

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 (MO1040P) and current tax year				MO1040P/2009
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
**** MO 1040P ****						
7	Top	Carriage return only (blank)	PIC 9(2)	2		
8	Top	Carriage return only (blank)	PIC 9(2)	2		
9	Top	Carriage return only (blank)	PIC 9(4)	4		
10	Top	Carriage return only (blank)	PIC X(1)	1		
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	Age 62 Through 64 Yourself	PIC X(1)	1		X YES
32	CHKBOX	Age 62 Through 64 Spouse	PIC X(1)	1		X YES
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	1Y	Federal Adjusted Gross Income (Yourself)	PIC S9(9)	9	Y	
42	1S	Federal Adjusted Gross Income (Spouse)	PIC S9(9)	9	Y	
43		Carriage return only (blank)	PIC 9(9)	9	N	
44		Carriage return only (blank)	PIC 9(9)	9	N	
45	2Y	Any state income tax refund (yourself)	PIC 9(9)	9	N	
46	2S	Any state income tax refund (spouse)	PIC 9(9)	9	N	
47	3Y	Missouri Adj Gross Income (Subtract Line 2 from Line 1) Yourself	PIC S9(9)	9	Y	
48	3S	Missouri Adj Gross Income (Subtract Line 2 from Line 1) Spouse	PIC S9(9)	9	Y	
49	10	Total Pension Exemption (From Form MO-A, Part 3)	PIC 9(9)	9	N	
50	6	A. Single — \$2,100 (See Box B before checking.)	PIC X(1)	1		X YES
51	6	B. Claimed as a dependent on another person's federal tax return — \$0.00	PIC X(1)	1		X YES
52	6	C. Married filing joint federal & combined Missouri — \$4,200	PIC X(1)	1		X YES
53	6	D. Married filing separate — \$2,100	PIC X(1)	1		X YES
54	6	E. Married filing separate (spouse NOT filing) — \$4,200	PIC X(1)	1		X YES
55	6	F. Head of household — \$3,500	PIC X(1)	1		X YES
56	6	G. Qualifying widow(er) with dependent child — \$3,500	PIC X(1)	1		X YES
57	6	Enter the appropriate exemption amount	PIC 9(9)	9		0,2100,4200,3500
58	7a	Tax from Federal Return	PIC 9(9)	9	N	
59		Carriage return only (blank)	PIC 9(9)	9		
60		Carriage return only (blank)	PIC 9(9)	9		
61	7	Federal tax deduction.	PIC 9(9)	9		Married — 10000, Single — 5000 max
62	8	Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS.	PIC 9(9)	9	N	
63	9a	Number of dependents from Federal Form 1040 or 1040A	PIC 9(2)	2	N	
64	9	Number of dependents from Federal Form 1040 * 1200	PIC 9(9)	9		Dependents * 1200
65		Carriage return only (blank)	PIC 9(2)	2		
66		Carriage return only (blank)	PIC 9(9)	9		

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
67	11	Long-term care insurance deduction	PIC 9(9)	9	N	
68		Carriage return only (blank)	PIC 9(9)	9		
69	12	Total deductions--add Lines 6 through 11	PIC 9(9)	9	N	
70	13	Subtotal — subtract Line 12 from Line 4	PIC 9(9)	9	N	
71		Carriage return only (blank)	PIC 9(9)	9		
72		Carriage return only (blank)	PIC 9(9)	9		
73	16Y	Tax on Line 15 Yourself	PIC 9(9)	9	N	
74	16S	Tax on Line 15 Spouse	PIC 9(9)	9	N	
		Fields 75 through 88 are carriage return only (blank)	PIC 9(9)	9		
89	18	Missouri Tax withheld	PIC 9(9)	9	N	
90	19	2009 Missouri estimated tax payments	PIC 9(9)	9	N	
		Fields 91 through 94 are carriage return only (blank)				
95	20	Property tax credit. Attach Form MO-PTS	PIC 9(9)	9	N	
96	21	Total payments and credits Add Lines 18 through 20.	PIC 9(9)	9	N	
		Fields 97 through 107 are carriage return only (blank)	PIC 9(9)	9	N	
108	22	If line 21 > Line 17, enter difference here.(Amount overpaid.)	PIC 9(9)	9	N	
109	23	Amount of Line 22 to be applied to your 2010 estimated tax	PIC 9(9)	9	N	
110	24a	Children's Trust Fund	PIC 9(9)	9	N	
111	24b	Veterans Trust Fund	PIC 9(9)	9	N	
112	24c	Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9	N	
113	24d	Missouri National Guard Trust Fund	PIC 9(9)	9	N	
114	24e	Workers' Memorial Trust Fund	PIC 9(9)	9	N	
115	24f	Childhood Lead Testing Trust Fund	PIC 9(9)	9	N	
116	24g	Missouri Military Family Relief Fund	PIC 9(9)	9	N	
117	24h	General Revenue Fund	PIC 9(9)	9	N	
118	24i	After School Retreat Trust Fund	PIC 9(9)	9	N	
119	24j1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
120	24j2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
121	24k1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
122	24k2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
123	25	Overpayment to be refunded to you	PIC 9(9)	9	N	
124		Carriage return only (blank)	PIC 9(9)	9		
125		Carriage return only (blank)	PIC 9(9)	9		
126	26	Total Amount Due	PIC 9(9)	9	N	
127	SIGN	I authorize the Director of Revenue to discuss my return and	PIC X(1)	1		X YES
128	SIGN	Daytime Telephone	PIC 9(10)	10		
129	SIGN	FEIN, SSN, PTIN	PIC X(9)	9		
		Fields 130 through 157 are carriage return only (blank)				

