

INDIVIDUAL INCOME TAX RETURN
SINGLE/MARRIED (ONE INCOME)

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)			COUNTY OF RESIDENCE												
CITY, TOWN, OR POST OFFICE		STATE	ZIP CODE												
PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE. <table style="width:100%;"> <tr> <td style="width:25%;">AGE 65 OR OLDER</td> <td style="width:25%;">BLIND</td> <td style="width:25%;">100% DISABLED</td> <td style="width:25%;">NON-OBLIGATED SPOUSE</td> </tr> <tr> <td><input type="checkbox"/> YOURSELF</td> <td><input type="checkbox"/> YOURSELF</td> <td><input type="checkbox"/> YOURSELF</td> <td><input type="checkbox"/> YOURSELF</td> </tr> <tr> <td><input type="checkbox"/> SPOUSE</td> <td><input type="checkbox"/> SPOUSE</td> <td><input type="checkbox"/> SPOUSE</td> <td><input type="checkbox"/> SPOUSE</td> </tr> </table>				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"/> SPOUSE	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> SPOUSE
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INCOME	1. Federal adjusted gross income from your 2015 federal return. (See page 6 of the instructions.)	1		00																						
	2. Any state income tax refund included in your 2015 federal adjusted gross income.	2	—	00																						
	3. Total Missouri adjusted gross income — Subtract Line 2 from Line 1.	3	=	00																						
DEDUCTIONS	4. Mark your filing status box below and enter the appropriate exemption amount on Line 4. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <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 Check which spouse had income: <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse </div> <div style="width: 48%;"> <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 </div> </div>	4		00																						
	5. Tax from federal return (Do not enter federal income tax withheld.) — Enter this amount on Line 5 or \$5,000, whichever is less. If married filing combined, enter this amount on Line 5 or \$10,000, whichever is less.	5	+	00																						
	6. Missouri standard deduction or itemized deductions. Single or Married Filing Separate — \$6,300 ; Head of Household — \$9,250 ; Married Filing a Combined Return or Qualifying Widow(er) — \$12,600 . If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you are itemizing, see back of form.	6	+	00																						
	7. Number of dependents you claimed on your Federal Form 1040 OR 1040A, Line 6c. <input type="checkbox"/> Check the box if claiming a stillborn child; see instructions on Page 7. x \$1,200 =	7	+	00																						
	8. Long-term care insurance deduction	8	+	00																						
	9. Total Deductions — Add Lines 4 through 8.	9	=	00																						
	10. Missouri Taxable Income — Subtract Line 9 from Line 3.	10		00																						
	11. Tax — Use the tax chart on the back of this form to figure the tax.	11		00																						
	REFUND	12. Missouri tax withheld from your Forms W-2 and Forms 1099. Attach copies of Forms W-2 and Forms 1099.	12		00																					
13. Any Missouri estimated tax payments made for 2015 (include overpayment from 2014 applied to 2015)		13		00																						
14. Total Payments — Add Lines 12 and 13.		14		00																						
15. If Line 14 (Total Payments) is more than Line 11 (Total Tax), enter the difference (amount of overpayment) here. (If Line 14 is less than Line 11, skip to Line 20.)		15		00																						
16. Amount from Line 15 that you want applied to your 2016 estimated tax		16		00																						
17. Enter the amount of your donation in the trust fund boxes to the right. See instructions for fund codes...17.		<table style="width:100%; text-align: center;"> <tr> <td> Children's Trust Fund</td> <td> Veterans' Trust Fund</td> <td> Elderly Home Delivered Meals Trust Fund</td> <td> Missouri National Guard Trust Fund</td> <td> Workers' Memorial Fund</td> <td> Childhood Lead Testing Fund</td> <td> Missouri Military Family Relief Fund</td> <td> General Revenue Fund</td> <td> Organ Donor Program Fund</td> <td> Additional Fund Code (See Instr.)</td> <td> Additional Fund Code (See Instr.)</td> </tr> <tr> <td>:00</td> <td>:00</td> <td>:00</td> <td>:00</td> <td>:00</td> <td>:00</td> <td>:00</td> <td>:00</td> <td>:00</td> <td>:00</td> <td>:00</td> </tr> </table>			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	Additional Fund Code (See Instr.)	Additional Fund Code (See Instr.)	:00	:00	:00	:00	:00	:00	:00	:00	:00	:00	:00
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:00		:00	:00	:00	:00	:00	:00	:00	:00	:00	:00															
18. Amount from Line 15 to be deposited into a Missouri 529 College Savings Plan account (MOST). Enter amount from Line E of Form 5632.		18		00																						
19. REFUND - Subtract Lines 16, 17, and 18 from Line 15 and enter here. This is your refund. Sign below and mail to: Department of Revenue, P.O. Box 3222, Jefferson City, MO 65105-3222.		19		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. <input type="checkbox"/> Checking <input type="checkbox"/> Savings																										
AMOUNT DUE	20. AMOUNT DUE - If Line 14 is less than Line 11, enter the difference here. You have an amount due. Sign below and mail to: Department of Revenue, P.O. Box 3370, Jefferson City, MO 65105-3370. See instructions for Line 20.	20		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		PREPARER'S PHONE () - - - - -																							
	SIGNATURE	DATE _ / _ / _	PREPARER'S SIGNATURE																							
	SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE () - - - - -	PREPARER'S ADDRESS AND ZIP CODE																							
			DATE _ / _ / _																							