



MISSOURI DEPARTMENT OF REVENUE **2011 FORM MO-1040**  
**INDIVIDUAL INCOME TAX RETURN—LONG FORM**

FOR CALENDAR YEAR JAN. 1—DEC. 31, 2011, 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 2011

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.

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Trust Fund	Childhood Lead Testing Trust Fund	Missouri Military Family Relief Trust Fund	General Revenue Trust Fund	After School Retreat Trust Fund	Donate Life Trust Fund
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**PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2011.**

<b>AGE 62 THROUGH 64</b> <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	<b>AGE 65 OR OLDER</b> <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	<b>BLIND</b> <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	<b>100% DISABLED</b> <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	<b>NON-OBLIGATED SPOUSE</b> <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE
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INCOME	Yourself		Spouse	
	1Y	00	1S	00
1. Federal adjusted gross income from your 2011 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	%	7S	%
7. Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)				

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 ( <b>See Box B before checking.</b> )	<input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200
<input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00	<input type="checkbox"/> F. Head of household — \$3,500
<input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200	<input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500
<input type="checkbox"/> D. Married filing separate — \$2,100	

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 — <b>Attach copy of your federal return (pages 1 and 2).</b> ..	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 — **\$5,800**; Head of Household — **\$8,500**; married Filing a Combined Return or Qualifying Widow(er) — **\$11,600**; 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.**) .....  X \$1,200 = .... 15 00 Do not include yourself or spouse.

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.**) .....  X \$1,000 = .... 16 00

17. Long-term care insurance deduction..... 17 00

18. A. Health care sharing ministry deduction \$ \_\_\_\_\_ B. New jobs 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	21S	00
22. Enterprise zone or rural empowerment zone income modification .....	22Y	00	22S	00
23. Subtract Line 22 from Line 21. Enter here and on Line 24. ....	23Y	00	23S	00





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

**2011**  
 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 10 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
<b>SUBTRACTIONS</b>				
7. Interest from exempt federal obligations included in federal adjusted gross income (reduced by related expenses if expenses were over \$500). <b>Attach a detailed list or all federal Forms 1099.</b>	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) ..... <b>Attach supporting documentation.....</b>	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. 2011 (FICA) — yourself — Social security \$ _____ + Medicare \$ _____	2	00
3. 2011 (FICA) — spouse — Social security \$ _____ + Medicare \$ _____	3	00
4. 2011 Railroad retirement tax — yourself (Tier I and Tier II) \$ _____ + Medicare \$ _____	4	00
5. 2011 Railroad retirement tax — spouse (Tier I and Tier II) \$ _____ + Medicare \$ _____	5	00
6. 2011 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 — <b>from federal Schedule A, Line 5</b> .....	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.**

