

-1000							-									
F	OR C	ALENDAR YEAR JAN. 1-DEC. 3		R FISCAL YEAF												
		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 RE	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	ST OFFICE			S1	ГАТЕ	ZIP COD	 E
		(,				,	,							
tru for	st fun a des	scription of each trust fund, as well Ch	ildren's Vete st Fund Trus	Elderly Home Delivere t Fund Meals Trust Fu	ed I	Missouri National Guard rust Fund	(Workers)	Workers' Memorial Fund	(LEAD) Le	sting Fa	Missouri Military amily 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	OR Y	OUR SF	OUSE	AS O	F DE	CEM	BER 3	1, 2013.
Α	GE 6	2 THROUGH 64 AGE	65 OR OLD	<u>ER</u>	BLIND	<u>)</u>		10	00% DISA	BLED		NON	-OBLI	GATED	SPOUSE	
_	_	OHOLLI	OURSELF			URSELF			YOURSE				OURSE			
L	_ SP	OUSE L SI	POUSE		∐ SP	OUSE			SPOUSE			□s	POUSE			
										Υοι	rself				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	100		00	100
		Income percentages — Divide c			at a						0	%	7S		- 1 00	%
\dashv	-									in (T)		70	10		00	70
		Pension and Social Security/Socia Mark your filing status box below							iri 3, Sec	E.)	8				00	-
	9.1	☐ A. Single — \$2,100 (See B			exempli		. Married		eparate (s	pouse						
		☐ B. Claimed as a dependent			al		NOT fil	ing) — \$	4,200							
		tax return — \$0.00 ☐ C. Married filing joint federal	9 combine	d Miccouri \$4	200		Head o									
		D. Married filing separate –		u Missouri — \$4,	200		 Qualify depend 			1 00	9				00	
	10.	Tax from federal return (Do not e	nter federa												1	J
		 Federal Form 1040, Line 55 mi Federal Form 1040A, Line 35 mi 								an Lina 20	,					
ഗ		• Federal Form 1040EZ, Line 10	minus Line	es soa anu 40 ar e 8a	iu ariy a	ıneman	ve minimi	10	nciuueu (0					
8	11.	Other tax from federal return — A									00					
5	12.	${\it Total tax from federal return} - $	Add Lines	10 and 11				12			0					
EXEMPTIONS AND DEDUCTIONS	13.	Federal tax deduction — Ente \$10,000 for combined filers									. 13				00	
힞	14	Missouri standard deduction OF									. 10				- 00	
Ā	l · ··	Household— \$8,950; Married Filin	ng a Comb	ined Return or Qu	ualifying	Widow	(er) — \$12	2,200; If	you are a							
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 SPC)USE.)	··········				x \$1	,200 =	. 15				00	Do not include
EX	16.	Number of dependents on Line receive Medicaid or state fundin	15 who are	e 65 years of age	e or olde	er and o	do not			,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	percentage	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	!		S	pouse	
	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			26Y			00 269	3		00
		Missouri income percentage — Enter 100% unle Attach Form MO-NRI and a copy of your fede	ess you are completing For	rm MO-NRI.	27Y		i	% 275			%
TAX	28.	Balance — Subtract Line 26 from Line 25; OR Multiply Line 25 by percentage on Line			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	
룵		Amount paid on original return					40			00	
RETURN	41. Overpayment as shown (or adjusted) on original return										
		INDICATE REASON FOR AMENDING. A. Federal audit	Entor			<u> </u>					
		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		3.1	₹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	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 on a debit card. See instructions for Line 46										
	If y	ou would like your refund deposited directly to	your checking or savin	gs account, compl	ete b	oxes a, b, and o	belo	W.			
	a. I	Routing Number	o. Account Number				Щ	с. 🗌	Checking	Sav	rings
ÚE		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.		
щ	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 or the control of the c	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	- 14411 ABBBEOO				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		//				_		, 22.1, 311		
	SPOL	ISE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE () -	PREPARER'S ADDRESS AN	ND ZIP C	CODE			Di	ATE (MMDDYY	YY)

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

NAME (LAST, FIRST)				SOC	IAL S	ECUR	ITY NU	MBER/	FEDE	RAL I.	D. NU	MBER
SPOUSE'S NAME (LAST, FIRST)				SPO	USE'S	SSOC	IAL SE	CURIT	Y NUN	1BER		
CORPORATION NAME	MO TAX I.D. NUMBER	?	CHAR	TER N	NUMB	ER						

