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MISSOURI DEPARTMENT OF REVENUE **2014 FORM MO-1040**

INDIVIDUAL INCOME TAX RETURN—LONG FORM

(NOTE: For proper form functionality, utilize Internet Explorer browser and Adobe Reader for PDF viewer)
INSTRUCTIONS:
- Enter numbers without decimals (integers)
- Don't forget to attach all required forms
- You can tab from one field to another or use the mouse to click in the field you want.
- Use the print button at the top of page to print form
- Click on the blue boxes to prepopulate an amount.
- Click on the gray boxes to view the instructions for that line.
- If a field does not allow a negative number and a negative number is entered, a zero will be displayed.

FOR CALENDAR YEAR JAN. 1–DEC. 31, 2014, OR FISCAL YEAR BEGINNING 20 ___ , ENDING 20 ___

AMENDED RETURN — CHECK HERE ☐ | SOFTWARE VENDOR CODE **006**

NAME AND ADDRESS

SOCIAL SECURITY NUMBER | SPOUSE'S SOCIAL SECURITY NUMBER

NAME (LAST) (FIRST) M.I. JR, SR ☐ DECEASED IN 2014

SPOUSE'S (LAST) (FIRST) M.I. JR, SR ☐

IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) | COUNTY OF RESIDENCE SELECT COUNTY

PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE) | CITY, TOWN, OR POST OFFICE | STATE | ZIP CODE

You may contribute to any one or all of the trust funds on Line 45. See pages 9–10 for a description of each trust fund, as well as trust fund codes to enter on Line 45.

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

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2014.

AGE 62 THROUGH 64	AGE 65 OR OLDER	BLIND	100% DISABLED	NON-OBLIGATED SPOUSE
☐ YOURSELF	☐ YOURSELF	☐ YOURSELF	☐ YOURSELF	☐ YOURSELF
☐ SPOUSE	☐ SPOUSE	☐ SPOUSE	☐ SPOUSE	☐ SPOUSE

INCOME

	Worksheet	Yourself		Spouse		
1. Federal adjusted gross income from your 2014 federal return (See worksheet on page 6.)		1Y	00	1S	00	Line 1
2. Total additions (from Form MO-A, Part 1, Line 6)	MO-A	2Y 0	00	2S 0	00	Line 2
3. Total income — Add Lines 1 and 2.		3Y 0	00	3S 0	00	
4. Total subtractions (from Form MO-A, Part 1, Line 14)	MO-A	4Y 0	00	4S 0	00	Line 4
5. Missouri adjusted gross income — Subtract Line 4 from Line 3.		5Y 0	00	5S 0	00	
6. Total Missouri adjusted gross income — Add columns 5Y and 5S.		6		0	00	Line 7
7. Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)		7Y 0	%	7S 0	%	

EXEMPTIONS AND DEDUCTIONS

8. Pension and Social Security/Social Security Disability/Military exemption (from Form MO-A, Part 3, Section E.) ..... 8 | 0 | MO-A | Line 8

9. Mark your filing status box below and enter the appropriate exemption amount on Line 9.
- ☐ A. Single — $2,100 **(See Box B before checking.)**
- ☐ B. Claimed as a dependent on another person's federal tax return — $0.00
- ☐ C. Married filing joint federal & combined Missouri — $4,200
- ☐ D. Married filing separate — $2,100
- ☐ E. Married filing separate (spouse NOT filing) — $4,200
- ☐ F. Head of household — $3,500
- ☐ G. Qualifying widow(er) with dependent child — $3,500 ..... 9 | 00 | Line 9

10. Tax from federal return **(Do not enter federal income tax withheld.)**
- Federal Form 1040, Line 56 minus Lines 45, 46, 66a, 68, and 69.
- Federal Form 1040A, Line 37, minus Lines 29, 42a, 44, 45, and any alternative minimum tax included on Line 28
- Federal Form 1040EZ, Line 10 minus Line 8a..... 10 | 00 | Line 10

11. Other tax from federal return — **Attach copy of your federal return (pages 1 and 2).** ..... 11 | 00 | Line 11

12. Total tax from federal return — Add Lines 10 and 11. ..... 12 | 0 | 00

13. **Federal tax deduction — Enter amount from Line 12 not to exceed $5,000 for individual filer; $10,000 for combined filers.** ..... 13 | 0 | 00 | Line 13

14. Missouri standard deduction or itemized deductions. Single or Married Filing Separate — **$6,200**; Head of Household— **$9,100**; Married Filing a Combined Return or Qualifying Widow(er) — **$12,400**; If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you are itemizing, see Form MO-A, Part 2. ..... **Itemized Deductions Worksheet** 14 | 0 | 00 | Line 14

15. Number of dependents from Federal Form 1040 OR 1040A, Line 6c **(DO NOT INCLUDE YOURSELF OR SPOUSE.)** ..... ☐ x $1,200 = ... 15 | 0 | 00 | Line 15

16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding **(DO NOT INCLUDE YOURSELF OR SPOUSE.)** ..... ☐ x $1,000 = ... 16 | 0 | 00 | Line 16

Do not include yourself or spouse.

