

2016
2D Barcode Specifications for Form MO-1040

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
Important note for 2016 - if field 10 (Amended return) is checked, there must be information in fields 97-105.						
		*** 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 (MO1040) and current tax year				MO1040/2016
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
*** MO 1040 ***						
7	Top	Fiscal Year Beginning (Month)	PIC 9(2)	2		01 to 12 (Must be two digits)
8	Top	Fiscal Year Ending (Month)	PIC 9(2)	2		01 to 12 (Must be two digits)
9	Top	Year	PIC 9(4)	4		Tax Year
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 2016	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 2016	PIC X(1)	1		X YES
24	NAME	In Care of Name	PIC X(30)	30		
25	NAME	County of Residence	PIC X(4)	4		Use 4 character county code
26	NAME	Present Address (include Apt. or Rural Route)	PIC X(35)	35		
27	NAME	City, Town or Post Office	PIC X(23)	23		
28	NAME	State	PIC X(2)	2		
29	NAME	Zip Code	PIC X(9)	9		99999 or 999999999
30	CHKBOX	Age 62 Through 64 Yourself	PIC X(1)	1		X YES
31	CHKBOX	Age 62 Through 64 Spouse	PIC X(1)	1		X YES
32	CHKBOX	Age 65 or Older Yourself	PIC X(1)	1		X YES
33	CHKBOX	Age 65 or Older Spouse	PIC X(1)	1		X YES
34	CHKBOX	Blind Yourself	PIC X(1)	1		X YES
35	CHKBOX	Blind Spouse	PIC X(1)	1		X YES
36	CHKBOX	100% Disabled Yourself	PIC X(1)	1		X YES
37	CHKBOX	100% Disabled Spouse	PIC X(1)	1		X YES
38	CHKBOX	Non-Obligated Spouse Yourself	PIC X(1)	1		X YES
39	CHKBOX	Non-Obligated Spouse Spouse	PIC X(1)	1		X YES
40	1Y	Federal Adjusted Gross Income (Yourself)	PIC S9(9)	9	Y	
41	1S	Federal Adjusted Gross Income (Spouse)	PIC S9(9)	9	Y	
42	2Y	Total Additions (from Form MO-A, Part 1, Line 6) Yourself	PIC 9(9)	9	N	
43	2S	Total Additions (from Form MO-A, Part 1, Line 6) Spouse	PIC 9(9)	9	N	
44	4Y	Total Subtractions (From Form MO-A, Part 1, Line 14) Yourself	PIC 9(9)	9	N	
45	4S	Total Subtractions (From Form MO-A, Part 1, Line 14) Spouse	PIC 9(9)	9	N	
46	5Y	Missouri Adj Gross Income (Subtract Line 4 from Line 3) Yourself	PIC S9(9)	9	Y	
47	5S	Missouri Adj Gross Income (Subtract Line 4 from Line 3) Spouse	PIC S9(9)	9	Y	
48	8	Pension Exemption (From Form MO-A, Part 3)	PIC 9(9)	9	N	
49	9	A. Single — \$2,100 (See Box B before checking.)	PIC X(1)	1		X YES
50	9	B. Claimed as a dependent on another person's federal tax return — \$0.00	PIC X(1)	1		X YES
51	9	C. Married filing joint federal & combined Missouri — \$4,200	PIC X(1)	1		X YES
52	9	D. Married filing separate — \$2,100	PIC X(1)	1		X YES
53	9	E. Married filing separate (spouse NOT filing) — \$4,200	PIC X(1)	1		X YES
54	9	F. Head of household — \$3,500	PIC X(1)	1		X YES
55	9	G. Qualifying widow(er) with dependent child — \$3,500	PIC X(1)	1		X YES
56	9	Enter the appropriate exemption amount	PIC 9(9)	9		0,2100,4200,3500
57	10	Tax from Federal Return	PIC 9(9)	9	N	
58	11	Other Tax from federal return. Attach copy of your federal return (pages 1 & 2).	PIC 9(9)	9	N	
