



MISSOURI DEPARTMENT OF REVENUE **2010 FORM MO-1040**
INDIVIDUAL INCOME TAX RETURN—LONG FORM

FOR CALENDAR YEAR JAN. 1—DEC. 31, 2010, OR FISCAL YEAR BEGINNING

20 __, ENDING 20 __

AMENDED RETURN — CHECK HERE

SOFTWARE VENDOR CODE **002**

NAME AND ADDRESS

SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER

NAME (LAST) (FIRST) M.I. JR, SR

DECEASED IN 2010

SPOUSE'S (LAST) (FIRST) M.I. JR, SR

IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)

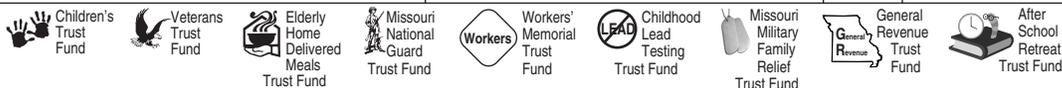
COUNTY OF RESIDENCE

PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)

CITY, TOWN, OR POST OFFICE

STATE ZIP CODE

You may contribute to any one or all of the trust funds on Line 45. See pages 9–10 for a description of each trust fund, as well as trust fund codes to enter on Line 45.



PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2010.

AGE 62 THROUGH 64

YOURSELF
 SPOUSE

AGE 65 OR OLDER

YOURSELF
 SPOUSE

BLIND

YOURSELF
 SPOUSE

100% DISABLED

YOURSELF
 SPOUSE

NON-OBLIGATED SPOUSE

YOURSELF
 SPOUSE

INCOME	Yourself		Spouse	
	1Y	00	1S	00
1. Federal adjusted gross income from your 2010 federal return (See worksheet on page 6)	2Y	00	2S	00
2. Total additions (from Form MO-A, Part 1, Line 6)	3Y	00	3S	00
3. Total income — Add Lines 1 and 2.	4Y	00	4S	00
4. Total subtractions (from Form MO-A, Part 1, Line 14)	5Y	00	5S	00
5. Missouri adjusted gross income — Subtract Line 4 from Line 3.	6		00	
6. Total Missouri adjusted gross income — Add columns 5Y and 5S.	7Y		%	
7. Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)			7S	

EXEMPTIONS AND DEDUCTIONS	8. Pension and Social Security/Social Security disability exemption (from Form MO-A, Part 3, Section E.)	8		00
	9. Mark your filing status box below and enter the appropriate exemption amount on Line 9. <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	9		00
	10. Tax from federal return (Do not enter federal income tax withheld.) • Federal Form 1040, Line 55 minus Lines 45, 63, 64a, 66, 67, and amounts from Forms 8801, 8839, and 8885 on Line 71 • Federal Form 1040A, Line 35 minus Line 40, 41a, 43, and any alternative minimum tax included on Line 28 • Federal Form 1040EZ, Line 11 minus Line 8 and 9a	10		00
	11. Other tax from federal return — Attach copy of your federal return (pages 1 and 2).	11		00
	12. Total tax from federal return — Add Lines 10 and 11.	12		00
	13. Federal tax deduction — Enter amount from Line 12 not to exceed \$5,000 for individual filer; \$10,000 for combined filers.	13		00
	14. Missouri standard deduction OR itemized deductions. Single or Married Filing Separate — \$5,700 ; Head of Household— \$8,400 ; married Filing a Combined Return or Qualifying Widow(er) — \$11,400 ; If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you claimed an additional standard deduction or you are itemizing, see Form MO-A, Part 2, or Form MO-L	14		00
	15. Number of dependents from Federal Form 1040 OR 1040A, Line 6c (DO NOT INCLUDE YOURSELF OR SPOUSE.)	15		00
	16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE.)	16		00
	17. Long-term care insurance deduction	17		00
	18. Health care sharing ministry deduction	18		00
	19. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and 18	19		00
	20. Subtotal — Subtract Line 19 from Line 6.	20		00
21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S.	21Y		00	
22. Enterprise zone or rural empowerment zone income modification	22Y		00	
23. Subtract Line 22 from Line 21. Enter here and on Line 24.	23Y		00	

