

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
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	

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.)		Yourself		Spouse	
	1Y		00	1S		00
	2Y	—	00	2S	—	00
	3Y	=	00	3S	=	00

INCOME	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

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.)					
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">00</div> <div style="font-size: 2em; vertical-align: middle;">→</div> 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				
	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.		8	+	00	
	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	

See Page 6, Line 7.

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

Do not include yourself or your spouse.

FORM MO-1040P

TAXES	14. Total Missouri taxable income amount from Line 13.	14	00		
	15. Multiply Line 14 by the percentages you determined on Line 5. Do this for you and your spouse.	Yourself		Spouse	
		15Y	00	15S	00
	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	00
	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		
	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>				
	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. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>a. Routing Number <input style="width: 100px;" type="text"/></div> <div>b. Account Number <input style="width: 150px;" type="text"/></div> <div>c. <input type="checkbox"/> Checking <input type="checkbox"/> Savings</div> </div>					
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)

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-1040P, Line 4.....	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(er) - \$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. Amount from Line 6 or \$36,976 (maximum social security benefit), whichever is less.	7Y		00 7S	00
	8. 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.....	8Y		00 8S	00
	9. Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0.	9Y		00 9S	00
	10. Add amounts on Lines 9Y and 9S.....	10			00
11. Total public pension , subtract Line 5, from Line 10. If Line 5 is greater than Line 10, enter \$0.....	11			00	
PRIVATE PENSION CALCULATION — Annuities, pensions, IRAs, and 401(k) plans funded by a private source.					
SECTION B	1. Missouri adjusted gross income from Form MO-1040P, Line 4.	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 Widow(er): \$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 Form MO-1040P. Age limit does not apply to social security disability deduction.					
SECTION C	1. Missouri adjusted gross income from Form MO-1040P, Line 4.	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 Widow(er) - \$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. Amount from Line(s) 4Y or 5Y, and 4S or 5S.....	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 11 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 90%.	6		00	
TOTAL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION					
SECTION E	Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D). Enter total amount here and on Form MO-1040P, Line 10.	TOTAL EXEMPTION		00	