		**** Missouri Itemized Deductions ****				
158	1	Total federal itemized deductions from Federal Form 1040, Line 40	PIC 9(9)	9	N	
159	2	2009 (FICA) — yourself — Social security \$ Medicare \$	PIC 9(9)	9	N	
160	3	2009 (FICA) — spouse — Social security \$ Medicare \$	PIC 9(9)	9	N	
161	4	2009 Railroad retirement tax — yourself (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
162	5	2009 Railroad retirement tax — spouse (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
163	6	2009 Self-employment tax	PIC 9(9)	9	N	
164	8	State and local income taxes — See instructions	PIC 9(9)	9	N	
165	9	Earnings taxes included in Line 8	PIC 9(9)	9	N	
166	10	Net state income taxes — (subtract Line 9 from Line 8)	PIC 9(9)	9	N	
		**** MO-A, Section A Public Pension Calculation ****				
167	1	Enter MO Adjusted Gross Income from MO-1040P, Line 4	PIC S9(9)	9	Y	
168	2	Enter taxable social security benefits from Fed form 1040A, Line 14b or federal Form 1040, Line 20b	PIC 9(9)	9	N	can't be 0
169	3	Subtract Line 2 from Line 1	PIC S9(9)	9	Y	
170	4	Enter appropriate filing status amts: MFC-\$100,000; S,HOH,MFS,QW-\$85,000	PIC 9(9)	9	N	
171	5	Subtract Line 4 from Line 3 and enter on Line 5. If Lind 4>Line 3, enter 0	PIC 9(9)	9	N	
172	6Y	Taxable pension from each spouse from public sources from fed Form 1040A, line 12b or fed Form 1040, line 16b	PIC 9(9)	9	N	
173	6S	Taxable pension from each spouse from public sources from fed Form 1040A, line 12b or fed Form 1040, line 16b	PIC 9(9)	9	N	
174	7Y	Multiply Line 6 by 50%	PIC 9(9)	9	N	
175	7S	Multiply Line 6 by 50%	PIC 9(9)	9	N	
176	8Y	If Line 7>\$33,703, enter \$33,703. If <\$33,703, enter amt from Line 7	PIC 9(9)	9	N	
177	8S	If Line 8>\$33,703, enter \$33,703. If <\$33,703, enter amt from Line 7	PIC 9(9)	9	N	
178	9Y	Amount from Line 6 or \$6,000, whichever is less	PIC 9(9)	9	N	
179	9S	Amount from Line 6 or \$6,000, whichever is less	PIC 9(9)	9	N	