- 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 claiming a tax credit for both taxpayers on a combined return, both names must be on the certificate.
- · 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	ALPHA CODE (3 Characters) from back	CREDIT NAME EACH CREDIT WILL APPLY IN THE ORDER THEY APPEAR BELOW		YOURSELF (one income) Corporation Income Fiduciary Column 1	• SPOUSE (on a combined return) • Corporation Franchise Column 2
1.				1.	00	00
2.				2.	00	00
3.				3.	00	00
4.				4.	00	00
5.			1616	5.	00	00
6.	1		7119	6.	00	00
7.			נות הייעו	7.	00	00
8.			Cho	8.	00	00
9.				9.	00	00
10.				10.	00	00
11.	SUBTOTALS — a	idd Lines 1 throi	ıgh 10	11.	00	00
12.	for your spouse, o	r from Form MC	y from Form MO-1040, Line 30Y for yourself and Line 30S 1-1120, Line 14 plus Line 15 for income or Line 16 for 15 for franchise tax; or Form MO-1041, Line 18	12.	00	00
13.			n Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 18 MO-1040, Line 37; or Form MO-1041, Line 19.) Line 13 cannot exceed the			

MO-TC (12-2013)

For Privacy Notice, see the instructions.

amount on Line 12, unless the credit is refundable.

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 or form from the issuing agency.

Benefit Number:

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

13.

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.

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_	2								
7	Name	Social S	ecurity Numb	er					
aye					l 1	1 1 1	1	1 1	
Taxpayer	Address	City		State		Z	ip Code		
σ									
aple	Name		Age		Social Se	ecurity Numbe	r		
Disabled									
Qualifications	To qualify for the credit, a taxpayer must have made their put be a permanent resident of the dwelling. *For purposes of the activity because of a medically determinable physical or mention. • That can be expected to result in death, or • That has lasted or that can expect to last for a continuous	nis credit, the term disal tal impairment(s): period of not less than 1	oility mea	ins an i s.	nability to	engage in	any sul	ostantial	gainful
alifica	A taxpayer with federal adjusted gross income of \$30,000 \$2,500 per year.	or less may receive a t	ax credit	equal	to 100 p	ercent of th	e costs	incurred	d up to
Quí	A taxpayer with federal adjusted gross income of more than costs incurred, not to exceed \$2,500 per year.	\$30,000, but less than \$	60,000,	may re	ceive a ta	ıx credit equ	al to 50) percen	t of the
	A taxpayer with federal adjusted gross income of \$60,000 or	greater does not qualify	for the cr	redit.					
	Any taxpayer that received a Dwelling Access Tax Credit in the	ne immediately precedin	g year is	not eli	gible for t	ne credit.			
Eligible Costs	Check all that apply and attach receipts. All improvements must have been made to residential dwellings only. Constructing entrance or exit ramps Moving electrical outlets and switches Installing or modifying fire alarms, smoke detectors, and other alerting systems Modifying hardware, doors, or bathrooms							ystems	
Other Information	The amount of credit claimed must be reduced by any amou or to the extent any other credit has been claimed for the cos The approved credits will be applied against the Missouri tax The total credits that may be approved for any fiscal year can Credits will be approved on a first-come, first-served basis an If you incurred costs in more than one calendar year, you m \$1,250 towards a renovation project in November 2012 and p claim for the 2013 tax year and report total costs of \$2,500.	ts. liability and any excess not exceed \$100,000. d any claims received a nay combine the expens	refunded fter the \$ ses and f	100,00 ile one	0 limit ha tax credi	s been met v	vill be c	lenied. ble: If yo	ou paid
ion	1. Enter the total cost of improvements made. If you in	aludad thaga aynanaa		odical d	avnonoo.	00			
Calculation	Enter the total cost of improvements made. If you in your Federal Schedule A, you must reduce the amour itemized deductions. Complete the worksheet for Lin	nt entered on Line 1 by ne 1 (below) to determ	the amo	unt incl ımount	uded in y	our			00
Tax Credit C	 If your federal adjusted gross income (FAGI) is great the amount on Line 1 by 50 percent. If your FAGI is If your FAGI is greater than \$60,000, Stop. You do r 	\$30,000 or less, enter	the amo	unt fro	m Line 1				00
Тах (3. Enter the lesser of Line 2 or \$2,500 here and on For	m <u>MO-TC</u>					. 3		00
Worksheet for Line 1	Married couples filing a combined return must file a sepa dwelling. On the lines below, only enter the costs incurred	d by you. Do not includ	de the co	sts inc	urred by	your spous		vement	s to the
or L	Enter the total of all costs you incurred for making you disability that were included as a medical expense or						1		00
et fe	Enter your portion of the amount from Federal Sched								00
he	Enter your portion of the amount from Federal Sched								00
rks	4. Divide Line 3 by Line 2 (round to full percent)								%
۸	5. Multiply Line 1 by percent on Line 4						5		00
	6. Subtract Line 5 from Line 1. Enter here and on Line	1 (Tax Credit Calculat	ion) abov	/e			6		00
								(Revised	11-2013

