

2020
2D Barcode Specifications for Form MO-1040P

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative 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/2020
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
		*** MO 1040P ***				
7	Top	Carriage return only (blank)				
8	Top	Carriage return only (blank)				
9	Top	Carriage return only (blank)				
10	Top	Carriage return only (blank)				
11	Top	Carriage return only (blank)				
12	Top	Approved Federal Extension -- CHECK HERE	PIC X(1)	1		X YES
13	Top	Vendor Code	PIC 9(4)	4		Software Vendor Code
14	NAME	Your Social Security Number	PIC 9(9)	9		
15	NAME	Spouse's Social Security Number	PIC 9(9)	9		
16	NAME	Your Last Name	PIC X(20)	20		
17	NAME	Your First Name	PIC X(14)	14		
18	NAME	Your Middle Initial	PIC X(1)	1		
19	NAME	Yourself Title (JR,SR,etc)	PIC X(3)	3		Title (JR,SR,etc) (No period after suffix)
20	NAME	Yourself Deceased in 2020	PIC X(1)	1		X YES
21	NAME	Spouse's Last Name	PIC X(20)	20		
22	NAME	Spouse's First Name	PIC X(14)	14		
23	NAME	Spouse's Middle Initial	PIC X(1)	1		
24	NAME	Spouse's Title (JR, SR, etc)	PIC X(3)	3		Spouse's Title (No period after suffix)
25	NAME	Spouse Deceased in 2020	PIC X(1)	1		X YES
26	NAME	In Care of Name	PIC X(30)	30		
27	NAME	County of Residence	PIC X(4)	4		Use 4 character county code
28	NAME	Present Address (include Apt. or Rural Route)	PIC X(35)	35		
29	NAME	City, Town or Post Office	PIC X(23)	23		
30	NAME	State	PIC X(2)	2		
31	NAME	Zip Code	PIC X(9)	9		99999 or 999999999
32	CHKBOX	Age 62 Through 64 Yourself	PIC X(1)	1		X YES
33	CHKBOX	Age 62 Through 64 Spouse	PIC X(1)	1		X YES
34	CHKBOX	Age 65 Yourself	PIC X(1)	1		X YES
35	CHKBOX	Age 65 Spouse	PIC X(1)	1		X YES
36	CHKBOX	Blind Yourself	PIC X(1)	1		X YES
37	CHKBOX	Blind Spouse	PIC X(1)	1		X YES
38	CHKBOX	100% Disabled Yourself	PIC X(1)	1		X YES
39	CHKBOX	100% Disabled Spouse	PIC X(1)	1		X YES
40	CHKBOX	Non-Obligated Spouse Yourself	PIC X(1)	1		X YES
41	CHKBOX	Non-Obligated Spouse Spouse	PIC X(1)	1		X YES
42	1Y	Federal Adjusted Gross Income (Yourself)	PIC S9(9)	9	Y	
43	1S	Federal Adjusted Gross Income (Spouse)	PIC S9(9)	9	Y	
44		Carriage return only (blank)				
45		Carriage return only (blank)				
46	2Y	Any state income tax refund (yourself)	PIC 9(9)	9	N	
47	2S	Any state income tax refund (spouse)	PIC 9(9)	9	N	
48	3Y	Missouri Adj Gross Income (Subtract Line 2 from Line 1) Yourself	PIC S9(9)	9	Y	
49	3S	Missouri Adj Gross Income (Subtract Line 2 from Line 1) Spouse	PIC S9(9)	9	Y	
50	8	Total Pension Exemption (From Form MO-A, Part 3)	PIC 9(9)	9	N	
51	CHKBOX	Single	PIC X(1)	1		X YES
52	CHKBOX	Claimed as a dependent on another person's federal tax return	PIC X(1)	1		X YES
53	CHKBOX	Married filing joint federal & combined Missouri	PIC X(1)	1		X YES
54	CHKBOX	Married filing separate	PIC X(1)	1		X YES
55	CHKBOX	Head of household	PIC X(1)	1		X YES
56	CHKBOX	Qualifying widow(er)	PIC X(1)	1		X YES
57	6a	Tax from Federal Return	PIC 9(9)	9	N	
58		Carriage return only (blank)				
59		Carriage return only (blank)				
60	6b	Total Federal Tax percentage	PIC 9(2)	2	N	35 for 35%, 25 for 25%, 15 for 15%, 5 for 5%, 0 for 0%. 35 is max.