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
180	10Y	Amount from Line 8 or Line 9, whichever is greater	PIC 9(9)	9	N	
181	10S	Amount from Line 8 or Line 9, whichever is greater	PIC 9(9)	9	N	
182	11Y	If you received taxable social security and are claiming a social security exemption, complete Lines 1 thru 8 of Part 3 of MO-A, Section C, and enter the amounts from Line 6Y or 6S here	PIC 9(9)	9	N	
183	11S	If you received taxable social security and are claiming a social security exemption, complete Lines 1 thru 8 of Part 3 of MO-A, Section C, and enter the amounts from Line 6Y or 6S here	PIC 9(9)	9	N	
184	12Y	Subtract Line 11 from Line 10. If Line 11>Line 10, enter 0	PIC 9(9)	9	N	
185	12S	Subtract Line 11 from Line 10. If Line 11>Line 10, enter 0	PIC 9(9)	9	N	
186	13	Add amounts on Line 12Y and 12S	PIC 9(9)	9	N	
187	14	Total Pension Exemption — subtract Line 5 from Line 13, enter here	PIC 9(9)	9	N	
**** MO-A, Section B Private Pension Calculation ****						
188	1	Enter Mo Adjusted Gross Income from Form MO-1040P, Line 4	PIC 9S(9)	9	Y	
189	2	Enter taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	PIC 9(9)	9	N	
190	3	Subtract Line 2 from Line 1	PIC 9S(9)	9	Y	
191	4	Enter appropriate filing status amount:MFC-\$32,000, S,HOH,QW,-\$25,000; MFS-\$16,000	PIC 9(9)	9	N	can't be 0
192	5	Subtract Line 4 from Line 3. If Line 4>\$0, enter 0	PIC 9(9)	9	N	
193	6Y	Enter taxable pension amount from private sources(Yourself) from fed Form 1040A, Lines 11b and 12b, or fed Form 1040, Lines 15b and 16b	PIC 9(9)	9	N	
194	6S	Enter taxable pension amount from private sources(Spouse)from fed Form 1040A, Lines 11b and 12b, or fed Form 1040, Lines 15b and 16b	PIC 9(9)	9	N	
195	7Y	Enter amounts from Line 6Y or \$6000, whichever is less	PIC 9(9)	9	N	
196	7S	Enter amounts from Line 6S or \$6000, whichever is less	PIC 9(9)	9	N	
197	8	Add Lines 7Y and 7S	PIC 9(9)	9	N	
198	9	Total Private Pension Exemption-subtract Line 5 from Line 8. If Line 5> Line 8, enter 0	PIC 9(9)	9	N	
**** MO-A, Section C Social Sec or Social Sec Disability Calc****						
199	1	Enter Mo Adjusted Gross Income from Form MO-1040P, Line 4	PIC 9S(9)	9	Y	
200	2	Enter appropriate filing status amount; MFC-\$100,000; S,HOH,QW,MFS-\$85,000	PIC 9(9)	9	N	can't be 0
201	3	Subtract Line 2 from Line 1. If Line 2>Line 1, enter \$0	PIC 9(9)	9	N	
202	4Y	Enter taxable social security benefits(Yourself) from fed Form 1040A, Line 14b or fed Form 1040, Line 20b	PIC 9(9)	9	N	
203	4S	Enter taxable social security benefits(Spouse) from fed Form 1040A, Line 14b or fed Form 1040, Line 20b	PIC 9(9)	9	N	
204	5Y	Enter taxable social security disability benefits(Yourself) from fed Form 1040A, Line 14b or fed Form 1040, Line 20b	PIC 9(9)	9	N	
205	5S	Enter taxable social security disability benefits(Spouse) from fed Form 1040A, Line 14b or fed Form 1040, Line 20b	PIC 9(9)	9	N	
206	6Y	Multiply lines 4 or 5 by 50%(Yourself)	PIC 9(9)	9	N	
207	6S	Multiply lines 4 or 5 by 50%(Spouse)	PIC 9(9)	9	N	
208	7	Add Lines 6Y and 6S	PIC 9(9)	9	N	
209	8	Enter total social security/social security disability-subtract Line 3 from Line 7, if Line 3>Line 7,enter \$0	PIC 9(9)	9	N	
210		Total Pension and Social Security/Social Security Disability Deduction	PIC 9(9)	9	N	
Fields 211 through 244 are carriage return only (blank)						
**** MO-PTS ****						
245	Name	Birthdate (Yourself)	PIC 9(6)	6		MMDDYY (example: 031535) **Total of 6 digits
246	Name	Birthdate (Spouse)	PIC 9(6)	6		MMDDYY (example: 031535) **Total of 6 digits
Note: Name/Address information same as 1040P name/address information.						
247	A	65 years of age or older	PIC X(1)	1		X YES
248	B	100% Disabled Veteran	PIC X(1)	1		X YES
249	C	100% Disabled	PIC X(1)	1		X YES
250	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1		X YES
251	Filing	Single	PIC X(1)	1		X YES
252	Filing	Married — Filing Combined	PIC X(1)	1		X YES
253	Filing	Married — Living Separate for Entire Year	PIC X(1)	1		X YES
254	1	Enter the amount of income from MO-1040, Line 6, or Form MO-1040P, Line 4	PIC S9(9)	9	Y	
255	2	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
256	3	Enter the total amount of pensions, annuities, dividends, or interest income	PIC 9(9)	9	N	
257	4	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
258	5	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
259	6	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
260	7	Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in	PIC 9(9)	9	N	
261	8	Total household income — add Lines 1 through 7	PIC S9(9)	9	Y	
262	9	Enter \$0, \$2000, or \$4000 based on filing and occupancy status	PIC 9(9)	9	N	
263	10A	rented checkbox (line 10 cannot exceed \$27,500)	PIC X(1)	1		X YES
264	10B	owned/occupied entire year checkbox (line 10 cannot exceed \$30,000)	PIC X(1)	1		X YES
265	10	Net household income — (Subtract Line 9 from Line 8.)	PIC S9(9)	9	Y	
266	11	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	
267	12	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
268	13	Total tax and or rent—add Lines 11 and 12 and enter total (max \$750 or \$1100, depending on occupancy)	PIC 9(9)	9	N	
269	14	Property Tax Credit	PIC 9(9)	9	N	
*** Certification of Rent Paid ***						
270	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020109) **Total of 6 digits
271	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123109) **Total of 6 digits
272	6	Enter your gross rent paid.	PIC 9(9)	9	N	
273	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
274	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
275	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
276	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
277	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
278	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household	PIC X(1)	1		X YES
279	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
280	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
281	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
282	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
283	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
284	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
285	9	CRP total (see 20% of line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid ***						
286	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020109) **Total of 6 digits
287	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123109) **Total of 6 digits
288	6	Enter your gross rent paid.	PIC 9(9)	9	N	
289	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
290	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
291	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
292	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
293	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
294	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household	PIC X(1)	1		X YES
295	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
296	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
297	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
298	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
299	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
300	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
301	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid ***						
302	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020109) **Total of 6 digits
303	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123109) **Total of 6 digits
304	6	Enter your gross rent paid.	PIC 9(9)	9	N	
305	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
306	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
307	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
308	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
309	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
310	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household	PIC X(1)	1		X YES
311	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
312	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
313	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
314	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
315	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
316	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
317	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	