**PART 3 - PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION**

<b>PUBLIC PENSION CALCULATION — Pensions received from any federal, state, or local government.</b>									
<b>SECTION A</b>	1. Missouri adjusted gross income from Form MO-1040, Line 6 .....	1							00
	2. <b>Taxable</b> 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 - \$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. <b>Taxable</b> pension for each spouse from public sources from federal Form 1040A, Line 12b or 1040, Line 16b .....	6Y		00	6S				00
	7. Multiply Line 6 by 80% .....	7Y		00	7S				00
	8. Amount from Line 7 or \$33,703 (maximum social security benefit), whichever is less.....	8Y		00	8S				00
	9. Amount from Line 6 or \$6,000, whichever is less .....	9Y		00	9S				00
	10. Amount from Line 8 or Line 9, whichever is greater.....	10Y		00	10S				00
	11. 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. ....	11Y		00	11S				00
	12. Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter \$0 .....	12Y		00	12S				00
	13. Add amounts on Lines 12y and 12s.....	13							00
14. <b>Total public pension</b> , subtract Line 5, from Line 13. If Line 5 is greater than Line 13, enter \$0.....	14							00	
<b>PRIVATE PENSION CALCULATION — Annuities, pensions, IRA'S, and 401(k) plans funded by a private source.</b>									
<b>SECTION B</b>	1. Missouri adjusted gross income from Form MO-1040, Line 6 .....	1							00
	2. <b>Taxable</b> 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 Widower: \$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. <b>Taxable</b> pension for each spouse from <b>private sources</b> 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. <b>Total private pension</b> , subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0 .....	9							00	
<b>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 page 1 of Form MO-1040. Age limit does not apply to social security disability deduction.</b>									
<b>SECTION C</b>	1. Missouri adjusted gross income from Form MO-1040, Line 6 .....	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 Widower - \$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. <b>Taxable</b> social security benefits for each spouse from federal Form 1040A, Line 14b or federal Form 1040, Line 20b .....	4Y		00	4S				00
	5. <b>Taxable</b> social security <b>disability</b> benefits for each spouse from federal Form 1040A, Line 14b or 1040, Line 20b.....	5Y		00	5S				00
	6. Multiply Line 4 or Line 5 by 80%.....	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	
<b>MILITARY PENSION CALCULATION</b>									
<b>SECTION D</b>	1. Military retirement benefits included on federal Form 1040A, Line 12b or federal Form 1040, Line 16b .....	1							00
	2. Taxable <b>public pension</b> 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 14 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. <b>Total military pension</b> , multiply Line 5 by 30%.....	6							00
<b>TOTAL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION</b>									
<b>SECTION E</b>	Add Line 14 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D). <b>Enter total amount here and on Form MO-1040, Line 8.</b> .....							<b>TOTAL EXEMPTION</b>	00



MISSOURI DEPARTMENT OF REVENUE  
**CREDIT FOR INCOME TAXES PAID TO  
 OTHER STATES OR POLITICAL SUBDIVISIONS**

**2011**  
 FORM  
**MO-CR**

Attachment Sequence No. 1040-03

**Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.**

- Attach a copy of all income tax returns for each state or political subdivision.
- Attach Form MO-CR to Form MO-1040.

YOUR NAME		YOUR SOCIAL SECURITY NO.		YOUR SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY NO.	
		<b>YOURSELF</b>		<b>SPOUSE</b>			
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S).....		1	00	1	00		
2. Claimant's Missouri income tax (Form MO-1040, Line 25Y and Line 25S) .....		2	00	2	00		
USE TWO LETTER ABBREVIATION FOR STATE OR NAME OF POLITICAL SUBDIVISION. See table on back.....		STATE OF:		STATE OF:			
3. Wages and commissions .....		3	00	3	00		
4. Other (describe nature) .....		4	00	4	00		
5. Total — Add Lines 3 and 4.....		5	00	5	00		
6. Less: related adjustments (from Federal Form 1040A, Line 20, OR Federal Form 1040, Line 36) ..		6	00	6	00		
7. Net amounts — Subtract Line 6 from Line 5.....		7	00	7	00		
8. Percentage of your income taxed — Divide Line 7 by Line 1. ....		8	%	8	%		
9. Maximum credit — Multiply Line 2 by percentage on Line 8.....		9	00	9	00		
10. Income tax you paid to another state or political subdivision. <b>This is not tax withheld.</b> The income tax is reduced by all credits, except withholding and estimated tax.....		10	00	10	00		
11. Credit — Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 26Y or Line 26S. (If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040 .....		11	00	11	00		

For Privacy Notice see instructions

MO 860-1095 (11-2011)



MISSOURI DEPARTMENT OF REVENUE  
**CREDIT FOR INCOME TAXES PAID TO  
 OTHER STATES OR POLITICAL SUBDIVISIONS**

**2011**  
 FORM  
**MO-CR**

Attachment Sequence No. 1040-03

**Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.**

- Attach a copy of all income tax returns for each state or political subdivision.
- Attach Form MO-CR to Form MO-1040.