59	12	Total Tax from federal return. Add lines 10 and 11.	PIC 9(9)	9	N	
60	13	Federal tax deduction.	PIC 9(9)	9		Married — 10000, Single — 5000 max
61	14	Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS.	PIC 9(9)	9	N	
62	15	Stillborn indicator	PIC X(1)	1		X YES
63	15	Number of dependents from Federal Form 1040, Line 6c	PIC 9(2)	2	N	
64	15	Number of dependents from Federal Form 1040 * 1200	PIC 9(9)	9		Dependents * 1200
65	16	Number of dependents on Line 15 who are 65 years of age or older and	PIC 9(2)	2	N	
66	16	Number of dependents on Line 15 who are 65 years of age * 1000	PIC 9(9)	9		Over 65 Dependents * 1000
67	17	Long-term care insurance deduction	PIC 9(9)	9	N	
68	18	Health care sharing ministry deduction	PIC 9(9)	9	N	
69	19	Military income deduction	PIC 9(9)	9	N	
70	20	Bring jobs home deduction	PIC 9(9)	9	N	
71	21	Total deductions--add Lines 8,9,13,14,15,16,17,18,19 and 20	PIC 9(9)	9	N	
72	22	Subtotal — subtract Line 21 from Line 6	PIC 9(9)	9	N	
73	24Y	Enterprise zone or rural empowerment zone income modification. Yourself	PIC 9(9)	9	N	
74	24S	Enterprise zone or rural empowerment zone income modification. Spouse	PIC 9(9)	9	N	
75	27Y	Tax on Line 26 Yourself	PIC 9(9)	9	N	
76	27S	Tax on Line 26 Spouse	PIC 9(9)	9	N	
77	28Y	Resident Credit (Yourself)	PIC 9(9)	9	N	
78	28S	Resident Credit (Spouse)	PIC 9(9)	9	N	
79	29Y	MO income percentage (Yourself)	PIC 9(4)	4		100 for 100%, 67 for 67%. Default to 100. 100 is max. If below .5, include max. If below .5, include decimals to the right of the decimal point (acceptable) values for decimal points are .001 to .499)
80	29S	MO income percentage (Spouse)	PIC 9(4)	4		100 for 100%, 67 for 67%. Default to 100. 100 is max. If below .5, include decimal point and up to 3 decimals to the right of the decimal point (acceptable) decimal values for points are .001 to .499)
81	30Y	Balance (Yourself)	PIC 9(9)	9	N	
82	30S	Balance (Spouse)	PIC 9(9)	9	N	
83	31	Other Taxes, Lump Sum distribution (Form 4972)	PIC X(1)	1		X YES
84	31	Other Taxes, Recapture of low income housing credit (Form 8611)	PIC X(1)	1		X YES
85	31Y	Other Taxes (Yourself)	PIC 9(9)	9	N	
86	31S	Other Taxes (Spouse)	PIC 9(9)	9	N	
87	32Y	Subtotal — Add Lines 30 and 31 (Yourself)	PIC 9(9)	9	N	
88	32S	Subtotal — Add Lines 30 and 31 (Spouse)	PIC 9(9)	9	N	
89	34	Missouri Tax withheld	PIC 9(9)	9	N	
90	35	2016 Missouri estimated tax payments	PIC 9(9)	9	N	
91	36	Missouri tax withheld for nonresident partners or S corp shareholders	PIC 9(9)	9	N	
92	37	Missouri Tax withheld for nonresident entertainers	PIC 9(9)	9	N	
93	38	Amount paid with Missouri extension of time to file (Form MO-60)	PIC 9(9)	9	N	
94	39	Miscellaneous tax credits (from Form MO-TC, Line 13)	PIC 9(9)	9	N	
95	40	Property tax credit. Attach Form MO-PTS	PIC 9(9)	9	N	
96	41	Total payments and credits Add Lines 34 through 40.	PIC 9(9)	9	N	
97	42	Amount paid on original return	PIC 9(9)	9	N	

