MISSOURI DEPARTMENT OF REVENUE

2016 FORM MO-1040A

INDIVIDUAL INCOME TAX RETURN SINGLE/MARRIED (ONE INCOME)

VENDOR CODE **006**

SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER
201532728	

NAME (LAST)	(FIRST)	M.I. JR, SR	☐ DECEASED IN 2016
SMITH	MARY		
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
365 ELM ST	COLE

CITY, TOWN, OR POST OFFICE	STATE	ZIP CODE
JEFFERSON CITY	MO	65101

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE.

AGE 65 OR OLDER	BLIND	100% DISABLED	NON-OBLIGATED SPOUSE
☐ YOURSELF	☐ YOURSELF	☐ YOURSELF	☐ YOURSELF
☐ SPOUSE	☐ SPOUSE	☐ SPOUSE	☐ SPOUSE

INCOME

1. Federal adjusted gross income from your 2016 federal return. (See page 6 of the instructions.)	1	35,297	00
2. Any state income tax refund included in your 2016 federal adjusted gross income.	2	– 351	00
3. Total Missouri adjusted gross income — Subtract Line 2 from Line 1.	3	34,946	00

DEDUCTIONS

4. Mark your filing status box below and enter the appropriate exemption amount on Line 4.

☐ A. Single — **$2,100 (See Box B before checking.)**
☐ B. Claimed as a dependent on another person's federal tax return — **$0.00**
☐ C. Married filing joint federal & combined Missouri — **$4,200**
Check which spouse had income: ☐ Yourself ☐ Spouse
☐ D. Married filing separate — **$2,100**
☐ E. Married filing separate (spouse NOT filing) — **$4,200**
☒ F. Head of household — **$3,500**
☐ G. Qualifying widow(er) with dependent child — **$3,500**

4	3,500	00
5. Tax from federal return **(Do not enter federal income tax withheld.)** — 1,653 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	1,653	00
6. Missouri standard deduction or itemized deductions. Single or Married Filing Separate— **$6,300**; Head of Household — **$9,300**; 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	9,300	00
7. Number of dependents you claimed on your Federal Form 1040 OR 1040A, Line 6c. ☒ Check box if claiming a stillborn child; see instructions on Page 7 ... 1 x $1,200 =	7	1,200	00
8. Long-term care insurance deduction	8	+	00
9. Total Deductions — Add Lines 4 through 8.	9	15,653	00

TAX

10. Missouri Taxable Income — Subtract Line 9 from Line 3.	10	19,293	00
11. Tax — Use the tax chart on the back of this form to figure the tax.	11	933	00

REFUND

12. Missouri tax withheld from your Forms W-2 and Forms 1099. Attach copies of Forms W-2 and Forms 1099.	12	1,424	00
13. Any Missouri estimated tax payments made for 2016 (include overpayment from 2015 applied to 2016)	13		00
14. Total Payments — Add Lines 12 and 13.	14	1,424	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	491	00
16. Amount from Line 15 that you want applied to **your 2017 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.

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.)
25 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 (MOST) account. Enter amount from Line E of Form 5632.	18	0	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	466	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 1 2 3 4 5 6 7 8 9 b. Account Number 0 7 6 5 4 3 2 1 0 8 9 c. ☒ Checking ☐ 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	0	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. ☐ YES ☐ NO

E-MAIL ADDRESS	PREPARER'S PHONE
	(__ __ __) __ __ __ - __ __ __ __

SIGNATURE	DATE	PREPARER'S SIGNATURE	FEIN, SSN, OR PTIN
X	__ __/__ __/__ __ __ __		

SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE	PREPARER'S ADDRESS AND ZIP CODE	DATE
	(__ __ __) __ __ __ - __ __ __ __		__ __/__ __/__ __ __ __

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For Privacy Notice, see instructions.