17. Long-term care insurance deduction..... **Long-term Care Worksheet** ..... 17 | 0 | 00 | Line 17

18. A. Health care sharing ministry deduction $ _____ B. New jobs deduction $ 0 **NJD** 18 | 0 | 00 | Line 18

19. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and 18 . ..... 19 | 0 | 00

20. Subtotal — Subtract Line 19 from Line 6. ..... 20 | 0 | 00 | Line 20

	Yourself		Spouse		
21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S.	21Y 0	00	21S 0	00	
22. Enterprise zone or rural empowerment zone income modification	22Y	00	22S	00	Line 22
23. Subtract Line 22 from Line 21. Enter here and on Line 24.	23Y 0	00	23S 0	00	

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TAX

		Yourself		Spouse		
24. Taxable income amount from Lines 23Y and 23S	24Y	0 00		24S	0 00	
25. Tax. (See tax chart on page 25 of the instructions.)	25Y	0 00		25S	0 00	Line 25
26. Resident credit — **Attach Form MO-CR and other states' income tax return(s).** MO-CR	26Y	0 00		26S	0 00	Line 26
27. Missouri income percentage — Enter 100% unless you are completing Form MO-NRI. **Attach Form MO-NRI and a copy of your federal return if less than 100%.** MO-NRI	27Y	100 %		27S	100 %	Line 27
28. Balance — Subtract Line 26 from Line 25; OR Multiply Line 25 by percentage on Line 27.	28Y	0 00		28S	0 00	
29. Other taxes (Check box and attach federal form indicated.) ☐ Lump sum distribution (Form 4972) ☐ Recapture of low income housing credit (Form 8611)	29Y	00		29S	00	Line 29
30. Subtotal — Add Lines 28 and 29.	30Y	0 00		30S	0 00	
31. Total Tax — Add Lines 30Y and 30S.	31	0 00				

PAYMENTS / CREDITS

32. MISSOURI tax withheld — **Attach Forms W-2 and 1099.**	32	00	Line 32
33. 2014 Missouri estimated tax payments (include overpayment from 2013 applied to 2014)	33	00	Line 33
34. Missouri tax payments for nonresident partners or S corporation shareholders — **Attach Forms MO-2NR and MO-NRP.**	34	00	Line 34
35. Missouri tax payments for nonresident entertainers — **Attach Form MO-2ENT.**	35	00	Line 35
36. Amount paid with Missouri extension of time to file (Form MO-60)	36	00	Line 36
37. Miscellaneous tax credits (from Form MO-TC, Line 13) — **Attach Form MO-TC.** MO-TC	37	0 00	Line 37
38. Property tax credit — **Attach Form MO-PTS.** MO-PTS	38	0 00	Line 38
39. Total payments and credits — Add Lines 32 through 38.	39	0 00	

AMENDED RETURN

Skip Lines 40–42 if you are not filing an amended return.

40. Amount paid on original return	40	00	Line 40
41. Overpayment as shown (or adjusted) on original return	41	00	Line 41

INDICATE REASON FOR AMENDING.

		M M D D Y Y
☐ A. Federal audit	Enter date of IRS report.	
☐ B. Net operating loss carryback	Enter year of loss.	
☐ C. Investment tax credit carryback	Enter year of credit.	
☐ D. Correction other than A, B, or C	Enter date of federal amended return, if filed.	

These fields are locked. To unlock them, Click on the "amended" check box on page 1 of this form (top left).

42. Amended Return — total payments and credits. Add Line 40 to Line 39 or subtract Line 41 from Line 39.	42	00	

REFUND

43. If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference (amount of **OVERPAYMENT**) here.	43	0 00	Line 43
44. Amount of Line 43 to be applied to your 2015 estimated tax	44	0 00	Line 44

45. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes..... 45.

