

MISSOURI DEPARTMENT OF REVENUE 2015 FORM MO-1040 INDIVIDUAL INCOME TAX RETURN—LONG FORM

AI N	MEN AME	ALENDAR YEAR JAN. 1–DE 20 NDED RETURN — CHE	, ENDING	OR FISCAL YE		NNING 20									
N	AME					20									
N	AME		CK HERE	SOFTWARE			1								
800	OLAL O	E AND ADDRESS		VENDOR COL		006									
	CIAL S	SECURITY NUMBER	SPOUSE'S	S SOCIAL SECURIT	Y NUMBEF	?									
IA	ME (LA	AST) (FI	RST)	M.	I. JR, SR	EASED									
SPO	OUSE'	S (LAST) (FI	RST)	M.	I. JR, SR										
N (CARE	OF NAME (ATTORNEY, EXECUTO	R, PERSONAL F	REPRESENTATIVE	ETC.)								CO	UNTY OF RESI	DENCE
PRI	ESEN	T ADDRESS (INCLUDE APARTME	NT NUMBER OR	RURAL ROUTE)			(CITY, TC	WN, OR	POST OFFICE			STA	ATE ZIP CO	DE
fun of o	ids on each t ter on	y contribute to any one or all of Line 45. See pages 9–10 for a de trust fund, as well as trust fund of Line 45.	scription childs	ren's Veterans Fund Trust Fund	Meals Trus	vered st Fund	Missour Nationa Guard Trust Fun	al Wor	kers Mer Fun	norial (LEAD)	Childhood Lead Testing Fund	Family Fund		General Revenue	Organ Donor Program Fund
A	GE 62	JRSELF	ROPRIATI AGE 65 OR OL YOURSELF SPOUSE		BLINE					SABLED RSELF	OUSE	NON-		ATED SPOUS	-
П										You	rself			Spous	е
١	l .	Federal adjusted gross inco	•									00	18		00
빍	l .	Total additions (from Form Total income — Add Lines										00	2S 3S		00
3		. Total subtractions (from Form MO-A, Part 1, Line 16)								00	4S		00		
╡	l .	Missouri adjusted gross inc								′		00	5S		00
١		Total Missouri adjusted gros								,	6			0	0
┨		Income percentages — Divi					-			I		%	7S		%
١	l .	ension and Social Security/S Park your filing status box be		•		•			art 3, S	ection E.)	. 8			0	0
١									eparate	(spouse					
١		☐ B. Claimed as a dependent on another person's federal tax return — \$0.00 ☐ F. Head of household — \$3,500													
١		☐ C. Married filing joint fed	4,200	,200 G. Qualifying widow(er) with											
١	☐ D. Married filing separate — \$2,100 10. Tax from federal return (Do not enter federal income tax withheld.)						dependent child — \$3,500				9			0	0
١		• Federal Form 1040, Line 5					nount fron	n Form	8885 c	n Line 73.					
		 Federal Form 1040A, Line 37, minus Lines 29, 42a, 44, 45, and any alternative n Federal Form 1040EZ, Line 10 minus Line 8a 						re minimum tax included on Line 28							
		Other tax from federal return — Attach copy of your federal return (pages								0	-	-			
3		Total tax from federal return								0	_				
	13.	3. Federal tax deduction — Enter amount from Line 12 not to exceed \$5,000 for individual filer;													
텟		\$10,000 for combined file									13			0	0
		Missouri standard deduction Head of Household— \$9,250													
		If you are age 65 or older, b	ind, or claime	ed as a depende	nt, see yo	our fede	ral return	or page	? 7.						
3		If you are itemizing, see For									14			0	0
	15.	Number of dependents from Check box if claiming a s	i Federai For tillborn child,	m 1040 OR 104 see instructions	on Page	6c 7			x	\$1,200 =	15			0	Do not include yourself
۱		Number of dependents on Lareceive Medicaid or state full	nding (DO N	OT INCLUDE Y	OURSEL	F OR S	POUSE.)							0	or spouse.
١	l .	7. Long-term care insurance deduction											0		
		Total deductions — Add Lir												0	_
		Subtotal — Subtract Line 19												0	-
		Multiply Line 20 by appropr									11	00	21S		00
		Enterprise zone or rural em								_			228		00
	l .	•	otract Line 22 from Line 21. Enter here and on Line 24.						- 1			-	238		00

