

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
*** Header Information ***						(see notes below)
1	Header	Version Number				(T1 is current standard version)
2	Header	Developer Code				
3	Header	Jurisdiction (MO)				MO
4	Header	Description (MO1040A) and current tax year				MO1040A/2009
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
**** MO 1040A ****						
Fields 7 through 10 are carriage return only (blank)						
11	Top	Vendor Code	PIC 9(3)	3		Software Vendor Code
12	NAME	Your Social Security Number	PIC 9(9)	9		
13	NAME	Spouse's Social Security Number	PIC 9(9)	9		
14	NAME	Your Last Name	PIC X(20)	20		
15	NAME	Your First Name	PIC X(14)	14		
16	NAME	Your Middle Initial	PIC X(1)	1		
17	NAME	Yourself Title (JR,SR,etc)	PIC X(3)	3		Title (JR,SR,etc) (No period after suffix)
18	NAME	Yourself Deceased in 2009	PIC X(1)	1		X YES
19	NAME	Spouse's Last Name	PIC X(20)	20		
20	NAME	Spouse's First Name	PIC X(14)	14		
21	NAME	Spouse's Middle Initial	PIC X(1)	1		
22	NAME	Spouse's Title (JR, SR, etc)	PIC X(3)	3		Spouse's Title (No period after suffix)
23	NAME	Spouse Deceased in 2009	PIC X(1)	1		X YES
24	NAME	In Care of Name	PIC X(30)	30		
25	NAME	County of Residence	PIC X(4)	4		Use 4 character county code
26	NAME	School District No.	PIC 9(3)	3		Use 3 character school district code
27	NAME	Present Address (include Apt. or Rural Route)	PIC X(35)	35		
28	NAME	City, Town or Post Office	PIC X(23)	23		
29	NAME	State	PIC X(2)	2		
30	NAME	Zip Code	PIC X(9)	9		99999 or 999999999
31	CHKBOX	Carriage return only (blank)				
32	CHKBOX	Carriage return only (blank)				
33	CHKBOX	Age 65 Yourself	PIC X(1)	1		X YES
34	CHKBOX	Age 65 Spouse	PIC X(1)	1		X YES
35	CHKBOX	Blind Yourself	PIC X(1)	1		X YES
36	CHKBOX	Blind Spouse	PIC X(1)	1		X YES
37	CHKBOX	100% Disabled Yourself	PIC X(1)	1		X YES
38	CHKBOX	100% Disabled Spouse	PIC X(1)	1		X YES
39	CHKBOX	Non-Obligated Spouse Yourself	PIC X(1)	1		X YES
40	CHKBOX	Non-Obligated Spouse Spouse	PIC X(1)	1		X YES
41	1	Federal Adjusted Gross Income (Yourself)	PIC S9(9)	9	Y	
42		Carriage return only (blank)				
43		Carriage return only (blank)				
44		Carriage return only (blank)				
45	2	Any state income tax refund	PIC 9(9)	9	N	
46		Carriage return only (blank)				
47	3	Missouri Adj Gross Income (Subtract Line 2 from Line 1)	PIC S9(9)	9	Y	
48		Carriage return only (blank)				
49		Carriage return only (blank)				
50	4	A. Single — \$2,100 (See Box B before checking.)	PIC X(1)	1		X YES
51	4	B. Claimed as a dependent on another person's federal tax return — \$0.00	PIC X(1)	1		X YES
52	4	C. Married filing joint federal & combined Missouri — \$4,200	PIC X(1)	1		X YES
53	4	D. Married filing separate — \$2,100	PIC X(1)	1		X YES
54	4	E. Married filing separate (spouse NOT filing) — \$4,200	PIC X(1)	1		X YES
55	4	F. Head of household — \$3,500	PIC X(1)	1		X YES
56	4	G. Qualifying widow(er) with dependent child — \$3,500	PIC X(1)	1		X YES
57	4	Enter the appropriate exemption amount	PIC 9(9)	9		0,2100,4200,3500
58	5a	Tax from Federal Return	PIC 9(9)	9	N	
59		Carriage return only (blank)				
60		Carriage return only (blank)				
61	5	Federal tax deduction.	PIC 9(9)	9		Married — 10000, Single — 5000 max
62	6	Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS.	PIC 9(9)	9	N	
63	7a	Number of dependents from Federal Form 1040 or 1040A	PIC 9(2)	2	N	
64	7	Number of dependents from Federal Form 1040 * 1200	PIC 9(9)	9		Dependents * 1200
65		Carriage return only (blank)				
66		Carriage return only (blank)				
67	8	Long-term care insurance deduction	PIC 9(9)	9	N	
68		Carriage return only (blank)				

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Numeric fields aren't zero filled.