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	Additioinal Fund Code (See Instr.)	Additioinal Fund Code (See Instr.)
00	00	00	00	00	00	00	00	00	00	00

Line 45 / 45 part2

46. **REFUND -** Subtract Lines 44 and 45 from Line 43 and enter here. Sign below and mail return to: Department of Revenue, PO Box 3222, Jefferson City, MO 65105-3222.	46	0 00	Line 46

If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below.

a. Routing Number ☐☐☐☐☐☐☐☐☐ b. Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ c. ☐ Checking ☐ Savings

AMOUNT DUE

47. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of **UNDERPAYMENT**) here and go to instructions for Line 48..	47	0 00	
48. Underpayment of estimated tax penalty — **Attach Form MO-2210**. Enter penalty amount here.	48	00	Line 48
49. **AMOUNT DUE -** Add Lines 47 and 48 and enter here. Sign below and mail return and payment to: Department of Revenue, PO Box 3370, Jefferson City, MO 65105-3370. See instructions for Line 49	49	0 00	Line 49

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. ☐ YES ☐ NO	E-MAIL ADDRESS		PREPARER'S TELEPHONE (___)___-____
SIGNATURE X	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) __/__/____

This form is available upon request in alternative accessible format(s).

Click here to finish

MISSOURI DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX ADJUSTMENTS

2014 FORM MO-A

Attachment Sequence No. 1040-01

ATTACH TO FORM MO-1040. ATTACH A COPY OF YOUR FEDERAL RETURN. See information beginning on page 11 to assist you in completing this form.

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NO.

SPOUSE'S LAST NAME	FIRST NAME	INITIAL	SPOUSE'S SOCIAL SECURITY NO.

PART 1 — MISSOURI MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (SEE PAGE 11).

ADDITIONS	Y - YOURSELF		S - SPOUSE		
1. Interest on state and local obligations other than Missouri source	1Y	00	1S	00	Line 1
2. ☐ Partnership; ☐ Fiduciary; ☐ S corporation; ☐ Net Operating Loss (Carryback/Carryforward); ☐ Other (description) _____	2Y	00	2S	00	Line 2
3. Nonqualified distribution received from a qualified 529 plan (higher education savings program) not used for qualified higher education expenses	3Y	00	3S	00	Line 3
4. Food Pantry contributions included on Federal Schedule A	4Y	00	4S	00	Line 4
5. Nonresident Property Tax	5Y	00	5S	00	Line 5
6. TOTAL ADDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter here and on Form MO-1040, Line 2	6Y	0 00	6S	0 00	Line 6

Back to 1040 Page 1

SUBTRACTIONS					
7. Interest from exempt federal obligations included in federal adjusted gross income (reduced by related expenses if expenses were over $500). **Attach a detailed list or all Federal Forms 1099**	7Y	00	7S	00	Line 7
8. Any state income tax refund included in federal adjusted gross income	8Y	00	8S	00	Line 8
9. ☐ Partnership; ☐ Fiduciary; ☐ S corporation; ☐ Railroad retirement benefits; ☐ Net Operating Loss; ☐ Military (nonresident); ☐ Build America and Recovery Zone Bond Interest ☐ Combat pay included in federal adjusted gross income; ☐ MO Public-Private Transportation Act ☐ Other (description) _____ **Attach supporting documentation**	9Y	00	9S	00	Line 9
10. Exempt contributions made to a qualified 529 plan (higher education savings program)	10Y	00	10S	00	Line 10
11. Qualified Health Insurance Premiums. **Attach supporting documentation**	11Y	0 00	11S	0 00	Line 11
12. Missouri depreciation adjustment ($ ☐ Sold or disposed property previously taken as addition modification	12Y	00	12S	00	Line 12
13. Home Energy Audit Expenses	13Y	0 00	13S	0 00	Line 13
14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4	14Y	0 00	14S	0 00	Line 14

Qualified Health Insurance Premiums Worksheet

HEA Worksheet

PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete this section only if you itemize deductions on your federal return. Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

Back to 1040 Page 1

1. Total federal itemized deductions from Federal Form 1040, Line 40	1		00	Line 1
2. 2014 Social security tax — (Yourself)	2		00	Line 2
3. 2014 Social security tax — (Spouse)	3		00	Line 3
4. 2014 Railroad retirement tax — Tier I and Tier II (Yourself)	4		00	Line 4
5. 2014 Railroad retirement tax — Tier I and Tier II (Spouse)	5		00	Line 5
6. 2014 Medicare tax — Yourself and Spouse. See instructions on Page 35	6		00	Line 6
7. 2014 Self-employment tax - See instructions on Page 35	7		00	Line 7
8. TOTAL — Add Lines 1 through 7	8	0	00	
9. State and local income taxes — from Federal Schedule A, Line 5 or see the worksheet below.	9		00	Line 9
10. Earnings taxes included in Line 9	10		00	Line 10
11. Net state income taxes — Subtract Line 10 from Line 9 or enter Line 8 from worksheet below	11	0	00	
12. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14.	12	0	00	Line 12

NOTE: IF LINE 12 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INFORMATION ON PAGE 7.