61	6c	Federal tax deduction.	PIC 9(9)	9		Married — 10000, Single — 5000 max
62	7	Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS.	PIC 9(9)	9	N	
63	9	Long-term care insurance deduction	PIC 9(9)	9	N	
64		Carriage return only (blank)				
65		Carriage return only (blank)				
66		Carriage return only (blank)				
67		Carriage return only (blank)				
68		Carriage return only (blank)				
69		Carriage return only (blank)				
70		Carriage return only (blank)				
71		Carriage return only (blank)				
72	10	Total deductions--add Lines 6 through 9	PIC 9(9)	9	N	
73	11	Subtotal -- subtract Line 10 from Line 4	PIC 9(9)	9	N	
74		Carriage return only (blank)				
75		Carriage return only (blank)				
76	13Y	Tax on Line 12 Yourself	PIC 9(9)	9	N	
77	13S	Tax on Line 12 Spouse	PIC 9(9)	9	N	
		Fields 78 through 89 are carriage return only (blank)				
90	15	Missouri Tax withheld	PIC 9(9)	9	N	
91	16	2020 Missouri estimated tax payments	PIC 9(9)	9	N	
		Fields 92 through 95 are carriage return only (blank)				
96	17	Property tax credit. Attach Form MO-PTS	PIC 9(9)	9	N	
97	18	Total payments and credits Add Lines 15 through 17.	PIC 9(9)	9	N	
		Fields 98 through 108 are carriage return only (blank)				
109	19	If line 18 > Line 14, enter difference here. (Amount overpaid.)	PIC 9(9)	9	N	
110	20	Amount of Line 23 to be applied to your 2021 estimated tax	PIC 9(9)	9	N	
111	21a	Children's Trust Fund	PIC 9(9)	9	N	
112	21b	Veterans Trust Fund	PIC 9(9)	9	N	
113	21c	Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9	N	
114	21d	Missouri National Guard Trust Fund	PIC 9(9)	9	N	
115	21e	Workers' Memorial Trust Fund	PIC 9(9)	9	N	
116	21f	Childhood Lead Testing Trust Fund	PIC 9(9)	9	N	
117	21g	Missouri Military Family Relief Fund	PIC 9(9)	9	N	
118	21h	General Revenue Fund	PIC 9(9)	9	N	
119	21i	Organ Donor Trust Fund	PIC 9(9)	9	N	
120	21j	Kansas City Regional Law Enforcement Memorial Foundation Fund	PIC 9(9)	9	N	
121	21k	Soldiers Memorial Military Museum in St. Louis Fund	PIC 9(9)	9	N	
122	211	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
123	212	Trust Fund Dollar Amount	PIC 9(9)	9	N	
124	21m1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
125	21m2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
126	22	MOST direct deposit from Form 5632	PIC 9(9)	9	N	
127	23	Overpayment to be refunded to you	PIC 9(9)	9	N	
128		Carriage return only (blank)				
129		Carriage return only (blank)				
130	24	Total Amount Due	PIC 9(9)	9	N	
131	SIGN	I authorize the Director of Revenue to discuss my return	PIC X(1)	1		X YES
132	SIGN	Did you pay a tax return preparer to complete return, but they failed or	PIC X(1)	1		REQUIRED - X YES, YES OR NO must be checked on return
133	SIGN	Electronic Signature	PIC X(1)	1		X If electronic signature is present for taxpayer on single filer return or taxpayer and spouse on combined filing return
134	SIGN	Daytime Telephone	PIC 9(10)	10		
135	SIGN	FEIN, SSN, PTIN	PIC X(9)	9		
136	E10	E10 Checkbox	PIC X(1)	1		X YES if Code Field 12 - Approved Fed Extension is Checked YES

