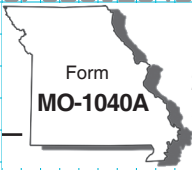


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MISSOURI DEPARTMENT OF REVENUE

2023 Individual Income Tax Return Single/Married (One Income)

Print in BLACK ink only and DO NOT STAPLE. For Privacy Notice, see Instructions.

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868). Department of Social Services Application of Eligibility form attached.

Vendor Code 006 Department Use Only

Filing Status: Single, Claimed as a Dependent, Married Filing Combined, Married Filing Separately, Head of Household, Qualifying Widow(er)

Select the appropriate boxes that apply. Age 65 or Older, Blind, 100% Disabled, Non-Obligated Spouse

Social Security Number, Deceased in 2023, Spouse's Social Security Number, Deceased in 2023

Name: First Name, M.I., Last Name, Suffix, Spouse's First Name, M.I., Spouse's Last Name, Suffix

In Care Of Name (Attorney, Executor, Personal Representative, etc.) Attach form if applicable.

Address: Present Address (Include Apartment Number or Rural Route), City, Town, or Post Office, State, ZIP Code, County of Residence

You may contribute to any one or all of the trust funds on Line 16. See instructions for more trust fund information.

Grid of 12 trust fund icons: Medal of Honor Fund, Children's Trust Fund, Veterans Trust Fund, Elderly Home Delivered Meals Trust Fund, Missouri National Guard Trust Fund, Workers' Memorial Fund, Childhood Lead Testing Fund, Missouri Military Family Relief Fund, General Revenue Fund, Organ Donor Program Fund, Kansas City Regional Law Enforcement Memorial Foundation Fund, Soldiers Memorial Military Museum in St. Louis Fund

Barcode and number 23334010006

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Income

- 1. Federal adjusted gross income from federal return (see page 6 of the instructions) 1 [] .00
- 2. Any state income tax refund included in federal adjusted gross income 2 [] .00
- 3. Total Missouri adjusted gross income 3 [] .00

Deductions

- 4a. Tax from federal return. Do not enter federal income tax withheld. 4a [] .00
- 4b. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 3. Use the chart below to find your percentage. 4b [] %

Missouri Adjusted Gross Income Range, Line 3: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000.....	25%
\$50,001 to \$100,000.....	15%
\$100,001 to \$125,000.....	5%
\$125,001 or more	0%

- 4c. Federal income tax deduction – Multiply Line 4a by the percentage on Line 4b. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. 4c [] .00
- 5. Missouri standard deduction or itemized deductions.
 - Single or Married Filing Separate - \$13,850
 - Head of Household - \$20,800
 - Married Filing Combined or Qualifying Widow(er) - \$27,700
 If age 65 or older, blind, or claimed as a dependent, see federal return or page 6.
 If itemizing, see page 14 5 [] .00

Tax

- 6. Additional Exemption for Head of Household and Qualifying Widow(er) 6 [] .00
- 7. Long-term care insurance deduction 7 [] .00
- 8. Total Deductions - Add Lines 4c through 7 8 [] .00
- 9. Missouri Taxable Income - Subtract Line 8 from Line 3 9 [] .00
- 10. Tax - Use the tax chart on page 10 to figure the tax 10 [] .00
- 11. Missouri tax withheld from Form(s) W-2 and 1099. Attach copies of Form(s) W-2 and 1099 11 [] .00
- 12. Missouri estimated tax payments made for 2023. Include overpayment from 2022 applied to 2023. 12 [] .00
- 13. Total Payments - Add Lines 11 and 12 13 [] .00

Refund

- 14. If Line 13 is more than Line 10, enter the difference. This is your overpayment. If Line 13 is less than Line 10, skip to Line 19. 14 [] .00
- 15. Amount from Line 14 that you want applied to your 2024 estimated tax 15 [] .00

- 16. Enter the amount of your donation in the trust fund boxes below (see instructions for trust fund codes.)

