



MISSOURI DEPARTMENT OF REVENUE
**ESTIMATED TAX DECLARATION
FOR INDIVIDUALS**

2009
FORM
MO-1040ES

YOUR NAME (LAST, FIRST, INITIAL)
SPOUSE'S NAME (LAST, FIRST, INITIAL)
IN CARE OF NAME
ADDRESS (NUMBER AND STREET)
CITY, STATE, ZIP CODE
RETURN THIS FORM WITH CHECK OR MONEY ORDER PAYABLE TO: MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 555, JEFFERSON CITY, MO 65105-0555

MO 860-1858 (06-2009)

1. Primary Social Security Number .. *

--	--	--	--	--	--	--	--	--	--

3. Secondary Social Security Number .. *

--	--	--	--	--	--	--	--	--	--

4. Amount of this Installment (U.S. funds only) .. \$

										.	0	0
--	--	--	--	--	--	--	--	--	--	---	---	---

2. First four letters of last name *

--	--	--	--

DOR USE ONLY

										.	
--	--	--	--	--	--	--	--	--	--	---	--

--	--	--	--	--	--	--	--	--	--

3rd QTR
(Calendar year—due
September 15, 2009)

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



MISSOURI DEPARTMENT OF REVENUE
**ESTIMATED TAX DECLARATION
FOR INDIVIDUALS**

2009
FORM
MO-1040ES

YOUR NAME (LAST, FIRST, INITIAL)
SPOUSE'S NAME (LAST, FIRST, INITIAL)
IN CARE OF NAME
ADDRESS (NUMBER AND STREET)
CITY, STATE, ZIP CODE
RETURN THIS FORM WITH CHECK OR MONEY ORDER PAYABLE TO: MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 555, JEFFERSON CITY, MO 65105-0555

MO 860-1858 (06-2009)

1. Primary Social Security Number .. *

--	--	--	--	--	--	--	--	--	--

3. Secondary Social Security Number .. *

--	--	--	--	--	--	--	--	--	--

4. Amount of this Installment (U.S. funds only) .. \$

										.	0	0
--	--	--	--	--	--	--	--	--	--	---	---	---

2. First four letters of last name *

--	--	--	--

DOR USE ONLY

										.	
--	--	--	--	--	--	--	--	--	--	---	--

--	--	--	--	--	--	--	--	--	--

4th QTR
(Calendar year—due
January 15, 2010)

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