2020
2D Barcode Specifications for Form MO-1040P

		Fields 137 through 185 are carriage return only (blank)				
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2020
2D Barcode Specifications for Form MO-1040P

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
		**** Missouri Itemized Deductions ****				
186	1	Total federal itemized deductions from Federal Form 1040 or 1040-SR, Line 12	PIC 9(9)	9	N	
187	2	2020 (FICA) — yourself — Social security \$ Medicare \$	PIC 9(9)	9	N	
188	3	2020 (FICA) — spouse — Social security \$ Medicare \$	PIC 9(9)	9	N	
189	4	2020 Railroad retirement tax — yourself (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
190	5	2020 Railroad retirement tax — spouse (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
191	6	2020 Medicare Tax - yourself and spouse	PIC 9(9)	9	N	
192	7	2020 Self-employment tax	PIC 9(9)	9	N	
193	9	State and local income taxes — See instructions	PIC 9(9)	9	N	
194	10	Earnings taxes included in Line 9	PIC 9(9)	9	N	
195	11	Net state income taxes	PIC 9(9)	9	N	
		**** MO-A, Section A Public Pension Calculation ****				
196	1	Enter MO Adjusted Gross Income from MO-1040P, Line 4	PIC S9(9)	9	Y	
197	2	Taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b	PIC 9(9)	9	N	can't be 0
198	3	Subtract Line 2 from Line 1	PIC S9(9)	9	Y	
199	4	Enter appropriate filing status amts: MFC-\$100,000; S.HOH,MFS,QW-\$85,000	PIC 9(9)	9	N	
200	5	Subtract Line 4 from Line 3 and enter on Line 5. If Line 4>Line 3, enter 0	PIC 9(9)	9	N	
201	6Y	Taxable pension for each spouse from public sources from Federal Form 1040 or 1040-SR, Line 5b	PIC 9(9)	9	N	
202	6S	Taxable pension for each spouse from public sources from Federal Form 1040 or 1040-SR, Line 5b	PIC 9(9)	9	N	
203	7Y	If Line 6 > \$39,014, enter \$39,014. If <\$39,014, enter amt from Line 6	PIC 9(9)	9	N	
204	7S	If Line 6 > \$39,014, enter \$39,014. If <\$39,014, enter amt from Line 6	PIC 9(9)	9	N	
205	8Y	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 amount from Line 6Y here.	PIC 9(9)	9	N	
206	8S	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 amount from Line 6S here.	PIC 9(9)	9	N	
207	9Y	Subtract Line 8 from Line 7. If Line 8>Line 7, enter \$0	PIC 9(9)	9	N	
208	9S	Subtract Line 8 from Line 7. If Line 8>Line 7, enter \$0	PIC 9(9)	9	N	
209	10	Add amounts on Line 9Y and 9S	PIC 9(9)	9	N	
210	11	Total Pension Exemption — subtract Line 5 from Line 10, enter here	PIC 9(9)	9	N	
		**** MO-A, Section B Private Pension Calculation ****				
211	1	Enter Mo Adjusted Gross Income from Form MO-1040P, Line 4	PIC 9S(9)	9	Y	
212	2	Enter taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b	PIC 9(9)	9	N	
213	3	Subtract Line 2 from Line 1	PIC 9S(9)	9	Y	
214	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
215	5	Subtract Line 4 from Line 3. If Line 4>\$0, enter 0	PIC 9(9)	9	N	
216	6Y	Taxable pension amount from private sources from Federal Form 1040 or 1040-SR, Line 4b and 5b (Yourself)	PIC 9(9)	9	N	
217	6S	Taxable pension amount from private sources from Federal Form 1040 or 1040-SR, Line 4b and 5b (Spouse)	PIC 9(9)	9	N	
218	7Y	Enter amounts from Line 6Y or \$6000, whichever is less	PIC 9(9)	9	N	
219	7S	Enter amounts from Line 6S or \$6000, whichever is less	PIC 9(9)	9	N	
220	8	Add Lines 7Y and 7S	PIC 9(9)	9	N	
221	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****				
222	1	Enter Mo Adjusted Gross Income from Form MO-1040P, Line 4	PIC 9S(9)	9	Y	
223	2	Enter appropriate filing status amount: MFC-\$100,000; S.HOH,QW,MFS-\$85,000	PIC 9(9)	9	N	can't be 0
224	3	Subtract Line 2 from Line 1. If Line 2>Line 1, enter \$0	PIC 9(9)	9	N	
225	4Y	Enter taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b (Yourself)	PIC 9(9)	9	N	
226	4S	Enter taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b (Spouse)	PIC 9(9)	9	N	
227	5Y	Enter taxable social security disability benefits from Federal Form 1040 or 1040-SR, Line 6b (Yourself)	PIC 9(9)	9	N	
228	5S	Enter taxable social security disability benefits from Federal Form 1040 or 1040-SR, Line 6b (Spouse)	PIC 9(9)	9	N	
229	6Y	Amount from Line(s) 4Y and/or 5Y	PIC 9(9)	9	N	
230	6S	Amount from Line(s) 4S and/or 5S	PIC 9(9)	9	N	
231	7	Add Lines 6Y and 6S	PIC 9(9)	9	N	
232	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	
		MO-A, Part 3, Section D, Military Pension Calculation				
233	1	Military ret benefits from Federal Form 1040 or 1040-SR, Line 5b	PIC 9(9)	9	N	
234	2	Taxable pub pension from Federal Form 1040 or 1040-SR, Line 5b	PIC 9(9)	9	N	
235	3	Divide Line 1 by Line 2	PIC 9(3)	3	N	
236	4	Multiply Line 3 by Line 11 of Sec. A. If not Claim pub pension, enter 0	PIC 9(9)	9	N	
237	5	Total Military Pension. Subtract Line 4 from Line 1	PIC 9(9)	9	N	
		MO-A, Part 3, Section E, Total Pension and Soc Sec/Soc Sec Disab				
238		Total Pension and Social Security/Social Security Disability Deduction	PIC 9(9)	9	N	

Fields 239 through 322 are carriage return only (blank)