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98 43		Overpayment as shown (or adjusted) on original return	PIC 9(9)	9	N	
99 43A		Federal Audit	PIC X(1)	1		X YES
100 43A		Enter date of IRS report	PIC 9(6)	6		MMDDYY (example: 032115)
101 43B		Net operating loss carryback	PIC X(1)	1		X YES
102 43B		Enter year of loss	PIC 9(2)	2		YY
103 43C		Investment tax credit carryback	PIC X(1)	1		X YES
104 43C		Enter year of credit	PIC 9(2)	2		YY
105 43D		Correction other than A,B or C	PIC X(1)	1		X YES
106 43D		Enter date of federal amended return, if filed	PIC 9(6)	6		MMDDYY (example: 022315)
107 44		Amended Return — total payments and credits — add Line 42 to Line 41 or subtract	PIC 9(9)	9	N	
108 45		If Line 41, or if amended return, Line 44, is larger than Line 33, enter difference	PIC 9(9)	9	N	
109 46		Amount of Line 45 to be applied to your 2016 estimated tax	PIC 9(9)	9	N	
110 47a		Children's Trust Fund	PIC 9(9)	9	N	
111 47b		Veterans Trust Fund	PIC 9(9)	9	N	
112 47c		Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9	N	
113 47d		Missouri National Guard Trust Fund	PIC 9(9)	9	N	
114 47e		Workers' Memorial Trust Fund	PIC 9(9)	9	N	
115 47f		Childhood Lead Testing Trust Fund	PIC 9(9)	9	N	
116 47g		Missouri Military Family Relief Fund	PIC 9(9)	9	N	
117 47h		General Revenue Fund	PIC 9(9)	9	N	
118 47i		Organ Donor Trust Fund	PIC 9(9)	9	N	
119 47j1		Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
120 47j2		Trust Fund Dollar Amount	PIC 9(9)	9	N	
121 47k1		Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
122 47k2		Trust Fund Dollar Amount	PIC 9(9)	9	N	
123 48		MOST direct deposit from Form 5632	PIC 9(9)	9	N	
124 49		Overpayment to be refunded to you	PIC 9(9)	9	N	
125 50		If Line 33 is larger than Line 41 or Line 44, enter the difference (amount of	PIC 9(9)	9	N	
126 51		Underpayment of estimated tax penalty. Attach Form MO-2210.	PIC 9(9)	9	N	
127 52		Total Amount Due	PIC 9(9)	9	N	
128 SIGN		I authorize the Director of Revenue to discuss my return and	PIC X(1)	1		X YES
129 SIGN		Daytime Telephone	PIC 9(10)	10		
130 SIGN		FEIN, SSN, PTIN	PIC X(9)	9		
		**** MO-A ****				
		**** MO-A Additions ****				
131 1Y		Interest on state and local obligations other than Missouri source (Yourself)	PIC 9(9)	9	N	
132 1S		Interest on state and local obligations other than Missouri source (Spouse)	PIC 9(9)	9	N	
133 2		Net Operating Loss (Carryback/Carryforward)	PIC X(1)	1		X YES
134 2Y		Partnership; Fiduciary; S Corporation; Net operating Loss; (Yourself)	PIC 9(9)	9	N	
135 2S		Partnership; Fiduciary; S Corporation; Net operating Loss; (Spouse)	PIC 9(9)	9	N	
136 3Y		Nonqualified distribution received from qualified 529 plan (Yourself)	PIC 9(9)	9	N	
137 3S		Nonqualified distribution received from qualified 529 plan(Spouse)	PIC 9(9)	9	N	
138 4Y		Food Pantry contributions included on Federal Sched A	PIC 9(9)	9	N	
139 4S		Food Pantry contributions included on Federal Sched A	PIC 9(9)	9	N	
140 5Y		Nonresident Property Tax	PIC 9(9)	9	N	
141 5S		Nonresident Property Tax	PIC 9(9)	9	N	
142 6Y		ABLE distributions not used to pay for qualified expenses (Yourself)	PIC 9(9)	9	N	
143 6S		ABLE distributions not used to pay for qualified expenses (Spouse)	PIC 9(9)	9	N	
		**** MO-A Subtractions ****				
144 8Y		Interest from exempt federal obligations included in federal AGI (Yourself)	PIC 9(9)	9	N	
