

Missouri Department of Revenue
2-D Barcode File Layout for 2009 MO-PTC

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 (MOPTC) and current tax year				MOPTC/2009
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
		**** MO PTC ****				
		Fields 7 through 9 are carriage return only (blank)				
10	Top	AMENDED RETURN — CHECK HERE	PIC X(1)	1		X YES
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		
		Carriage return only (blank)		4		
		Carriage return only (blank)		3		
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
		Fields 31 through 126 are Carriage return only (blank)				
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 244 are carriage return only (blank)				
245	Name	Birthdate (Yourself)	PIC 9(6)	6		MMDDYY (example: 031539) **Total of 6 digits
246	Name	Birthdate (Spouse)	PIC 9(6)	6		MMDDYY (example: 031539) **Total of 6 digits
		Note: Name/Address information same as 1040 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		Carriage return only (blank)	PIC S9(9)	9	Y	
255	1	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	
256	2	Enter the total amount of pensions, annuities, dividends, or interest income	PIC 9(9)	9	N	
257	3	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
258	4	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
259	5	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
260		Carriage return only (blank)	PIC 9(9)	9	N	
261	6	Total household income — add Lines 1 through 5	PIC S9(9)	9	Y	
262	7	Enter \$0, \$2000, or \$4000 based on filing and occupancy status	PIC 9(9)	9	N	
263	8A	rented checkbox (line 8 cannot exceed \$27,500)	PIC X(1)	1		X YES
264	8B	owned/occupied entire year checkbox (line 8 cannot exceed \$30,000)	PIC X(1)	1		X YES
265	8	Net household income — (Subtract Line 7 from Line 6.)	PIC S9(9)	9	Y	
266	9	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	
267	10	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
268	11	Total tax and or rent—add Lines 9 and 10 and enter total (max \$750 or \$1100, depending on occupancy)	PIC 9(9)	9	N	

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Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
269	12	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	
*** 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

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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	
Fields 350 through 355 are carriage return only (blank)						
356		*EOD*				
			356	Num fields		
			633	calculated # characters		
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 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.						

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Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		(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 "MOPTC"				
		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: "MOPTC" 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.)				
		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.				

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Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		<p>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.</p> <p>DEPARTMENT OF REVENUE, PO BOX 3385, JEFFERSON CITY, MO 65105-3385</p>				
		<p>2-D barcode testing should be complete within two months of releasing the 2-D barcode packet.</p>				