		**** MO-PTS ****				
323	Name	Birthdate (Yourself)	PIC 9(8)	8		MMDDYYYY (example: 03151937) **Total of 8 digits
324	Name	Birthdate (Spouse)	PIC 9(8)	8		MMDDYYYY (example: 03151937) **Total of 8 digits
		Note: Name/Address information same as 1040P name/address information.				
325	A	65 years of age or older	PIC X(1)	1		X YES
326	B	100% Disabled Veteran	PIC X(1)	1		X YES
327	C	100% Disabled	PIC X(1)	1		X YES
328	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1		X YES
329	Filing	Single	PIC X(1)	1		X YES
330	Filing	Married — Filing Combined	PIC X(1)	1		X YES
331	Filing	Married — Living Separate for Entire Year	PIC X(1)	1		X YES
332	1	Enter the amount of income from MO-1040, Line 6, or Form MO-1040P, Line 4	PIC S9(9)	9	Y	
333	2	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	
334	3	Enter the total amount of pensions, annuities, dividends, or interest income	PIC 9(9)	9	N	
335	4	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
336	5	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
337	6	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
338	7	Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household	PIC 9(9)	9	N	
339	8	Total household income — add Lines 1 through 7	PIC S9(9)	9	Y	
340	9	Enter \$0, \$2000, or \$4000 based on filing and occupancy status	PIC 9(9)	9	N	
341	10	Net household income — (Subtract Line 9 from Line 8.)	PIC S9(9)	9	Y	
342	11	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	

2020
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Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
343	12	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
344	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	
345	14	Property Tax Credit	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 1						
346	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01212019) **Total of 8 digits
347	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312019) **Total of 8 digits
348	6	Enter your gross rent paid.	PIC 9(9)	9	N	
349	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
350	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
351	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
352	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
353	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
354	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
355	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
356	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
357	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
358	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
359	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.
360	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
361	9	CRP total (see 20% of line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 2						
362	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01212019) **Total of 8 digits
363	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312019) **Total of 8 digits
364	6	Enter your gross rent paid.	PIC 9(9)	9	N	
365	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
366	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
367	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
368	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
369	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
370	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
371	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
372	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
373	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
374	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
375	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.
376	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
377	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 3						
378	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01212019) **Total of 8 digits
379	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312019) **Total of 8 digits
380	6	Enter your gross rent paid.	PIC 9(9)	9	N	
381	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
382	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
383	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
384	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
385	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
386	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
387	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
388	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
389	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
390	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
391	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.
392	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
393	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 4						
394	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01212019) **Total of 8 digits
395	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312019) **Total of 8 digits
396	6	Enter your gross rent paid.	PIC 9(9)	9	N	
397	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
398	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
399	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
400	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
401	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
402	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
403	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
404	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
405	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
406	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
407	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.
408	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
409	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 5						
410	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01212019) **Total of 8 digits
411	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312019) **Total of 8 digits
412	6	Enter your gross rent paid.	PIC 9(9)	9	N	
413	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
414	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
415	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
416	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
417	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
418	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
419	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
420	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
421	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
422	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
423	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.
424	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
425	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
Direct Deposit						
426		Account Type	PIC X(1)	1		Must be "C" for checking, "S" for savings, or blank
427		Routing Number	PIC 9(9)	9	N	
428		Account Number	PIC 17(17)	17	N	
MO-5632						
429	A	MOST Account Number	PIC 9(11)	11		
430	A	Deposit Amount	PIC 9(9)	9	N	
431	B	MOST Account Number	PIC 9(11)	11		
432	B	Deposit Amount	PIC 9(9)	9	N	
433	C	MOST Account Number	PIC 9(11)	11		
434	C	Deposit Amount	PIC 9(9)	9	N	
435	D	MOST Account Number	PIC 9(11)	11		
436	D	Deposit Amount	PIC 9(9)	9	N	
437		*EOD*		END OF DATA		
				1,589 calculated # characters		

2020
2D Barcode Specifications for Form MO-1040P

General Information

For blank fields, use a carriage return

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-1040P 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 Service's official state abbreviations. For Missouri, use MO1040P.

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: "MO1040P"

Specification Version: "0"

Software/Form Version: "1.0"

Raw Header

T1<CR>9999<CR>MO<CR>MO1040P<CR>0<CR>1.0<CR>

End of Data

"EOD" must be printed in Field 437

Trust Funds

TRUST FUND CODES for Form MO-1040P, Lines 21l and 21m

01 American Cancer Society

02 American Diabetes Association

03 American Heart Association

05 Amyotrophic Lateral Sclerosis (ALS—Lou Gehrig's Disease)

07 Muscular Dystrophy Association

08 March of Dimes

09 Arthritis Foundation Fund

10 National Multiple Sclerosis Society Fund

14 Foster Care and Adoptive Parents Recruitment and Retention Fund

18 Pediatric Cancer Research Trust Fund

19 Missouri National Guard Trust Fund

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 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.

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