Worksheet For Part 2 - Net State Income Taxes, Line 11

Complete this worksheet only if your federal adjusted gross income from federal Form 1040, Line 37 is more than $305,050 if married filing combined or qualifying widow(er), $279,650 if head of household, $254,200 if single or claimed as a dependent, or $152,525 if married filing separate. If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet. Attach a copy of your Federal Itemized Deductions Worksheet.

Reset Worksheet

☐ Use data from worksheet

1. Enter amount from Federal Itemized Deduction Worksheet, Line 3 (See page A-9 of Federal Schedule A instructions.) If $0 or less, enter "0".	1		00
2. Enter amount from Federal Itemized Deduction Worksheet, Line 9 (See Federal Schedule A instructions.)	2		00
3. State and local income taxes from Federal Form 1040, Schedule A, Line 5	3		00
4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5	4		00
5. Subtract Line 4 from Line 3.	5	0	00
6. Divide Line 5 by Line 1.	6		%
7. Multiply Line 2 by Line 6.	7	0	00
8. Subtract Line 7 from Line 5. Enter here and on Form MO-A, Part 2, Line 11.	8	0	00

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☐ Carry amount to 1040 Line 14

PART 3 - PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION

SECTION A — PUBLIC PENSION CALCULATION — Pensions received from any federal, state, or local government.

1. Missouri adjusted gross income from Form MO-1040, Line 6	1				0	00	Line 1
2. **Taxable** social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	2					00	
3. Subtract Line 2 from Line 1	3				0	00	
4. Select the appropriate filing status and enter amount on Line 4. Married filing combined - $100,000; Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - $85,000	4				85,000	00	
5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter $0	5				0	00	
		Y - YOURSELF		S - SPOUSE			
6. **Taxable** pension for each spouse from public sources from Federal Form 1040A, Line 12b or 1040, Line 16b	6Y		00	6S		00	
7. Amount from Line 6 or $36,442 (maximum social security benefit), whichever is less.	7Y	0	00	7S	0	00	
8. If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than $0.	8Y	0	00	8S	0	00	Line 10
9. Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter $0	9Y	0	00	9S	0	00	
10. Add amounts on Lines 9Y and 9S.	10				0	00	
11. **Total public pension**, subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter $0	11				0	00	

SECTION B — PRIVATE PENSION CALCULATION — Annuities, pensions, IRAs, and 401(k) plans funded by a private source.

1. Missouri adjusted gross income from Form MO-1040, Line 6	1				0	00	
2. **Taxable** social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	2					00	Line 2
3. Subtract Line 2 from Line 1.	3				0	00	
4. Select the appropriate filing status and enter the amount on Line 4: Married filing combined: $32,000; Single, Head of Household and Qualifying Widow(er): $25,000; Married Filing Separate: $16,000	4				25,000	00	
5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter $0	5				0	00	
		Y - YOURSELF		S - SPOUSE			
6. **Taxable** pension for each spouse from **private sources** from Federal Form 1040A, Lines 11b and 12b, or Federal Form 1040, Lines 15b and 16b.	6Y		00	6S		00	Line 6
7. Amounts from Line 6Y and 6S or $6,000, whichever is less	7Y	0	00	7S	0	00	
8. Add Lines 7Y and 7S.	8				0	00	
9. **Total private pension**, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter $0	9				0	00	

SECTION C — SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social security deduction you must be 62 years of age by December 31 and have marked the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to social security disability deduction.

1. Missouri adjusted gross income from Form MO-1040, Line 6	1				0	00	
2. Select the appropriate filing status and enter the amount on Line 2. Married filing combined - $100,000 Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - $85,000	2				85,000	00	
3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter $0	3				0	00	
		Y - YOURSELF		S - SPOUSE			
4. **Taxable** social security benefits for each spouse from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	4Y		00	4S		00	Line 4
5. **Taxable** social security **disability** benefits for each spouse from Federal Form 1040A, Line 14b or 1040, Line 20b.	5Y		00	5S		00	Line 5
6. Amount from Line(s) 4Y or 5Y, and 4S or 5S.	6Y	0	00	6S	0	00	
7. Add Lines 6Y and 6S.	7				0	00	
8. **Total social security/social security disability**, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter $0	8				0	00	

SECTION D — MILITARY PENSION CALCULATION

1. Military retirement benefits included on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b	1		00
2. **Taxable public pension** from Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b.	2		00
3. Divide Line 1 by Line 2 (Round to whole number)	3	0	%
4. Multiply Line 3 by Line 11 of Section A. If you are not claiming a public pension exemption, enter $0	4	0	00
5. Subtract Line 4 from Line 1	5	0	00
6. **Total military pension**, multiply Line 5 by 75%.	6	0	00