145 8S		Interest from exempt federal obligations included in federal AGI (Spouse)	PIC 9(9)	9	N	
146 9Y		Any state income tax refund included in federal AGI (Yourself)	PIC 9(9)	9	N	
147 9S		Any state income tax refund included in federal AGI (Spouse)	PIC 9(9)	9	N	
148 10		Nonresident Military Check Box	PIC X(1)	1		X YES
149 10		Combat Pay Check Box	PIC X(1)	1		X YES
150 10		Other	PIC X(1)	1		X YES
151 10Y		Partnership; Fiduciary; S Corporation; Railroad retirement (Yourself)	PIC 9(9)	9	N	
152 10S		Partnership; Fiduciary; S Corporation; Railroad retirement (Spouse)	PIC 9(9)	9	N	
153 11Y		Exempt contributions made to qualified 529 plan (Yourself)	PIC S(9)	9	N	\$16000 maximum for BOTH primary and secondary
154 11S		Exempt contributions made to qualified 529 plan (Spouse)	PIC S(9)	9	N	\$16000 maximum for BOTH primary and secondary
155 12Y		Qualified Health Insurance Premiums (Yourself)	PIC 9(9)	9	N	
156 12S		Qualified Health Insurance Premiums (Spouse)	PIC 9(9)	9	N	
157 13Y		Missouri depreciation adjustment (Yourself)	PIC 9(9)	9	N	
158 13S		Missouri depreciation adjustment (Spouse)	PIC 9(9)	9	N	
159 14Y		Home Energy Audit Expenses	PIC 9(9)	9	N	
160 14S		Home Energy Audit Expenses	PIC 9(9)	9	N	
161 15Y		ABLE contributions (Yourself)	PIC 9(9)	9	N	
162 15S		ABLE contributions (Spouse)	PIC 9(9)	9	N	
163 16Y		Agriculture Disaster Deduction (Yourself)	PIC 9(9)	9	N	
164 16S		Agriculture Disaster Deduction (Spouse)	PIC 9(9)	9	N	
		**** MO-A, Part 2, Missouri Itemized Deductions ****				
165 1		Total federal itemized deductions from Federal Form 1040, Line 40	PIC 9(9)	9	N	
166 2		2016 (FICA) — yourself — Social security \$ Medicare \$	PIC 9(9)	9	N	
167 3		2016 (FICA) — spouse — Social security \$ Medicare \$	PIC 9(9)	9	N	
168 4		2016 Railroad retirement tax — yourself (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
169 5		2016 Railroad retirement tax — spouse (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
170 6		2016 Medicare Tax - Yourself and Spouse	PIC 9(9)	9	N	
171 7		2016 Self-employment tax	PIC 9(9)	9	N	
172 9		State and local income taxes — See instructions	PIC 9(9)	9	N	
173 10		Earnings taxes included in Line 8	PIC 9(9)	9	N	
174 11		Net state income taxes	PIC 9(9)	9	N	
		**** MO-A, Part 3, Section A, Public Pension Calculation ****				
175 1		MO Adjusted Gross Income from MO-1040, Line 6	PIC S9(9)	9	Y	
176 2		Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	PIC 9(9)	9	N	
177 3		Subtract Line 2 from Line 1	PIC S9(9)	9	Y	
178 4		Filing status amount -MFC-\$100,000, S,HOH, MFS, QW -\$85,000	PIC 9(9)	9	N	can't be 0
179 5		Subtract Line 4 from Line 3 and enter on Line 5. If Line 4>Line 3, enter \$0	PIC 9(9)	9	N	
180 6Y		Taxable pension for each spouse from public sources from Federal Form 1040A, line 12b or Federal Form 1040, line 16b	PIC 9(9)	9	N	
181 6S		Taxable pension for each spouse from public sources from Federal Form 1040A, line 12b or Federal Form 1040, line 16b	PIC 9(9)	9	N	
182 7Y		If Line 6 > \$36,976, enter \$36,976. If < \$36,976, enter amt from Line 6	PIC 9(9)	9	N	
183 7S		If Line 6 > \$36,976, enter \$36,976. If < \$36,976, enter amt from Line 6	PIC 9(9)	9	N	
184 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	
185 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	
186 9Y		Subtract Line 8 from Line 7. If Line 8>Line 7, enter \$0	PIC 9(9)	9	N	
187 9S		Subtract Line 8 from Line 7. If Line 8>Line 7, enter \$0	PIC 9(9)	9	N	