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*** Certification of Rent Paid ***						
318	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020109) **Total of 6 digits
319	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123109) **Total of 6 digits
320	6	Enter your gross rent paid.	PIC 9(9)	9	N	
321	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
322	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
323	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
324	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
325	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
326	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household	PIC X(1)	1		X YES
327	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
328	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
329	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
330	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
331	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
332	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
333	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid ***						
334	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020109) **Total of 6 digits
335	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123109) **Total of 6 digits
336	6	Enter your gross rent paid.	PIC 9(9)	9	N	
337	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
338	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
339	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
340	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
341	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
342	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household	PIC X(1)	1		X YES
343	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
344	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
345	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
346	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
347	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
348	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
349	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
MO-L Increase to Standard Deduction for Certain Filers						
350	1	Standard Deduction amount from page 1, line 14	PIC 9(9)	9	N	
351	2	If over 65 and blind, amount from Federal Schedule L, line 5	PIC 9(9)	9	N	
352	3	Amount net disaster loss included in Std Ded, from Fed Sched L, line 6	PIC 9(9)	9	N	
353	4	Amount state and local real estate taxes, from Fed Sched L, line 9	PIC 9(9)	9	N	
354	5	Amount new motor vehicle taxes, from Fed Sched L, Line 20	PIC 9(9)	9	N	
355	6	Total lines 1-5	PIC 9(9)	9	N	

356 *EOD*

END OF DATA 1,629 calculated # characters
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General Information

For blank fields, use a carriage return

School District No., field 26, must contain a 3 digit code. If out-of-state, use 347.

County of Residence, field 25, must contain the four digit county code. If out-of-state, enter NONR.

All alpha characters should be in capital letters (A-Z).

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

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
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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: "MO1040"
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

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.)

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
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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 2800, JEFFERSON CITY, MO 65105-2800.

(*2-D Barcode ONLY-DOR, PO BOX 3385, JEFFERSON CITY, MO 65105-3385)

AMOUNT YOU OWE:

DEPARTMENT OF REVENUE, PO BOX 3395, JEFFERSON CITY, MO 65105-3395