						Yourself				Spouse			
	24.	Taxable income amount from Lines 23Y and 23S			24Y			00 2	4S			00	
		Tax. (See tax chart on page 25 of the instructions.)							58			00	
		Resident credit — Attach Form MO-CR and other states' income tax return(s)							6S			00	
		7. Missouri income percentage — Enter 100% unless you are completing Form MO-NRI.						00 2				1 00	
TAX	21.	Attach Form MO-NRI and a copy of your federal return if less than 100%							7S			%	
	28.	Balance — Subtract Line 26 from Line 25; OR											
		Multiply Line 25 by percentage on Line 27						00 2	BS			00	
	29.	Other taxes (Check box and attach federal form indicated.	.)										
		Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611)			29Y			00 2	9S			00	
	30.	ubtotal — Add Lines 28 and 29.					-		08			00	
		otal Tax — Add Lines 30Y and 30S					31	00 0			00	1 00	
	32. MISSOURI tax withheld — Attach Forms W-2 and 1099.										00		
PAYMENTS / CREDITS	33. 2015 Missouri estimated tax payments (include overpayment from 2014 applied to 2015)										00		
띪	34. Missouri tax payments for nonresident partners or S corporation shareholders — Attach Forms MO-2NR and MO-NRP										00		
) 	35. Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT										00		
NTS	36. Amount paid with Missouri extension of time to file (Form MO-60)										00		
/ME		Miscellaneous tax credits (from Form MO-TC, Line 13) —					37				00		
PA		8. Property tax credit — Attach Form MO-PTS.									00		
-	39. Total payments and credits — Add Lines 32 through 38.										00		
Z	Skip Lines 40–42 if you are not filing an amended return. 40. Amount paid on original return										00		
RETURN		Overpayment as shown (or adjusted) on original return									00		
R		INDICATE REASON FOR AMENDING. M, M, D, D, Y, Y											
DED		A. Federal auditEnter date of IRS report B. Net operating loss carrybackEnter year of loss.											
AMENDED	C. Investment tax credit carryback												
A	B. Contection other than A, B, or C Enter date or reacha ameriaca return, it med.												
	42. Amended Return — total payments and credits. Add Line 40 to Line 39 or subtract Line 41 from Line 39										00		
	43. If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference (amount of OVERPAYMENT) here										00		
		Amount of Line 43 to be applied to your 2016 estimated tax Enter the amount of your donation in the trust fund boxes to the right. See Interventions of the print of the prin						Donor	Additio	nal A	dditional		
		donation in the trust fund boxes to the right. See	Family	Military General Revenue Fund	Program Fund	m DONATE LIFE	Fund C (See In	ode Fi	ind Code ee Instr.)				
Ω		instructions for trust fund codes						00		00	00		
REFUND	46. Amount of Line 43 to be deposited into a Missouri 529 College Savings Plan (MOST) account.										00		
쀪	Enter amount from Line E of Form 5632										00		
	Department of Revenue, PO Box 3222, Jefferson City, MO 65105-3222										00		
	If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below.												
	a. Routing Number b. Account Number c Checking Savings										/ings		
ш	48. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here and go to instructions for Line 49.										00		
Na.	49. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here										00		
UNI	50. AMOUNT DUE - Add lines 48 and 49 and enter here. Sign below and mail to: Department of Revenue, PO Box 3370, Jefferson City, MO 65105-3370. See instructions for Line 50										00		
AMOUNT DUE	Department of Revenue, PO Box 3370, Jefferson City, MO 65105-3370. See instructions for Line 50									00			
4	Any check returned unpaid may be presented again electronically.												
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration o preparer (other than taxpayer) is based on all information of which he or 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									rivolous			
JRE	return. I also 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. Lauthorize the Director of Peyonus or delegate to discuss my return and attachment. PREPARER'S TELEPHONE PREPARER'S TELEPHONE												
SIGNATURE	I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. YES NO								()			
SIGN	SIGN	DATE (MMDDYYYY) PREPARER'S SIGNATURE							FEIN,	SSN, OR P	TIN		
	SPOL	SPOUSE'S SIGNATURE (If filing combined, BOTH must sign) DAYTIME TELEPHONE PREPARER'S ADDRESS AND ZIP CODE								DATE (MMDDYYYY)	
		(/	/		