SECTION E — TOTAL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION

Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D). **Enter total amount here and on Form MO-1040, Line 8.**	TOTAL EXEMPTION	0	00

MISSOURI DEPARTMENT OF REVENUE

HOME ENERGY AUDIT EXPENSE

2014
FORM
MO-HEA

NAME OF TAXPAYER			
ADDRESS	CITY	STATE	ZIP

QUALIFICATIONS

Any taxpayer who paid an individual certified by the Department of Natural Resources to complete a home energy audit may deduct 100% of the costs incurred for the audit and the implementation of any energy efficiency recommendations made by the auditor. The maximum yearly subtraction may not exceed $1,000 for a taxpayer filing a single return or $2,000 for a taxpayer filing a combined return. To qualify for the deduction, you must have incurred expenses in the taxable year for which you are filing a claim, and the expenses incurred must not have been excluded from your federal adjusted gross income or reimbursed through any other state or federal program.

INSTRUCTIONS - IN THE SPACES PROVIDED BELOW:

- Report the name of the auditor who conducted the audit
- Report the auditor's certification number
- Summarize each of the auditor's recommendations
- Enter the amount paid for the audit on Line A
- Enter the total amount paid to implement the energy efficiency recommendations on Line B
- Enter the total amount paid for the audit and any implemented recommendations on Line C
- Attach applicable receipts
- Attach completed MO-HEA and receipts to Form MO-1040

NAME OF AUDITOR	AUDITOR CERTIFICATION NUMBER

SUMMARY OF RECOMMENDATIONS

1.
2.
3.
4.
5.

A. Amount paid for audit	A.		00
B. Amount paid to implement recommendations	B.		00
C. Total Paid - Add Lines A and B	C.		00
D. Enter $1,000 if a single filer or $2,000 if filing a combined return	D.		00
E. Amount from Line C or Line D, whichever is less. Enter here and on Form MO-A, Line 13 If you are filing a combined return, you may split the amount reported on Line 13 between both spouses	E.		00

Yourself ☐ Spouse ☐

Back to MO-A Part 1

d 12-2014)

2014 TAX CHART

If Missouri taxable income from Form MO-1040, Line 24, is less than $9,000, use the chart to figure tax; if more than $9,000, use worksheet below or use the online tax calculator at **http://dor.mo.gov/personal/individual/**.

If the Missouri taxable income is:	The tax is:
$0 to $99	$0
At least $100 but not over $1,000	1½% of the Missouri taxable income
Over $1,000 but not over $2,000	$15 plus 2% of excess over $1,000
Over $2,000 but not over $3,000	$35 plus 2½% of excess over $2,000
Over $3,000 but not over $4,000	$60 plus 3% of excess over $3,000
Over $4,000 but not over $5,000	$90 plus 3½% of excess over $4,000
Over $5,000 but not over $6,000	$125 plus 4% of excess over $5,000
Over $6,000 but not over $7,000	$165 plus 4½% of excess over $6,000
Over $7,000 but not over $8,000	$210 plus 5% of excess over $7,000
Over $8,000 but not over $9,000	$260 plus 5½% of excess over $8,000
Over $9,000	$315 plus 6% of excess over $9,000

FIGURING TAX ON $9,000 OR LESS

Example: If Line 24 is $3,090, the tax would be computed as follows: $60 + $2.70 (3% of $90) = $62.70. The whole dollar amount to enter on Line 25 would be $63.

FIGURING TAX OVER $9,000

	Yourself	Spouse	Example
Missouri taxable income (Line 24)	$	$	$ 12,000
Subtract $9,000	– $ 9,000	– $ 9,000	– $ 9,000
Difference	= $	= $	= $ 3,000
Multiply by 6%	x 6%	x 6%	x 6%
Tax on income over $9,000	= $	= $	= $ 180
Add $315 (tax on first $9,000)	+ $ 315	+ $ 315	+ $ 315
TOTAL MISSOURI TAX	= $	= $	= $ 495

A separate tax must be computed for you and your spouse.

If more than $9,000, tax is $315 PLUS 6% of excess over $9,000. Round to nearest whole dollar and enter on Form MO-1040, Line 25.

Reset Worksheet

Form
MO-NJD

Missouri Department of Revenue
Small Business Deduction For New Jobs Under Section 143.173, RSMo.