Refer to the "Acceptable Values" column for clarification of acceptable field values.

Negative amounts will have a leading minus sign.

Check boxes, an X indicates Yes, nothing is No (see Acceptable Values Column)

Only whole dollar amounts should be entered on the MO-1040 return. When entering amounts (such as W-2s) where multiple amounts may need to be entered as a total, add the amounts together then round and enter.

Any fields which can be negative are noted above. The picture clause should have a S (example: PIC S9(9)). A negative sign must be included in the field (example: -90, -1000) and precede the first number in the field.

The intended use of the Description Column is to cross reference the barcode field number, form line number, and form line wording. The description may not be exact due to limitations of space. Please refer to the tax form and instructions for the exact line wording.

Trailer: The last field in the barcode data stream is the trailer. The trailer is used to indicate the end of data has been reached. A static String of "*EOD*" is used as the trailer value. If a trailer is not found, this indicates a data overflow condition has occurred.

Header Information: There is information generic to all barcodes that should be placed first in the barcode data stream. The first six fields in the barcode comprise the official header. The fields in the official header are variable length and therefore can contain as much or as little data as is necessary. This information must be consistent among all barcodes and is defined below.

(Note: The symbol <CR> is used to represent a single carriage return character.)

Header Version Number: will be incremented each time the standards group alters the physical structure of the barcodes that were created using multiple header formats. This value is static for all barcodes and is currently T1.

Developer Code: A four-digit code used to identify the Software Developer whose application produced the barcode. The purpose of this field is to allow forms to be traced to the vendor producing them.

Jurisdiction: An alphanumeric identifier indicating the taxing jurisdiction. Use the US Postal Service's official state abbreviations.

Description: An alphanumeric identifier used to describe the form being processed. The identifier can be used to route the barcode information to the correct system for further processing. For Missouri, use MO1040.

Specification Version: A number that identifies the version of the specifications used to produce the form barcode. These specifications are provided by the jurisdiction processing the form and

describe the data layout in the barcode. Draft versions of the specifications are not assigned version numbers. The final version shall be "0", revision thereafter will increase numerically.

Software/Form Version: A vendor defined version number that reflects the software and form revision used to produce the barcode.

Example

Header Version Number "T1"
Developer Code:"9999"
Jurisdiction: "MO"
Description: "MO1040A"
Specification Version: "0"
Software/Form Version: "1.0"

Raw Header

T1<CR>9999<CR>MO<CR>MO1040<CR>0<CR>1.0<CR>

End of Data

EOD must be printed in Field 356

Trust Funds

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
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TRUST FUND CODES for Form MO-1040, Lines 44i and 44j

- 01 American Cancer Society
- 02 American Diabetes Association
- 03 American Heart Association
- 04 American Lung Association
- 05 Amyotrophic Lateral Sclerosis (ALS—Lou Gehrig's Disease)
- 07 Muscular Dystrophy Association
- 08 March of Dimes
- 09 National Arthritis Foundation
- 10 National Multiple Sclerosis Society
- 12 Cervical Cancer Fund
- 13 Breast Cancer Awareness

Please be sure to make this a two digit number. If it is a single digit number, add the zero on the left to make it a two digit number. (1=01; 2=02, etc.)

Missouri encourages you to default the 2-D barcode to "ON" when your software is released. It is highly preferred that we receive returns with a 2-D barcode. Please make every effort to print a 2-D barcode on all your returns.

ADDRESS ISSUE:

*It is preferred that you print only the 2-D barcode mailing address on the form, if your company is implementing 2-D barcode. If your company is not implementing 2-D barcode, please print only the non-2-D barcode address. If this doesn't work for your company, please print both addresses or refer your clients to the instructions.

REFUND:

DEPARTMENT OF REVENUE, PO BOX 500, JEFFERSON CITY, MO 65106-0500.
(*2-D Barcode ONLY—DOR, PO BOX 3222, JEFFERSON CITY, MO 65105-3222)

AMOUNT YOU OWE:

DEPARTMENT OF REVENUE, PO BOX 329, JEFFERSON CITY, MO 65107-0329.
(*2-D Barcode ONLY—DOR, PO BOX 3370, JEFFERSON CITY, MO 65105-3370).

2-D barcode testing should be complete within two months of releasing the 2-D barcode packet.