	Yourself		Spouse													
TAX	24. Taxable income amount from Lines 23Y and 23S	24Y	00	24S	00											
	25. Tax. (See tax table on page 26 of the instructions.)	25Y	00	25S	00											
	26. Resident credit — Attach Form MO-CR and other states' income tax return(s). OR	26Y	00	26S	00											
	27. Missouri income percentage — Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100%. Check the box if you or your spouse is a professional entertainer or a member of a professional athletic team. <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	27Y	%	27S	%											
	28. Balance — Subtract Line 26 from Line 25; OR Multiply Line 25 by percentage on Line 27.	28Y	00	28S	00											
	29. Other taxes (Check box and attach federal form indicated.) <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611)	29Y	00	29S	00											
	30. Subtotal — Add Lines 28 and 29.	30Y	00	30S	00											
	31. Total Tax — Add Lines 30Y and 30S.	31			00											
	PAYMENTS / CREDITS	32. MISSOURI tax withheld — Attach Forms W-2 and/or 1099.	32			00										
		33. 2010 Missouri estimated tax payments (include overpayment from 2009 applied to 2010)	33			00										
34. Missouri tax payments for nonresident partners or S corporation shareholders — Attach Forms MO-2NR and MO-NRP.		34			00											
35. Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT.		35			00											
36. Amount paid with Missouri extension of time to file (Form MO-60)		36			00											
37. Miscellaneous tax credits (from Form MO-TC, Line 13) — Attach Form MO-TC.		37			00											
38. Property tax credit — Attach Form MO-PTS.		38			00											
39. Total payments and credits — Add Lines 32 through 38.		39			00											
AMENDED RETURN		Skip Lines 40–42 if you are not filing an amended return.														
	40. Amount paid on original return	40			00											
	41. Overpayment as shown (or adjusted) on original return	41			00											
	INDICATE REASON FOR AMENDING. <input type="checkbox"/> A. Federal audit Enter date of IRS report. <input type="checkbox"/> B. Net operating loss carryback Enter year of loss. <input type="checkbox"/> C. Investment tax credit carryback Enter year of credit. <input type="checkbox"/> D. Correction other than A, B, or C Enter date of federal amended return, if filed.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				M	M	D	D	Y	Y					
M	M	D	D	Y	Y											
42. Amended Return — total payments and credits. Add Line 40 to Line 39 or subtract Line 41 from Line 39.	42				00											
REFUND	43. If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference (amount of OVERPAYMENT) here.	43			00											
	44. Amount of Line 43 to be applied to your 2011 estimated tax	44			00											
	45. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes.	45	00	00	00	00	00	00	00	00	00	00	00			
	46. Overpayment to be refunded to you. Subtract Lines 44 and 45 from Line 43 and enter here. Sign below and mail return to: Department of Revenue, PO BOX 3222, JEFFERSON CITY, MO 65105-3222 REFUND	46				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"/>		b. Account Number <input type="text"/>		c. <input type="checkbox"/> Checking <input type="checkbox"/> Savings											
	AMOUNT DUE	47. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here.	47			00										
		48. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here.	48			00										
		49. Total amount due — Add Lines 47 and 48 and enter here. Sign below and mail return and payment to: Department of Revenue, PO BOX 3370, JEFFERSON CITY, MO 65105-3370. Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only). Make payable to Missouri Department of Revenue. AMOUNT YOU OWE	49				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/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 TELEPHONE											
	SIGNATURE	DATE	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											



MISSOURI DEPARTMENT OF REVENUE
**INDIVIDUAL INCOME TAX
 ADJUSTMENTS**

2010 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.

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NO.

SPOUSE'S LAST NAME	FIRST NAME	INITIAL	SPOUSE'S SOCIAL SECURITY NO.

PART 1 — MISSOURI MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (SEE PAGE 11).