Department Use Only (MM/DD/YY)

Taxable Year Beginning (MM/DD/YY) Ending (MM/DD/YY)

Missouri Tax I.D. Number

Federal Employer I.D. Number

Name of Small Business		Social Security Number (Last 4 Digits)	
Address	City	State	Zip Code

Type of Small Business

❒ Sole Proprietor ❒ Partnership ❒ C-Corporation ❒ S-Corporation ❒ Limited Liability Company ❒ Limited Liability Partnership

❒ Other Business Entity (Specify Business Type) _____

Qualifications

For all taxable years beginning on or after January 1, 2011 (if pass through entity, see special instructions on page 2), and ending on or before December 31, 2014, if a small business creates new jobs, it may qualify to claim a deduction in the taxable year each new employee completes at least 52 weeks of full-time employment. The deduction is equal to $10,000 for each new job created or $20,000 for each new job created by a small business that paid at least 50 percent of all employees' health insurance premiums.

The Small Business:

- Must employ fewer than 50 full-time or part-time employees at all times during the tax year for which the deduction is requested to qualify for the deduction. Any small business affiliated with another business must consider each employee of all affiliated businesses in determining if it employs fewer than 50 full-time or part-time employees. Two businesses are affiliated if either party has power to control the other, or a third party controls or has the power to control both parties. For purposes of the deduction, a part-time employee is defined as one who works fewer than 30 hours per week.
- Must be subject to income taxes imposed in **Chapter 143, RSMo.**
- Must ensure all new employees have completed at least 52 weeks of full-time employment prior to including them in the deduction calculation. Upon completion of at least 52 weeks, the employee becomes a qualifying full-time employee and the small business may choose a date to compare the number of qualifying full-time employees employed in the previous calendar year. See the example below for further instruction.
- Must pay wages of at least the county average wage or the state average wage if the county wage is in excess of the state wide average. The county average wage is calculated by the Department of Economic Development and can be found at:

  www.missourieconomy.org/indicators/countywage.stm.
- Must pay at least 50 percent of the health insurance premium for all full-time employees, not just for new employees, to claim the $20,000 deduction.

The Employee:

- Must complete at least 52 consecutive weeks of employment and work an average of at least 35 hours per week before the small business may claim the deduction.
- May not have been previously employed in Missouri by the small business or any business affiliated with the small business for a period of 12 months prior to the creation of the new job.

Example: A small business chooses November 1 as its comparison date. On that date in 2011, the business had 25 full-time employees who had been employed for at least 52 weeks, and five employees who had been employed for 20 weeks. Also on that date, the business hires two new employees who had not been employed by the business. If all these employees remain employed through November 1, 2012, the small business is eligible to claim deductions for seven of its employees in determining its 2012 tax liability. Although five of these employees had been employed prior to November 1, 2011, they would not qualify as full-time employees on that date because they had not completed 52 weeks of employment. Although those five employees could have qualified for the deduction prior to November 1, 2012, the two employees hired on November 1, 2011 could not. Because a small business can select only one comparison date per year, the small business selected November 1, 2012 so it could claim the deduction for all seven employees.

14304001001

Instructions

1. Comparison Date: Each small business must choose a date to compare the number of full-time employees in the deduction year and the number employed in the immediately preceding year. Enter your comparison date: (MM/DD/YYYY) ..	1	__ __/__ __/__ __ __ __
2. Employees in Deduction Year: The number of full-time employees employed on your comparison date in the deduction year.	2	
3. Employees in Previous Year: The number of full-time employees employed on your comparison date in the immediately preceding year.	3	
4. Subtract Line 3 from Line 2 to determine the number of eligible employees.....	4	0

In the table below, enter the requested information for each new employee reflected on Line 4.
Note: If the employee worked in more than one county, enter the county in which he or she worked for the majority of his or her 52 weeks of employment.

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I am the owner of or an officer of the above business and am authorized to apply for the small business deduction for new jobs on behalf of the small business identified above. I hereby certify to the Department of Revenue that the employees listed on page 2 meet the requirements outlined in Section 143.173, RSMo, and the small business claiming a deduction meets the requirements outlined in this document and in **Section 143.173, RSMo.**

Signature	Title
Printed Name	Date (MM/DD/YYYY) __ __/__ __/__ __ __ __

Employee Name First, Middle Initial, Last	Employee Social Security Number (Last Four Digits)	Employee Title or Position Code	County Where Employee Worked	Annual County Average Wage	Total Wages Paid For 52 Consecutive Weeks	Total Deduction
1.				$	$	$
2.				$	$	$
3.				$	$	$
4.				$	$	$
5.				$	$	$
6.				$	$	$
7.				$	$	$
8.				$	$	$
9.				$	$	$
10.				$	$	$
11.				$	$	$
12.				$	$	$
13.				$	$	$
14.				$	$	$
15.				$	$	$
Total Deduction: Enter your total deduction here and on **Form MO-1040**, Line 18B; or on **Form MO-1120**, Line 7. . . . . If you hired more than ten new employees, please print an additional page(s).						$ 0

Special Instructions for Pass-Through Entities:

Back to 1040 Page 1

For tax years ending on or after August 28, 2012, S-corporations, limited liability companies, limited liability partnerships or other pass-through business entities may also qualify for the small business deduction for new jobs under Section 143.173, RSMo.

