

MISSOURI DEPARTMENT OF REVENUE **2016 FORM MO-1040P**
MISSOURI INDIVIDUAL INCOME TAX RETURN AND
PROPERTY TAX CREDIT CLAIM/
PENSION EXEMPTION—SHORT FORM VENDOR CODE **006**

SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER
NAME (LAST) (FIRST) M.I. JR, SR	<input type="checkbox"/> DECEASED IN 2016
SPOUSE'S (LAST) (FIRST) M.I. JR, SR	
IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REP., ETC.)	

PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE)	COUNTY OF RESIDENCE
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CITY, TOWN, OR POST OFFICE	STATE	ZIP CODE	PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE. AGE 62 THROUGH 64 AGE 65 OR OLDER BLIND 100% DISABLED NON-OBLIGATED SPOUSE <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> SPOUSE <input type="checkbox"/> SPOUSE <input type="checkbox"/> SPOUSE <input type="checkbox"/> SPOUSE
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You may contribute to any one or all of the trust funds that are listed to the right. Place the total amount contributed on Line 24. See the instructions for a list of Trust Fund Codes.

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	DONATE LIFE Missouri Organ Donor Program Fund
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INCOME	1. Federal Adjusted Gross Income from your 2016 federal return (See worksheet on page 8.)	Yourself		Spouse	
	2. Any state income tax refund included in your 2016 federal adjusted gross income.	1Y	00	1S	00
	3. Subtract Line 2 from Line 1. This is your Missouri adjusted gross income.	2Y	-	2S	-
		3Y	=	3S	=
	4. TOTAL MISSOURI ADJUSTED GROSS INCOME — Add both numbers on Line 3 and enter here.	4	00		
5. Income percentages — Divide Line 3 by Line 4 for both you and your spouse. (The total of the two must equal 100%. Round to the nearest whole number.)	5Y	%	5S	%	

DEDUCTIONS AND TAXABLE INCOME	6. Mark your filing status box below and enter the appropriate exemption amount on Line 6.																		
	<input type="checkbox"/> A. Single — \$2,100 (See Box B before checking.) <input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200 <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00 <input type="checkbox"/> F. Head of household — \$3,500 <input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200 <input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500 <input type="checkbox"/> D. Married filing separate — \$2,100	6		00															
	7. Tax from federal return (Do not enter amount from your Forms W-2 — NOT federal tax withheld.)	7	+	00															
	8. Missouri Standard or Itemized Deduction																		
	<table style="width:100%; border: none;"> <tr> <td style="width:50%;">Taxpayers Under Age 65</td> <td style="width:50%;">Taxpayers Age 65 or Older</td> </tr> <tr> <td>Single \$6,300</td> <td>Single \$7,850</td> </tr> <tr> <td>Married Filing Combined \$12,600</td> <td>Married Filing Combined and YOU are Age 65 or Older \$13,850</td> </tr> <tr> <td>Married Filing Separate \$6,300</td> <td>Married Filing Combined and You and Your Spouse are BOTH Age 65 or Older \$15,100</td> </tr> <tr> <td>Head of Household \$9,300</td> <td>Married Filing Separate \$7,550</td> </tr> <tr> <td>Qualifying Widow(er) \$12,600</td> <td>Head of Household \$10,850</td> </tr> <tr> <td></td> <td>Qualifying Widow(er) \$13,850</td> </tr> </table>	Taxpayers Under Age 65	Taxpayers Age 65 or Older	Single \$6,300	Single \$7,850	Married Filing Combined \$12,600	Married Filing Combined and YOU are Age 65 or Older \$13,850	Married Filing Separate \$6,300	Married Filing Combined and You and Your Spouse are BOTH Age 65 or Older \$15,100	Head of Household \$9,300	Married Filing Separate \$7,550	Qualifying Widow(er) \$12,600	Head of Household \$10,850		Qualifying Widow(er) \$13,850	8	+	00	
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9. Number of dependents from Federal Form 1040 OR 1040A, Line 6c <input type="checkbox"/> Check this box if claiming a stillborn child, see instructions on Page 7..... <input type="checkbox"/> x \$1,200 =	9	+	00																
10. Pension exemption (Complete worksheet on page 17 or 21 of the instructions.) Attach worksheet, a copy of federal return, Forms W-2P and 1099-R.	10	+	00																
11. Long-term care insurance deduction	11	+	00																
12. TOTAL DEDUCTIONS — Add Lines 6 through 11.	12	=	00																
13. Missouri Taxable Income — Subtract Line 12 (Total Deductions) from Line 4 (Total Missouri Income) and enter here.	13		00																

See Page 6, Line 7.