16a. Children's Trust Fund [] .00	16b. Veterans Trust Fund [] .00	16c. Elderly Home Delivered Meals Trust Fund [] .00	16d. Missouri National Guard Trust Fund [] .00
16e. Workers' Memorial Fund [] .00	16f. Childhood Lead Testing Fund [] .00	16g. Missouri Military Family Relief Fund [] .00	16h. General Revenue Fund [] .00

Kansas City
Regional Law
Enforcement
Memorial
Foundation Fund

Soldiers
Memorial
Military
Museum in
St. Louis Fund

16i. Organ Donor Program Fund [] .00 16j. [] .00 16k. [] .00 16l. Medal of Honor [] .00

16m. Additional Fund Code [] Additional Fund Amount [] .00 16n. Additional Fund Code [] Additional Fund Amount [] .00

Refund (continued)

Total Donation - Add amounts from Boxes 16a through 16n and enter here [16] [] .00

17. Amount from Line 14 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter amount from Line E of Form 5632. [17] [] .00

18. REFUND - Subtract Lines 15, 16, and 17 from Line 14 and enter here. [18] [] .00

a. Routing Number [] c. Checking Savings
b. Account Number []

Amount Due

19. AMOUNT DUE - If Line 13 is less than Line 10, enter the difference here [19] [] .00

If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in Chapter 143, RSMo., a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature [] Date (MM/DD/YY) [] [] []
Spouse's Signature (If filing combined, BOTH must sign) [] Date (MM/DD/YY) [] [] []
E-mail Address [] Daytime Telephone []
Preparer's Signature [] Date (MM/DD/YY) [] [] []
Preparer's FEIN, SSN, or PTIN [] Preparer's Telephone []
Preparer's Address [] State [] ZIP Code []

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No

Department Use Only

A FA E10 DE F [] []



01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66

- Complete this section only if you itemized deductions on your federal return (see the information on pages 6, 8 and 9).
- Attach a copy of your Federal Form 1040 or 1040-SR (pages 1 and 2) and Federal Schedule A.
- If you are subject to "additional Medicare tax", attach a copy of Federal Form 8959.

Missouri Itemized Deductions

1.	Total federal itemized deductions (from Federal Form 1040 or 1040-SR, Line 12)	1		.00
2.	2023 Social security tax	2		.00
3.	2023 Railroad retirement tax (Tier I and Tier II)	3		.00
4.	2023 Medicare tax (see instructions on page 8 and 9)	4		.00
5.	2023 Self-employment tax (see instructions on page 9)	5		.00
6.	Total - Add Lines 1 through 5	6		.00
7.	State and local income taxes from Federal Schedule A, Line 5a or Enter \$0 if completing the worksheet below	7		.00
8.	Earnings taxes included in Line 7 (see instructions on page 9)	8		.00
9.	Net state income taxes - Subtract Line 8 from Line 7 or enter Line 7 from worksheet below	9		.00
10.	Missouri Itemized Deductions - Subtract Line 9 from Line 6. Enter here and on Form MO-1040A, Line 5.	10		.00

Note: If Line 10 is less than your federal standard deduction, see information on page 6.

Complete this worksheet only if your total state and local taxes included in your federal itemized deductions (Federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate taxpayers).

Worksheet for Net State Income tax, Line 9 of Missouri Itemized Deductions

1.	Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d	1		.00
2.	State and local income taxes from Federal Form 1040 or 1040-SR, Schedule A, Line 5a	2		.00
3.	Earnings taxes included on Federal Form 1040 or 1040-SR, Schedule A, Line 5a	3		.00
4.	Subtract Line 3 from Line 2	4		.00
5.	Divide Line 4 by Line 1	5		%
6.	Enter \$10,000 (\$5,000 if married filing separately)	6		.00
7.	Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 9, above	7		.00



23334040006

Form MO-1040A (Revised 12-2023)

Mail to: Missouri Department of Revenue, P.O. Box 3370, Jefferson City, MO 65105-3370
Balance Due: Missouri Department of Revenue, P.O. Box 3370, Jefferson City, MO 65105-3370
Refund or No Amount Due: Missouri Department of Revenue, P.O. Box 3222, Jefferson City, MO 65105-3222
Fax: (573) 522-1762
Email: incometaxprocessing@dor.mo.gov
Submission of Individual Income Tax returns
Email: income@dor.mo.gov
Inquiry and correspondence

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