 00 00 00 | | | | | | | |
| K. L. M. N. O. P. Q. R. | Taxable pensions and annuities Rents, royalties, partnerships, S corporations, trusts, etc. Farm income or (loss) Unemployment compensation Taxable social security benefits Other income Total — Add Lines A through O. Less: federal adjustments to income SUBTOTAL (Line P – Line Q) If no modifications to inco STOP and ENTER this amount on reverse side, Part C, Line Missouri modifications — additions to federal adjusted of | 11b 12b 12b 13 14b 15 20 me, e1 | 150 160 170 180 190 200 211 222 360 37 | b I b J J b J J b J J b J J b J J b J J b J J b J | 0 0 0 0 0 0 0 0 0 | 0 I 0 J 0 K 0 L 0 M 0 N 0 O 0 P 0 Q | | 00 00 00 00 00 00 00 00 | | | | | | | |

| 2010 1 OTHW MO-1411 | | | | FAGE 2 | | | |
|--|---------------|-----------------|---|------------------------------|--|--|--|
| PART C — MISSOURI INCOME PERCENTAGE | | | | | | | |
| | Yourself or O | ne Income Filer | S | pouse (on a Combined Return) | | | |
| Missouri income — Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600.) | 1 | 00 | 1 | 00 | | | |
| Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return). | 2 | 00 | 2 | 00 | | | |
| 3. MISSOURI INCOME PERCENTAGE (divide Line 1 by Line 2). If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 27Y and 27S. | 3 | % | 3 | % | | | |

INSTRUCTIONS

PART A, LINE 1: NONRESIDENTS OF MISSOURI — If you are a Missouri nonresident and had Missouri source income, complete Part A, Line 1, Part B, and Part C. Attach a copy of your federal return and this form to your Missouri return.

<u>PART A, LINE 2: PART-YEAR RESIDENT</u> — If you were a Missouri part-year resident with Missouri source income and income from another state; you may use Form MO-NRI or Form MO-CR, whichever is to your benefit. When using Form MO-NRI, complete Part A, Line 2, Part B, and Part C. Missouri source income includes any income (pensions, annuities, etc.) that you received while living in Missouri. Attach a copy of your federal return and this form to your Missouri return.

PART A, LINE 3: MILITARY NONRESIDENT TAX STATUS —

MISSOURI HOME OF RECORD — If you have a Missouri home of record and you:

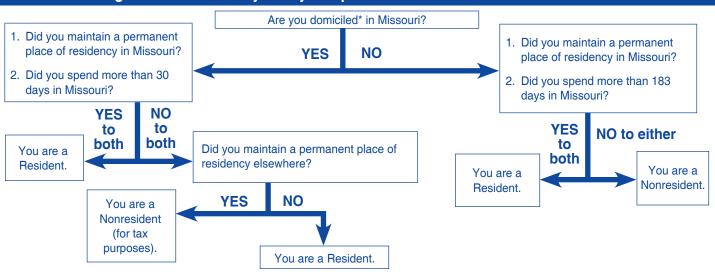
- a) Did not have any Missouri income other than military income, were not in Missouri for more than 30 days, did not maintain a home in Missouri during the year, but did maintain living quarters elsewhere, you qualify as a nonresident for tax purposes. Complete Part A, Line 3 and enter "0" on Part C, Line 1.
- b) Did have Missouri income other than military income, were in Missouri for more than 30 days or maintained a home in Missouri during the year, you cannot use this form. You must file Form MO-1040 because 100 percent of your income is taxable, including your military income. **Do not complete this form.**
- c) Did not have Missouri income other than military income but spent more than 30 days in Missouri or maintained a home in Missouri during the year, you must file Form MO-1040 because 100 percent of your income is taxable, including your military income. **Do not complete this form.**
- d) Are married to a Missouri resident, who is not in the military, but lives with you outside of Missouri on military orders, you may use Form MO-NRI to calculate your Missouri income percentage. However, any income earned by your spouse is taxable to Missouri. Your spouse is not eligible to complete Form MO-NRI.

MILITARY NONRESIDENT STATIONED IN MISSOURI — If you are a military nonresident, stationed in Missouri and you:

- a) Earned non-military income while in Missouri, you must file Form MO-1040. Complete Part A, Line 3, Part B and Part C. The nonresident military pay should be subtracted from your federal adjusted gross income using Form MO-A, Part 1, Line 9, as a "Military (nonresident) Subtraction".
- b) Only had military income while in Missouri, you may complete a No Return Required-Military Online Form at the following address: http://dor.mo.gov/personal/individual/.

NOTE: IF YOU FILE A JOINT FEDERAL RETURN, YOU MUST FILE A COMBINED MISSOURI RETURN (REGARDLESS OF WHOM EARNED THE INCOME). COMPLETE EACH COLUMN OF PART B AND PART C OF THIS FORM. DO NOT COMBINE INCOMES FOR YOU AND YOUR SPOUSE.

Use this diagram to determine if you or your spouse are a RESIDENT OR NONRESIDENT



*Domicile (Home of Record) — The place an individual intends to be his or her permanent home; a place that he or she intends to return whenever absent. A domicile, once established, continues until the individual moves to a new location with the true intention of making his or her permanent home there. An individual can only have one domicile at a time.

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

| SIGNATURE | DATE | SPOUSE'S SIGNATURE | DATE | | |
|-----------|------|--------------------|------|--|--|
| | | | | | |
| | | | | | |