2016
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188	10	Add amounts on Line 7Y and 7S	PIC 9(9)	9	N	
189	11	Total Pension Exemption — subtract Line 5 from Line 8, enter here. If Line 5 > Line 8, enter \$0	PIC 9(9)	9	N	

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Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
**** MO-A, Part 3, Section B, Private Pension calculation ****						
190	1	Enter Mo Adjusted Gross Income from Form MO-1040, Line 6	PIC 9S(9)	9	Y	
191	2	Enter taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	PIC 9(9)	9	N	
192	3	Subtract Line 2 from Line 1	PIC 9S(9)	9	Y	
193	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
194	5	Subtract Line 4 from Line 3. If Line 4>\$0, enter 0	PIC 9(9)	9	N	
195	6Y	Taxable pension amount from private sources from Federal Form 1040A, Lines 11b and 12b, or Federal Form 1040, Lines 15b and 16b(Yourself)	PIC 9(9)	9	N	
196	6S	Taxable pension amount from private sources from Federal Form 1040A, Lines 11b and 12b, or Federal Form 1040, Lines 15b and 16b(Spouse)	PIC 9(9)	9	N	
197	7Y	Enter amounts from Line 6Y or \$6000, whichever is less	PIC 9(9)	9	N	
198	7S	Enter amounts from Line 6S or \$6000, whichever is less	PIC 9(9)	9	N	
199	8	Add Lines 7Y and 7S	PIC 9(9)	9	N	
200	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, Part 3, Section C, Social Security or Social Security Disability Calculation*						
201	1	Enter Mo Adjusted Gross Income from Form MO-1040, Line 6	PIC 9S(9)	9	Y	
202	2	Enter appropriate filing status amount; MFC \$100,000; S,HOH,MFS, QW \$85,000	PIC 9(9)	9	N	can't be 0
203	3	Subtract Line 2 from Line 1. If Line 2>Line 1, enter \$0	PIC 9(9)	9	N	
204	4Y	Enter taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b(Yourself)	PIC 9(9)	9	N	
205	4S	Enter taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b(Spouse)	PIC 9(9)	9	N	
206	5Y	Enter taxable social security disability benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b(Yourself)	PIC 9(9)	9	N	
207	5S	Enter taxable social security disability benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b(Spouse)	PIC 9(9)	9	N	
208	6Y	Amount from Line(s) 4Y and/or 5Y	PIC 9(9)	9	N	
209	6S	Amount from Line(s) 4S and/or 5S	PIC 9(9)	9	N	
210	7	Add Lines 6Y and 6S	PIC 9(9)	9	N	
211	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**						
212	1	Military ret benefits from Federal Form 1040A, line 12b or Federal 1040, line 16b	PIC 9(9)	9	N	
213	2	Taxable pub pension from Federal 1040A, Line 12b or Federal 1040, line 16b	PIC 9(9)	9	N	
214	3	Divide Line 1 by Line 2	PIC 9(3)	3	N	
215	4	Multiply Line 3 by Line 11 of Sec A. If not Claim pub pension, enter 0	PIC 9(9)	9	N	
216	5	Subtract Line 4 from line 1	PIC 9(9)	9	N	
6		Total Military pension, multiply Line 5 by 90% - REMOVED				
**MO-A, Part 3, Section E, Total Pension and Soc Sec/Soc Sec Disab*						
217		Total Pension and Social Security/Social Security Disability Deduction	PIC 9(9)	9	N	
**** MO-TC ****						
218	1	Credit Code (3 Characters) see form	PIC X(3)	3		
219	1	Y	PIX 9(9)	9		
220	1	S	PIC 9(9)	9		
221	2	Credit Code (3 Characters) see form	PIC X(3)	3		
222	2	Y	PIC X(9)	9		
223	2	S	PIC 9(9)	9		
224	3	Credit Code (3 Characters) see form	PIX X(3)	3		
225	3	Y	PIC 9(9)	9		
226	3	S	PIC 9(9)	9		
227	4	Credit Code (3 Characters) see form	PIC X(3)	3		
228	4	Y	PIC 9(9)	9		
229	4	S	PIC 9(9)	9		
230	5	Credit Code (3 Characters) see form	PIC X(3)	3		
231	5	Y	PIC 9(9)	9		
232	5	S	PIC 9(9)	9		
233	6	Credit Code (3 Characters) see form	PIC X(3)	3		
234	6	Y	PIC 9(9)	9		
235	6	S	PIC 9(9)	9		
236	7	Credit Code (3 Characters) see form	PIC X(3)	3		
237	7	Y	PIC 9(9)	9		
238	7	S	PIC 9(9)	9		
239	8	Credit Code (3 Characters) see form	PIC X(3)	3		
240	8	Y	PIC 9(9)	9		
241	8	S	PIC 9(9)	9		
242	9	Credit Code (3 Characters) see form	PIC X(3)	3		
243	9	Y	PIC 9(9)	9		
244	9	S	PIC 9(9)	9		
245	10	Credit Code (3 Characters) see form	PIC X(3)	3		
246	10	Y	PIC 9(9)	9		
247	10	S	PIC 9(9)	9		
**** MO-TC **** 2						
248	1	Credit Code (3 Characters) see form	PIC X(3)	3		
249	1	Y	PIX 9(9)	9		
250	1	S	PIC 9(9)	9		
251	2	Credit Code (3 Characters) see form	PIC X(3)	3		
252	2	Y	PIC X(9)	9		
253	2	S	PIC 9(9)	9		
254	3	Credit Code (3 Characters) see form	PIX X(3)	3		
255	3	Y	PIC 9(9)	9		
256	3	S	PIC 9(9)	9		
257	4	Credit Code (3 Characters) see form	PIC X(3)	3		
258	4	Y	PIC 9(9)	9		
259	4	S	PIC 9(9)	9		
260	5	Credit Code (3 Characters) see form	PIC X(3)	3		
261	5	Y	PIC 9(9)	9		
262	5	S	PIC 9(9)	9		
263	6	Credit Code (3 Characters) see form	PIC X(3)	3		
264	6	Y	PIC 9(9)	9		
265	6	S	PIC 9(9)	9		
266	7	Credit Code (3 Characters) see form	PIC X(3)	3		
267	7	Y	PIC 9(9)	9		
268	7	S	PIC 9(9)	9		
269	8	Credit Code (3 Characters) see form	PIC X(3)	3		
270	8	Y	PIC 9(9)	9		