Mail to: Taxation Division P.O. Box 27

Jefferson City, MO 65105-0027

Phone: (573) 526-8733 **Fax:** (573) 751-7744 **TDD:** (800) 735-2966

Visit http://dor.mo.gov/taxcredit/dat.php for additional information. E-mail: income@dor.mo.gov



The state of the s	MISSOURI DEPARTMENT OF REVENUE
	CREDIT FOR INCOME TAXES PAID TO
Minima San Company	OTHER STATES OR POLITICAL SUBDIVISIONS

2013 FORM MO-CR Attachment Sequence No. 1040-03

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

• Attach a copy of all income tax returns for each state or political subdivision.

Attach Form MO-CR to Form MO-1040.

•			7111001111 011111111	0 0 1 1 1 1 1 1 1			
YOUR NAME	YOUR SOCIAL SECURITY NO.	YOUR SPOUSE'S NAM	1E		SPC	DUSE'S SOCIAL SECURIT	Y NO.
1. Claimant's total adjusted gross income			YOURSELF			SPOUSE	
(Form MO-1040, Line 5Y and Line 5S)			1	00	1		00
Claimant's Missouri income tax (Form MO-1040, Line 25Y and Line 25S) .			2	00	2		00
USE TWO LETTER ABBREVIATION FOR STATI NAME OF POLITICAL SUBDIVISION. See table			STATE OF:		ST	ATE OF:	
3. Wages and commissions			3	00	3		00
4. Other (describe nature)			4	00	4		00
5. Total — Add Lines 3 and 4			5	00	5		00
6. Less: related adjustments (from Federal For	rm 1040A, Line 20, or Federal Form	n 1040, Line 36)	6	00	6		00
7. Net amounts — Subtract Line 6 from Line	5		7	00	7		00
8. Percentage of your income taxed — Divide	e Line 7 by Line 1		8	%	8		%
9. Maximum credit — Multiply Line 2 by perc	entage on Line 8		9	00	9		00
10. Income tax you paid to another state or polit The income tax is reduced by all credits, ex			10	00	10		00
11. Credit — Enter the smaller amount of Line Line 26Y or Line 26S. (If you have multipl each Form MO-CR before entering on For	le credits, add the amounts on Line	e 11 from	11	00	11		00

For Privacy Notice see instructions

MO-CR (12-2013)

The second second	MISSOURI DEPARTMENT OF REVENUE
	CREDIT FOR INCOME TAXES PAID TO
Manager Commission	OTHER STATES OR POLITICAL SUBDIVISIONS

Complete this form if you or your spouse have income from another state or

2013 FORM MO-CR Attachment Sequence No. 1040-03

• Attach a copy of all income tax returns for each state or political subdivision.

political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision. • Attach Form MO-CR to Form MO-1040. YOUR NAME YOUR SOCIAL SECURITY NO. YOUR SPOUSE'S NAME SPOUSE'S SOCIAL SECURITY NO.

Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S)	1	YOURSELF 00	1	SPOUSE 00
Claimant's Missouri income tax (Form MO-1040, Line 25Y and Line 25S)	2	00	2	00
USE TWO LETTER ABBREVIATION FOR STATE OR NAME OF POLITICAL SUBDIVISION. See table on back	STA	ATE OF:	S	TATE OF:
3. Wages and commissions	3	00	3	00
4. Other (describe nature)	4	00	4	00
5. Total — Add Lines 3 and 4	5	00	5	00
6. Less: related adjustments (from Federal Form 1040A, Line 20, or Federal Form 1040, Line 36)	6	00	6	00
7. Net amounts — Subtract Line 6 from Line 5.	7	00	7	00
8. Percentage of your income taxed — Divide Line 7 by Line 1	8	%	8	%
9. Maximum credit — Multiply Line 2 by percentage on Line 8	9	00	9	00
Income tax you paid to another state or political subdivision. This is not tax withheld. The income tax is reduced by all credits, except withholding and estimated tax	10	00	10	00
11. Credit — Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 26Y or Line 26S. (If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040	11	00	11	00

MO-CR (Revised 12-2013)