If 65 or older or blind the appropriate boxes must be checked above.

Do not include yourself or your spouse.

FORM MO-1040P

TAXES	14. Total Missouri taxable income amount from Line 13.	14		00																							
	15. Multiply Line 14 by the percentages you determined on Line 5. Do this for you and your spouse.	Yourself		Spouse																							
		15Y		00	15S	00																					
	16. Use the tax chart on page 18 or 22 of the instructions to figure the tax on amounts from Line 15 for you and your spouse.	16Y		00	16S	00																					
17. TOTAL TAXES — Add your tax and your spouse's tax from Line 16.	17			00																							
PAYMENTS/CREDITS	18. Missouri withholding for you and your spouse from your Forms W-2 and 1099. Attach copies of Forms W-2 and 1099.	18			00																						
	19. Any Missouri estimated tax payments for 2016 (Be sure to include any amount of your 2015 overpayment credited to your 2016 Missouri tax return.)	19			00																						
	20. PROPERTY TAX CREDIT — Enter amount from Form MO-PTS, Line 14. Attach Form MO-PTS.	20			00																						
	21. TOTAL PAYMENTS AND CREDITS Add Lines 18, 19, and 20 and enter amount here.	21			00																						
REFUND	22. If amount of TOTAL PAYMENTS AND CREDITS (Line 21) is larger than amount of TOTAL TAXES (Line 17), enter the difference here. You have overpaid . If not, enter the amount on Line 27.	22			00																						
	23. Enter the amount from Line 22 you want applied to your 2017 estimated tax	23			00																						
	24. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes.	24			00																						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;"> Children's Trust Fund</td> <td style="text-align:center;"> Veterans Trust Fund</td> <td style="text-align:center;"> Elderly Home Delivered Meals Trust Fund</td> <td style="text-align:center;"> Missouri National Guard Trust Fund</td> <td style="text-align:center;"> Workers' Memorial Fund</td> <td style="text-align:center;"> Childhood Lead Testing Fund</td> <td style="text-align:center;"> Missouri Military Family Relief Fund</td> <td style="text-align:center;"> General Revenue Fund</td> <td style="text-align:center;"> Organ Donor Program Fund</td> <td style="text-align:center;"> Additional Fund Code (See Instr.)</td> <td style="text-align:center;"> Additional Fund Code (See Instr.)</td> </tr> <tr> <td style="text-align:center;">:00</td> </tr> </table>					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	Additional Fund Code (See Instr.)	Additional Fund Code (See Instr.)	:00	:00	:00	:00	:00	:00	:00	:00	:00	:00	:00
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	:00	:00	:00	:00	:00	:00	:00	:00	:00	:00	:00																
25. Amount from Line 22 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from Line E of Form 5632.	25			00																							
26. REFUND - Subtract Lines 23, 24, and 25 from Line 22 and enter here. This is your refund. Sign below and mail to: Department of Revenue, P.O. Box 3385, Jefferson City, MO 65105-3385.	26			00																							
If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below. <table style="width:100%; margin-top: 5px;"> <tr> <td style="width:33%;">a. Routing Number <input type="text"/></td> <td style="width:33%;">b. Account Number <input type="text"/></td> <td style="width:33%;">c. <input type="checkbox"/> Checking</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Savings</td> </tr> </table>					a. Routing Number <input type="text"/>	b. Account Number <input type="text"/>	c. <input type="checkbox"/> Checking			<input type="checkbox"/> Savings																	
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AMOUNT DUE	27. AMOUNT DUE - If Line 21 is less than Line 17, enter the difference here. You have an amount due. Sign below and mail to: Department of Revenue, P.O. Box 3395, Jefferson City, MO 65105-3395. See instructions for Line 27.	27			00																						
	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.																										
SIGNATURE	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. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any 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.																										
	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. <input type="checkbox"/> YES <input type="checkbox"/> NO		E-MAIL ADDRESS		PREPARER'S PHONE NUMBER																						
	SIGNATURE	DATE (MMDDYYYY)	PREPARER'S SIGNATURE	FEIN, SSN, OR PTIN																							
	SPOUSE'S SIGNATURE (if filing combined BOTH must sign)	DAYTIME TELEPHONE	PREPARER'S ADDRESS AND ZIP CODE	DATE (MMDDYYYY)																							