YOUR NAME		YOUR SOCIAL SECURITY NO.		YOUR SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY NO.	
		<b>YOURSELF</b>		<b>SPOUSE</b>			
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S).....		1	00	1	00		
2. Claimant's Missouri income tax (Form MO-1040, Line 25Y and Line 25S) .....		2	00	2	00		
USE TWO LETTER ABBREVIATION FOR STATE OR NAME OF POLITICAL SUBDIVISION. See table on back.....		STATE OF:		STATE OF:			
3. Wages and commissions .....		3	00	3	00		
4. Other (describe nature) .....		4	00	4	00		
5. Total — Add Lines 3 and 4.....		5	00	5	00		
6. Less: related adjustments (from Federal Form 1040A, Line 20, OR Federal Form 1040, Line 36) ..		6	00	6	00		
7. Net amounts — Subtract Line 6 from Line 5.....		7	00	7	00		
8. Percentage of your income taxed — Divide Line 7 by Line 1. ....		8	%	8	%		
9. Maximum credit — Multiply Line 2 by percentage on Line 8.....		9	00	9	00		
10. Income tax you paid to another state or political subdivision. <b>This is not tax withheld.</b> The income tax is reduced by all credits, except withholding and estimated tax.....		10	00	10	00		
11. Credit — Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 26Y or Line 26S. (If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040 .....		11	00	11	00		

For Privacy Notice see instructions

MO 860-1095 (11-2011)



MISSOURI DEPARTMENT OF REVENUE  
**SMALL BUSINESS DEDUCTION**  
**FOR NEW JOBS UNDER SECTION 143.173, RSMO.**

**MO-NJD**  
 (REV. 11-2011)

NAME OF SMALL BUSINESS	FEDERAL EMPLOYER ID NUMBER
ADDRESS	MO TAX ID NUMBER
CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER

TYPE OF SMALL BUSINESS  SOLE PROPRIETOR  C CORPORATION  LLC TREATED AS A CORPORATION  
**NOTE:** If your small business is not one of these types of businesses, it does not qualify for the deduction.

**QUALIFICATIONS**

For all taxable years beginning on or after January 1, 2011, and ending on or before December 31, 2014, if a small business creates new jobs, it may qualify to claim a deduction in the taxable year each new employee completes at least 52 weeks of full-time employment. The deduction is equal to \$10,000 for each new job created or \$20,000 for each new job created by a small business that paid at least 50 percent of all employees' health insurance premiums.

**The Small Business:**

- Must employ fewer than 50 full-time or part-time employees at all times during the tax year for which the deduction is requested to qualify for the deduction. Any small business affiliated with another business must consider each employee of all affiliated businesses in determining if it employs fewer than 50 full-time or part-time employees. Two businesses are affiliated if either party has power to control the other, or a third party controls or has the power to control both parties. For purposes of the deduction, a part-time employee is defined as one who works fewer than 30 hours per week.
- Must be subject to income taxes imposed in Chapter 143, RSMo.
- Must ensure all new employees have completed at least 52 weeks of full-time employment prior to including them in the deduction calculation. Upon completion of at least 52 weeks, the employee becomes a qualifying full-time employee and the small business may choose a date to compare the number of qualifying full-time employees employed in the previous calendar year. See the example below for further instruction.
- Must pay wages of at least the county average wage or the state average wage if the county wage is in excess of the state wide average. The county average wage is calculated by the Department of Economic Development and can be found at: [www.missourieconomy.org/indicators/countywage.stm](http://www.missourieconomy.org/indicators/countywage.stm).
- Must pay at least 50 percent of the health insurance premium for all full-time employees, not just for new employees, to claim the \$20,000 deduction.

**The Employee:**

- Must complete at least 52 consecutive weeks of employment and work an average of at least 35 hours per week before the small business may claim the deduction.
- May not have been previously employed in Missouri by the small business or any business affiliated with the small business for a period of 12 months prior to the creation of the new job.