ADDITIONS

	Y—YOURSELF		S—SPOUSE	
1. Interest on state and local obligations other than Missouri source	1Y	00	1S	00
2. <input type="checkbox"/> Partnership; <input type="checkbox"/> Fiduciary; <input type="checkbox"/> S corporation; <input type="checkbox"/> Net Operating Loss (Carryback/Carryforward); <input type="checkbox"/> Other (description) _____	2Y	00	2S	00
3. Nonqualified distribution received from a qualified 529 plan (higher education savings program) not used for qualified higher education expenses	3Y	00	3S	00
4. Food Pantry contributions included on federal Schedule A	4Y	00	4S	00
5. Nonresident Property Tax	5Y	00	5S	00
6. TOTAL ADDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter here and on Form MO-1040, Line 2	6Y	00	6S	00

SUBTRACTIONS

7. Interest from exempt federal obligations included in federal adjusted gross income (reduced by related expenses if expenses were over \$500). Attach a detailed list or all federal Forms 1099.	7Y	00	7S	00
8. Any state income tax refund included in federal adjusted gross income	8Y	00	8S	00
9. <input type="checkbox"/> Partnership; <input type="checkbox"/> Fiduciary; <input type="checkbox"/> S corporation; <input type="checkbox"/> Railroad retirement benefits; <input type="checkbox"/> Net Operating Loss; <input type="checkbox"/> Military (nonresident); <input type="checkbox"/> Build America and Recovery Zone Bond Interest <input type="checkbox"/> Combat pay included in federal adjusted gross income; <input type="checkbox"/> MO Public-Private Transportation Act <input type="checkbox"/> Other (description) _____ Attach supporting documentation	9Y	00	9S	00
10. Exempt contributions made to a qualified 529 plan (higher education savings program)	10Y	00	10S	00
11. Qualified Health Insurance Premiums.	11Y	00	11S	00
12. Missouri depreciation adjustment (Section 143.121, RSMo) <input type="checkbox"/> Sold or disposed property previously taken as addition modification	12Y	00	12S	00
13. Home Energy Audit Expenses	13Y	00	13S	00
14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4	14Y	00	14S	00

PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete this section only if you itemize deductions on your federal return. Attach a copy of your federal Form 1040 (pages 1 and 2) and federal Schedule A.

1. Total federal itemized deductions from federal Form 1040, Line 40	1	00
2. 2010 (FICA) — yourself — Social security \$ _____ + Medicare \$ _____	2	00
3. 2010 (FICA) — spouse — Social security \$ _____ + Medicare \$ _____	3	00
4. 2010 Railroad retirement tax — yourself (Tier I and Tier II) \$ _____ + Medicare \$ _____	4	00
5. 2010 Railroad retirement tax — spouse (Tier I and Tier II) \$ _____ + Medicare \$ _____	5	00
6. 2010 Self-employment tax — Amount from federal Form 1040, Line 27	6	00
7. TOTAL — Add Lines 1 through 6.	7	00
8. State and local income taxes — from federal Schedule A, Line 5.	8	00
9. Earnings taxes included in Line 8	9	00
10. Net state income taxes — Subtract Line 9 from Line 8.	10	00
11. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 from Line 7. Enter here and on Form MO-1040, Line 14.	11	00

NOTE: IF LINE 11 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INFORMATION ON PAGE 7.



MISSOURI DEPARTMENT OF REVENUE
**INCREASE TO STANDARD DEDUCTION
 FOR CERTAIN FILERS**

2010
 FORM
MO-L

You must complete Form MO-L if you are increasing your standard deduction by a net disaster loss and/or new motor vehicle tax. Be sure to attach your federal return and federal Schedule L when you file.

YOUR NAME		YOUR SOCIAL SECURITY NO.	
SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY NO.	
1. Enter the standard deduction for your filing status: <ul style="list-style-type: none"> • Single or Married Filing Separately - \$5,700 • Married Filing Combined or Qualifying Widow(er) - \$11,400 • Head of Household - \$8,400 • Claimed as a dependent - enter amount from Line 4 of federal Schedule L. . . . 	1.	00	
2. If you are over 65 or blind, enter the amount reported on Line 5 of federal Schedule L.	2.	00	
3. Enter the amount of any net disaster loss included in your standard deduction and reported on Line 6 of federal Schedule L.	3.	00	
4. Enter the amount of any new motor vehicle taxes included in your standard deduction and reported on Line 17 of federal Schedule L.	4.	00	
5. Add the amounts shown on Lines 1 through 4 and report the total here and on Form MO-1040 Line 14, MO-1040A Line 6 or MO-1040P Line 8.	5.	00	