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Form MO-SHC 2023 Self-Employed Health Insurance Tax Cred	Department Use Only (MM/DD/YY)	
		3320010001
ocial Security Number		
axpayer Name		
Qualifications and In	structions	
f you are a self-employed individual and were not able to deduct all of your you may be eligible for a tax credit equal to the portion of your federal tax lial your federal adjusted gross income. To qualify for this credit your tax liability must	pility incurred due to the inclusion	of your health care premiums ir
ax Liability Limitation - Do I qualify? dd the amount from Form MO-1040, Lines 33 plus 31 and any lump sum distribut	ion on Line 34 and enter here.	. 00
s this amount equal to or greater than \$3,000.00?		
No - Continue to short or regular method to calculate your Self-employed Hea	alth Insurance Tax Credit.	
Yes - STOP. You do not qualify for the Self-employed Health Insurance Tax C	credit.	
Self-employed individuals with itemized deductions are limited on their federal re established by the Internal Revenue Service should use the Regular Method. If y and paid health insurance premiums, each spouse must file a separate Form MC ederal and Missouri return lines referenced below.	ou are filing a combined return, and D-SHC and only include their portion	both spouses were self-employed
4 Federal tayable income from Federal Form 1040 or Federal Form 1040 SP 1	ing 15	1
1. Federal taxable income from Federal Form 1040 or Federal Form 1040-SR, L		
 Amount you paid for health insurance premiums which were included in federa (Do not include health insurance premiums paid by your spouse.) 	al adjusted gross income	2
3. Subtract Line 2 from Line 1		3
4. Calculate an adjusted federal tax by comparing the amount on Line 3 with the	federal tax tables	4
5. Federal income tax from your Federal Form 1040 or Federal Form 1040-SR, I	_ine 16	5
6. Subtract Line 4 from Line 5.		6
7. Missouri Tax from Form MO-1040 Line 35.		7
8. Enter the smaller amount of line 6 or 7. This is your self-employed health insurance		8
Regular Meth	oa	
1. Federal adjusted gross income from Federal Form 1040 or Federal Form 104	D-SR, Line 11	1
2. The amount you paid for health insurance premiums which were included in y	our federal adjusted gross income	2
(Do not include health insurance premiums paid by your spouse.)3. Subtract Line 2 from Line 1. This is your revised federal adjusted gross incon		3

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4. Enter your standard or itemized deductions.	4	. 00
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	Regular Method (Continued From Page 1)				
5.	Subtract Line 4 from Line 3.	5	. 00		
6.	Calculate an adjusted federal tax by computing the amount on Line 5 with the federal tax tables. Enter the adjusted amount here	6	. 00		
7.	If you paid an alternative minimum tax, use the revised federal adjusted gross income from Line 4 on this worksheet to recalculate the tax calculated on Form 6251, and enter the revised amount	7	. 00		
8.	Missouri Tax from Form MO-1040 Line 35	8	. 00		
9.	If you reduced your tax by any of the credits listed on Federal Schedule 3, use the revised federal adjusted gross income from Line 3 on this worksheet to recalculate each of the credits to which you are eligible, and enter the total of all the credit amounts.	9	. 00		
10.	Subtract Line 9 from Line 8	10	. 00		
11.	Total other taxes from Federal Schedule 2	11	. 00		
12.	Add Lines 10 and 11. This is your revised federal tax liability	12	. 00		
13.	Federal income tax from Federal Form 1040 or Federal Form 1040-SR, Line 16	13	. 00		
14.	Subtract Line 12 from Line 13	14	. 00		
15.	Missouri tax from Form MO-1040 Line 35	15	. 00		
16.	Enter the smaller amount of Line 14 or 15. This is your self-employed health insurance tax credit. Report on Form MO-TC.	16	. 00		

ture	I am aware of any applicable reporting requirements of Section 135.805 RSMo and the penalty provisions of Section 135.810 RSMo. Taxpayer's Signature Printed Name Date (MM/DD/YYYY)		
igna	Taxpayer's Signature	Printed Name	Date (MM/DD/YYYY)
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This form, pages one and two of Federal Form 1040, or Federal Form 1040-SR and Federal Schedule C, if applicable, must be attached to the Miscellaneous Income Tax Credits (Form MO-TC) along with your tax return.

Mail to: **Taxation Division** P.O. Box 27 Jefferson City, MO 65105-0027

(573) 751-3220

(573) 522-8619

(800) 735-2966

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Phone:

Fax:

TTY:

E-mail: taxcredit@dor.mo.gov

Form MO-SHC (Revised 12-2023)

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.

Ever served on active duty in the United States Armed Forces? If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

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