The deduction year comparison date can be any date within the tax year and the previous year comparison date will be one year earlier. Each partner, member or shareholder must attach a completed Form MO-NJD when claiming the small business deduction on their income tax return.

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Allocation Instructions and Schedule

Complete the Allocation Schedule below listing each partner, member, or shareholder and their applicable amount of the total small business deduction (round to whole numbers). The deduction must be allocated in the same proportion as income is allocated for income tax purposes. The pass-through entity qualifying for the deduction must provide a copy of this form to each partner, member or shareholder claiming the deduction, who must file the copy with their return. If you have more than nine partners, members or shareholders, please print an additional page(s).

Name of Partner, Member or Shareholder	Last Four Digits of Social Security Number or Complete FEIN	Share %	Deduction Amount
Example: Joe Smith	*XXX-XX-1234 or 12-3456789*	*50* %	$ *500.00*
1.		%	$
2.		%	$
3.		%	$
4.		%	$
5.		%	$
6.		%	$
7.		%	$
8.		%	$
9.		%	$
10.		%	$
11.		%	$
12.		%	$
13.		%	$
14.		%	$
15.		%	$
Total Deduction: Enter your total deduction here and on **Form MO-1040**, Line 18B.		100 %	$ 0

Schedule MO-NJD must be filed with Form MO-1040, **MO-1120**, or **MO-1120S**. Please attach to the form and mail to the appropriate address as shown on page 1 of the form.

Taxation Division
Personal Tax
P.O. Box 385
Jefferson City, MO 65105-0385
E-mail: income@dor.mo.gov

Corporate Tax
P.O. Box 3365
Jefferson City, MO 65105-3365
E-mail: corporate@dor.mo.gov

Phone: (573) 751-4541
Fax: (573) 522-1721

Visit **http://smallbiztax.mo.gov/** for additional information.

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MISSOURI DEPARTMENT OF REVENUE

CREDIT FOR INCOME TAXES PAID TO OTHER STATES OR POLITICAL SUBDIVISIONS

2014 FORM **MO-CR**

Attachment Sequence No. 1040-03

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

- **Attach a copy of all income tax returns for each state or political subdivision.**
- **Attach Form MO-CR to Form MO-1040.**

YOUR NAME	YOUR SOCIAL SECURITY NO.	YOUR SPOUSE'S NAME	SPOUSE'S SOCIAL SECURITY NO.

		YOURSELF		SPOUSE		
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S)	1	0	00	1 0	00	Line 1
2. Claimant's Missouri income tax (Form MO-1040, Line 25Y and Line 25S)	2	0	00	2 0	00	Line 2
USE TWO LETTER ABBREVIATION FOR STATE OR NAME OF POLITICAL SUBDIVISION. See table on back.		STATE OF:		STATE OF:		
3. Wages and commissions	3		00	3	00	Line 3
4. Other (describe nature) _____	4		00	4	00	Line 4
5. Total — Add Lines 3 and 4	5	0	00	5 0	00	Line 5
6. Less: related adjustments (from Federal Form 1040A, Line 20, or Federal Form 1040, Line 36).	6		00	6	00	Line 6
7. Net amounts — Subtract Line 6 from Line 5.	7	0	00	7 0	00	Line 7
8. Percentage of your income taxed — Divide Line 7 by Line 1.	8	0	%	8 0	%	Line 8
9. Maximum credit — Multiply Line 2 by percentage on Line 8	9	0	00	9 0	00	Line 9
10. Income tax you paid to another state or political subdivision. **This is not tax withheld.** The income tax is reduced by all credits, except withholding and estimated tax	10		00	10	00	Line 10
11. Credit — Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 26Y or Line 26S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040	11	0	00	11 0	00	Line 11

For Privacy Notice CLICK HERE

Form MO-CR (Revised 12-2014)

Back to MO-1040, page 2

MISSOURI DEPARTMENT OF REVENUE

CREDIT FOR INCOME TAXES PAID TO OTHER STATES OR POLITICAL SUBDIVISIONS

2014 FORM MO-CR

Attachment Sequence No. 1040-03

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

- Attach a copy of all income tax returns for each state or political subdivision.
- Attach Form MO-CR to Form MO-1040.