**Example:** A small business chooses November 1 as its comparison date. On that date in 2011, the business had 25 full-time employees who had been employed for at least 52 weeks, and five employees who had been employed for 20 weeks. Also on that date, the business hires two new employees who had not been employed by the business. If all these employees remain employed through November 1, 2012, the small business is eligible to claim deductions for seven of its employees in determining its 2012 tax liability. Although five of these employees had been employed prior to November 1, 2011, they would not qualify as full-time employees on that date because they had not completed 52 weeks of employment. Although those five employees could have qualified for the deduction prior to November 1, 2012, the two employees hired on November 1, 2011 could not. Because a small business can select only one comparison date per year, the small business selected November 1, 2012 so it could claim the deduction for all seven employees.

**INSTRUCTIONS**

1. Comparison Date: Each small business must choose a date to compare the number of full-time employees in the deduction year and the number employed in the immediately preceding year. Enter your comparison date: (MMDDYYYY).....	1	___/___/___
2. Employees in Deduction Year: The number of full-time employees employed on your comparison date in the deduction year.	2	
3. Employees in Previous Year: The number of full-time employees employed on your comparison date in the immediately preceding year.....	3	
4. Subtract Line 3 from Line 2 to determine the number of eligible employees.....	4	

**IN THE TABLE ON PAGE TWO, ENTER THE REQUESTED INFORMATION FOR EACH NEW EMPLOYEE REFLECTED ON LINE 4.**

**Note:** If the employee worked in more than one county, enter the county in which he or she worked for the majority of his or her 52 weeks of employment.

I hereby certify to the Department of Revenue that the employees listed on page 2 meet the requirements outlined in Section 143.173, RSMo, and the small business claiming a deduction meets the requirements outlined in this document and in Section 143.173, RSMo. Under penalties of perjury, I declare that I have examined the above information, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. I also declare under penalties of perjury that the business does not employ any illegal or unauthorized aliens as defined under federal law and that the business is not eligible for any tax exemption, credit or abatement if it employs such aliens. I also declare that the business participates in a federal work authorization program with respect to the employees working in connection with any contracted services, and the business does not knowingly employ any person who is an unauthorized alien in connection with any contracted services. I am the owner of or an officer of the above business and am authorized to apply for the small business deduction for new jobs on behalf of the small business identified above.

SIGNATURE	TITLE	DATE
		___/___/___

EMPLOYEE NAME FIRST, MIDDLE INITIAL, LAST	EMPLOYEE SOCIAL SECURITY NUMBER	EMPLOYEE TITLE/ POSITION CODE	COUNTY WHERE EMPLOYEE WORKED	ANNUAL COUNTY AVERAGE WAGE	TOTAL WAGES PAID FOR 52 CONSECUTIVE WEEKS	TOTAL DEDUCTION
1.				\$	\$	\$
2.				\$	\$	\$
3.				\$	\$	\$
4.				\$	\$	\$
5.				\$	\$	\$
6.				\$	\$	\$
7.				\$	\$	\$
8.				\$	\$	\$
9.				\$	\$	\$
10.				\$	\$	\$
11.				\$	\$	\$
12.				\$	\$	\$
13.				\$	\$	\$
14.				\$	\$	\$
15.				\$	\$	\$
16.				\$	\$	\$
17.				\$	\$	\$
18.				\$	\$	\$
19.				\$	\$	\$
20.				\$	\$	\$
21.				\$	\$	\$
22.				\$	\$	\$
23.				\$	\$	\$
24.				\$	\$	\$
25.				\$	\$	\$
26.				\$	\$	\$
27.				\$	\$	\$
28.				\$	\$	\$
29.				\$	\$	\$
30.				\$	\$	\$

Total Deduction: Enter your total deduction here and on Form MO-1040, Line 18; or on Form MO-1120, Line 7. . . . . \$

If you hired more than 30 new employees, please print an additional page.