**2016
2D Barcode Specifications for Form MO-1040**

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
271	8	S	PIC 9(9)	9		
272	9	Credit Code (3 Characters) see form	PIC X(3)	3		
273	9	Y	PIC 9(9)	9		
274	9	S	PIC 9(9)	9		
275	10	Credit Code (3 Characters) see form	PIC X(3)	3		
276	10	Y	PIC 9(9)	9		
277	10	S	PIC 9(9)	9		
**** MO-CR ****						
278	Top Y	STATE OF (Yourself)	PIC X(2)	2		Top, Line 2, Yourself
279	Top S	STATE OF (Your Spouse)	PIC X(2)	2		Top, Line 2, Your spouse
280	2nd Y	STATE OF (Yourself)	PIC X(2)	2		Bottom, Line 2, Yourself
281	2nd S	STATE OF (Your Spouse)	PIC X(2)	2		Bottom, Line 2, Your spouse
**** MO-PTS ****						
282	Name	Birthdate (Yourself)	PIC 9(6)	6		MMDDYY (example: 031537) **Total of 6 digits
283	Name	Birthdate (Spouse)	PIC 9(6)	6		MMDDYY (example: 031537) **Total of 6 digits
Note: Name/Address information same as 1040 name/address information.						
284	A	65 years of age or older	PIC X(1)	1		X YES
285	B	100% Disabled Veteran	PIC X(1)	1		X YES
286	C	100% Disabled	PIC X(1)	1		X YES
287	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1		X YES
288	Filing	Single	PIC X(1)	1		X YES
289	Filing	Married — Filing Combined	PIC X(1)	1		X YES
290	Filing	Married — Living Separate for Entire Year	PIC X(1)	1		X YES
291	1	Enter the amount of income from MO-1040, Line 6, or Form MO-1040P, Line 4	PIC S9(9)	9	Y	
292	2	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	
293	3	Enter the total amount of pensions, annuities, dividends, rental or interest income	PIC 9(9)	9	N	
294	4	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
295	5	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
296	6	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
297	7	Enter the amount of nonbusiness loss(es).	PIC 9(9)	9	N	
298	8	Total household income — add Lines 1 through 7	PIC S9(9)	9	Y	
299	9	Enter \$0, \$2000, or \$4000 based on filing and occupancy status	PIC 9(9)	9	N	
300	10A	rented checkbox (line 10 cannot exceed \$27,500)	PIC X(1)	1		X YES
301	10B	owned/occupied entire year checkbox (line 10 cannot exceed \$30,000)	PIC X(1)	1		X YES
302	10	Net household income — (Subtract Line 9 from Line 8.)	PIC S9(9)	9	Y	
303	11	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	
304	12	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
Total tax and or rent—add Lines 11 and 12 and enter total (max \$750 or \$1100, depending on occupancy)						
305	13		PIC 9(9)	9	N	
306	14	Property Tax Credit	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 1						
307	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012116) **Total of 6 digits
308	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123116) **Total of 6 digits
309	6	Enter your gross rent paid.	PIC 9(9)	9	N	
310	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
311	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
312	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
313	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
314	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
315	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)	PIC X(1)	1		X YES
316	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
317	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
318	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
319	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
320	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.
321	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
322	9	CRP total (see 20% of line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 2						
323	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012116) **Total of 6 digits
324	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123116) **Total of 6 digits
325	6	Enter your gross rent paid.	PIC 9(9)	9	N	
326	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
327	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
328	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
329	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
330	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
331	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)	PIC X(1)	1		X YES
332	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
333	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
334	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
335	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
336	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.
337	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
338	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 3						
339	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012116) **Total of 6 digits
340	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123116) **Total of 6 digits
341	6	Enter your gross rent paid.	PIC 9(9)	9	N	
342	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
343	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
344	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
345	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
346	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
347	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)	PIC X(1)	1		X YES
348	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
349	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
350	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
351	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
352	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.
353	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
354	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	