MISSOURI DEPARTMENT OF REVENUE
PROPERTY TAX CREDIT SCHEDULE

2016 FORM MO-PTS	Attachment Sequence No. 1040-07 and 1040P-01

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.					
NAME	LAST NAME	FIRST NAME	INITIAL	BIRTHDATE (MM/DD/YYYY)	SOCIAL SECURITY NO.
	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____-_____-_____
QUALIFICATIONS	SPOUSE'S LAST NAME	FIRST NAME	INITIAL	BIRTHDATE (MM/DD/YYYY)	SPOUSE'S SOCIAL SECURITY NO.
	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____-_____-_____

You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc., must be included with claim.

A. 65 years of age or older (You must be a full year resident. Attach a copy of Form SSA-1099.)

B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.)

C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.)

D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.)

FILING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year **If married filing combined, you must report both incomes.**

Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), Forms 1099, W-2, etc.) will result in denial or delay of your claim.

1. Enter the amount of income from Form MO-1040, Line 6, or Form MO-1040P, Line 4.	1		00
2. Enter the amount of nontaxable social security benefits received by you, your spouse, and your minor children before any deductions and the amount of social security equivalent railroad retirement benefits. ATTACH a copy of Form(s) SSA-1099, RRB-1099, or SSI statement.	2		00
3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 8 (if filing Form MO-1040). ATTACH Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc.	3		00
4. Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. ATTACH Form RRB-1099-R (Tier II). If filing Form MO-1040, refer to Form MO-A, Part 1, Line 10.	4		00
5. Enter the amount of veterans payments or benefits before any deductions. ATTACH letter from Veterans Affairs.	5		00
6. Enter the total amount received by you, your spouse, and your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). ATTACH a copy of Forms SSA-1099, a letter from the Social Security Administration and Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable.	6		00
7. Enter the amount of nonbusiness loss(es). You must include nonbusiness loss(es) in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.).....	7		00
8. TOTAL household income — Add Lines 1 through 7. Enter total here.....	8		00
9. MARK THE BOX THAT APPLIES and enter the appropriate amount. <input type="checkbox"/> a. Enter \$0 if Single or Married Living Separate ; If Married and Filing Combined ; <input type="checkbox"/> b. Enter \$2,000 if you rented or did not own your home for the entire year; <input type="checkbox"/> c. Enter \$4,000 if you owned and occupied your home for the entire year;.....	9	-	00
10. Net household income — Subtract Line 9 from Line 8 and enter the amount; MARK THE BOX THAT APPLIES . <input type="checkbox"/> a. If you rented or did not own and occupy your home for the entire year , Line 10 cannot exceed \$27,500. If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. <input type="checkbox"/> b. If you owned and occupied your home for the entire year , Line 10 cannot exceed \$30,000. If the total is greater than \$30,000, STOP - no credit is allowed. Do not file this claim.	10		00
11. If you owned your home, enter the total amount of property tax paid for your home, less special assessments, or \$1,100, whichever is less. ATTACH a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, ATTACH Form 948, Assessor's Certification.	11		00
12. If you rented, enter the total amount from Form(s) MO-CRP, Line 9, or \$750, whichever is less. ATTACH rent receipts or a signed statement from your landlord. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.	12		00
13. Enter the total of Lines 11 and 12, or \$1,100, whichever is less.....	13		00
14. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 41-43 or MO-1040P, pages 29-31 to figure your Property Tax Credit. You must use the chart to see how much credit you are allowed. Enter this amount on Form MO-1040, Line 40 or Form MO-1040P, Line 20.	14		00

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.

