

MISSOURI DEPARTMENT OF REVENUE **2015 FORM MO-1040P**
MISSOURI INDIVIDUAL INCOME TAX RETURN AND
PROPERTY TAX CREDIT CLAIM/
PENSION EXEMPTION—SHORT FORM VENDOR CODE **006**

SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER	
NAME (LAST) (FIRST) M.I. JR, SR		<input type="checkbox"/> DECEASED IN 2015	
SPOUSE'S (LAST) (FIRST) M.I. JR, SR			
IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REP., ETC.)			

PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE)		APT. NUMBER	COUNTY OF RESIDENCE
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CITY, TOWN, OR POST OFFICE	STATE	ZIP CODE	PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE. AGE 62 THROUGH 64 AGE 65 OR OLDER BLIND 100% DISABLED NON-OBLIGATED SPOUSE <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> SPOUSE <input type="checkbox"/> SPOUSE <input type="checkbox"/> SPOUSE <input type="checkbox"/> SPOUSE
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You may contribute to any one or all of the trust funds that are listed to the right. Place the total amount contributed on Line 24. See the instructions for a list of Trust Fund Codes.

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund
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INCOME	1. Federal Adjusted Gross Income from your 2015 federal return (See worksheet on page 8.)	1Y		00	1S		00
	2. Any state income tax refund included in your 2015 federal adjusted gross income.	2Y		—	2S		—
	3. Subtract Line 2 from Line 1. This is your Missouri adjusted gross income.	3Y		=	3S		=
	4. TOTAL MISSOURI ADJUSTED GROSS INCOME — Add both numbers on Line 3 and enter here.	4		00			

5. Income percentages — Divide Line 3 by Line 4 for both you and your spouse. (The total of the two must equal 100%. Round to the nearest whole number.)	5Y		%	5S		%
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



DEDUCTIONS AND TAXABLE INCOME	6. Mark your filing status box below and enter the appropriate exemption amount on Line 6.							
	<input type="checkbox"/> A. Single — \$2,100 (See Box B before checking.) <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00 <input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200 <input type="checkbox"/> D. Married filing separate — \$2,100		<input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200 <input type="checkbox"/> F. Head of household — \$3,500 <input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500		6		00	
	7. Tax from federal return (Do not enter amount from your Forms W-2 — NOT federal tax withheld.) 00 → Single—maximum of \$5,000; Married filing combined—maximum of \$10,000		7		+	00		
	8. Missouri Standard or Itemized Deduction							
	Taxpayers Under Age 65 Single \$6,300 Married Filing Combined \$12,600 Married Filing Separate \$6,300 Head of Household \$9,250 Qualifying Widow(er) \$12,600		Taxpayers Age 65 or Older Single \$7,850 Married Filing Combined and YOU are Age 65 or Older \$13,850 Married Filing Combined and You and Your Spouse are BOTH Age 65 or Older \$15,100 Married Filing Separate \$7,550 Head of Household \$10,800 Qualifying Widow(er) \$13,850		8		+	00
	If blind or claimed as a dependent, see your federal return or page 6 and 7 of the instructions. If itemizing, see page 18 or 22 of the instructions.							
	9. Number of dependents from Federal Form 1040 OR 1040A, Line 6c <input type="checkbox"/> Check the box if claiming a stillborn; see instructions on page 7. x \$1,200 =		9		+	00		
	10. Pension exemption (Complete worksheet on page 17 or 21 of the instructions.) Attach worksheet, a copy of federal return, Forms W-2P and 1099-R.		10		+	00		
	11. Long-term care insurance deduction		11		+	00		
	12. TOTAL DEDUCTIONS — Add Lines 6 through 11.		12		=	00		
13. Missouri Taxable Income — Subtract Line 12 (Total Deductions) from Line 4 (Total Missouri Income) and enter here.		13				00		



If 65 or older or blind the appropriate boxes must be checked above.

Do not include yourself or your spouse.

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TAXES	14. Total Missouri taxable income amount from Line 13.						14		00	
							Yourself		Spouse	
	15. Multiply Line 14 by the percentages you determined on Line 5. Do this for you and your spouse.						15Y		00 15S	
	16. Use the tax chart on page 18 or 22 of the instructions to figure the tax on amounts from Line 15 for you and your spouse.						16Y		00 16S	
17. TOTAL TAXES — Add your tax and your spouse's tax from Line 16.						17		00		
PAYMENTS/CREDITS	18. Missouri withholding for you and your spouse from your Forms W-2 and 1099. Attach copies of Forms W-2 and 1099.						18		00	
	19. Any Missouri estimated tax payments for 2015 (Be sure to include any amount of your 2014 overpayment credited to your 2015 Missouri tax return.)						19		00	
	20. PROPERTY TAX CREDIT — Enter amount from Form MO-PTS, Line 14. Attach Form MO-PTS.						20		00	
	 Attach Form MO-PTS.									
	21. TOTAL PAYMENTS AND CREDITS Add Lines 18, 19, and 20 and enter amount here.						21		00	
REFUND	22. If amount of TOTAL PAYMENTS AND CREDITS (Line 21) is larger than amount of TOTAL TAXES (Line 17), enter the difference here. You have overpaid . If not, enter the amount on Line 27.						22		00	
	23. Enter the amount from Line 22 you want applied to your 2016 estimated tax						23		00	
	24. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes.						24		00	
	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Children's Trust Fund </div> <div>Veterans Trust Fund </div> <div>Elderly Home Delivered Meals Trust Fund </div> <div>Missouri National Guard Trust Fund </div> <div>Workers' Memorial Fund </div> <div>Childhood Lead Testing Fund </div> <div>Missouri Military Family Relief Fund </div> <div>General Revenue Fund </div> <div>Organ Donor Program Fund </div> <div>Additional Fund Code (See Instr.)</div> <div>Additional Fund Code (See Instr.)</div> </div>						24		00	
	25. Amount from Line 22 to be deposited into a Missouri 529 College Savings Plan (MOST). Enter amount from Line E of Form 5632.						25		00	
	26. REFUND - Subtract Lines 23, 24, and 25 from Line 22 and enter here. This is your refund. Sign below and mail to: Department of Revenue, P.O. Box 3385, Jefferson City, MO 65105-3385.						26		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 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> b. Account Number <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> c. <input type="checkbox"/> Checking <input type="checkbox"/> Savings									
AMOUNT DUE	27. AMOUNT DUE - If Line 21 is less than Line 17, enter the difference here. You have an amount due. Sign below and mail to: Department of Revenue, P.O. Box 3395, Jefferson City, MO 65105-3395. See instructions for Line 27.						27		00	
	If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.									
SIGNATURE	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 of 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 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.									
	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. <input type="checkbox"/> YES <input type="checkbox"/> NO						E-MAIL ADDRESS		PREPARER'S PHONE NUMBER	
	SIGNATURE			DATE (MMDDYYYY)		PREPARER'S SIGNATURE			FEIN, SSN, OR PTIN	
	SPOUSE'S SIGNATURE (if filing combined BOTH must sign)			DAYTIME TELEPHONE		PREPARER'S ADDRESS AND ZIP CODE			DATE (MMDDYYYY)	