**2016
2D Barcode Specifications for Form MO-1040**

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
*** Certification of Rent Paid *** 4						
355	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012116) **Total of 6 digits
356	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123116) **Total of 6 digits
357	6	Enter your gross rent paid.	PIC 9(9)	9	N	
358	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
359	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
360	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
361	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
362	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
363	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)	PIC X(1)	1		X YES
364	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
365	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
366	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
367	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
368	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.
369	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
370	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 5						
371	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012116) **Total of 6 digits
372	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123116) **Total of 6 digits
373	6	Enter your gross rent paid.	PIC 9(9)	9	N	
374	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
375	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
376	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
377	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
378	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
379	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)	PIC X(1)	1		X YES
380	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
381	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
382	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
383	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
384	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.
385	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
386	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
Direct Deposit						
387	1	Account Type	PIC X(1)	1		"C" for checking, "S" for savings, or blank
388	9	Routing Number	PIC 9(9)	9	N	
389	17	Account Number	PIC 17(17)	17	N	
MO-5632						
390	A	MOST Account Number	PIC 9(11)	11		
391	A	Deposit Amount	PIC 9(9)	9	N	
392	B	MOST Account Number	PIC 9(11)	11		
393	B	Deposit Amount	PIC 9(9)	9	N	
394	C	MOST Account Number	PIC 9(11)	11		
395	C	Deposit Amount	PIC 9(9)	9	N	
396	D	MOST Account Number	PIC 9(11)	11		
397	D	Deposit Amount	PIC 9(9)	9	N	
398		*EOD*				
2,550 calculated # characters						

2016
2D Barcode Specifications for Form MO-1040

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-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.

(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 MO1040.

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: "MO1040"

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 398

Trust Funds

Additional TRUST FUND CODES for Form MO-1040, Lines 45j and 45k

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

15 American Red Cross Trust Fund

16 Developmental Disabilities Waiting List Equity Trust Fund

17 Puppy Protection Trust 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 500, JEFFERSON CITY, MO 65106-0500.

(*2-D Barcode ONLY—DOR, PO BOX 3222, JEFFERSON CITY, MO 65105-3222)

AMOUNT YOU OWE:

DEPARTMENT OF REVENUE, PO BOX 329, JEFFERSON CITY, MO 65107-0329.

(*2-D Barcode ONLY—DOR, PO BOX 3370, JEFFERSON CITY, MO 65105-3370).

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