YOUR NAME | YOUR SOCIAL SECURITY NO. | YOUR SPOUSE'S NAME | SPOUSE'S SOCIAL SECURITY NO.

		YOURSELF		SPOUSE		
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S)	1	0	00	1 0	00	Line 1
2. Claimant's Missouri income tax (Form MO-1040, Line 25Y and Line 25S)	2	0	00	2 0	00	Line 2
USE TWO LETTER ABBREVIATION FOR STATE OR NAME OF POLITICAL SUBDIVISION. See table on back.		STATE OF:		STATE OF:		
3. Wages and commissions	3		00	3	00	Line 3
4. Other (describe nature) _____	4		00	4	00	Line 4
5. Total — Add Lines 3 and 4	5	0	00	5 0	00	Line 5
6. Less: related adjustments (from Federal Form 1040A, Line 20, or Federal Form 1040, Line 36).	6		00	6	00	Line 6
7. Net amounts — Subtract Line 6 from Line 5.	7	0	00	7 0	00	Line 7
8. Percentage of your income taxed — Divide Line 7 by Line 1.	8	0	%	8 0	%	Line 8
9. Maximum credit — Multiply Line 2 by percentage on Line 8	9	0	00	9 0	00	Line 9
10. Income tax you paid to another state or political subdivision. **This is not tax withheld.** The income tax is reduced by all credits, except withholding and estimated tax	10		00	10	00	Line 10
11. Credit — Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 26Y or Line 26S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040	11	0	00	11 0	00	Line 11

For Privacy Notice CLICK HERE

Form MO-CR (Revised 12-2014)

Back to MO-1040, page 2

INFORMATION TO COMPLETE FORM MO-CR

Complete this form if you are a Missouri resident, resident estate, or resident trust with income from another state(s). A part-year resident may elect to use this form to determine his or her tax as if he or she were a resident for the entire taxable year. If you pay tax to more than one state, you must complete a separate Form MO-CR for each state.
Before you begin:

- **Complete your Missouri return, Form MO-1040 (Lines 1–25).**
- **Complete the other state's return(s) to determine the amount of income tax you paid to the other state(s).**

Line 1 — Enter the amount from Form MO-1040, Line 5Y and 5S.

Line 2 — Enter the amount from Form MO-1040, Line 25Y and 25S.

Lines 3 and 4 — Enter the total amount of wages, commissions, and other income you or your spouse received from the other state(s), as reported on the other state(s) return.

Line 5 — Add Lines 3 and 4; enter the total on Line 5.

Line 6 — Enter any federal adjustments from:
Federal Form 1040.....Line 36
Federal Form 1040A.....Line 20

Line 7 — Subtract Line 6 from Line 5. Enter the difference on Line 7.

Line 8 — Divide Line 7 by Line 1. If greater than 100 percent, enter 100 percent. Round whole percent, such as 91 percent instead of 90.5 percent. If percentage is less than 0.5 percent, use exact percentage. Enter percentage on Line 8.

Line 9 — Multiply Line 2 by percentage on Line 8. Enter amount on Line 9.

Line 10 — Enter your income tax liability as reported on the other state(s) income tax return. This is not income tax withheld. The income tax entered must be reduced by all credits, except withholding and estimated tax. If both you and your spouse paid income tax to the other state(s), each must claim his or her own portion of the tax liability.

Line 11 — Enter the smaller amount from Form MO-CR, Line 9 or Line 10. This is your Missouri resident credit. Enter the amount on Form MO-1040, Lines 26Y and 26S. (If you have multiple credits, add the amounts on Line 11 from each MO-CR). Your total credit cannot exceed the tax paid or the percent of tax due Missouri on that part of your income.

Two Letter Abbreviations for States

AL—Alabama	CT—Connecticut	HI—Hawaii	KY—Kentucky	MN—Minnesota	NJ—New Jersey	OK—Oklahoma	TN—Tennessee	WV—West Virginia
AK—Alaska	DC—District of Columbia	ID—Idaho	LA—Louisiana	MS—Mississippi	NM—New Mexico	OR—Oregon	TX—Texas	WI—Wisconsin
AZ—Arizona		IL—Illinois	ME—Maine	MT—Montana	NY—New York	PA—Pennsylvania	UT—Utah	WY—Wyoming
AR—Arkansas	DE—Delaware	IN—Indiana	MD—Maryland	NE—Nebraska	NC—North Carolina	RI—Rhode Island	VT—Vermont	
CA—California	FL—Florida	IA—Iowa	MA—Massachusetts	NV—Nevada	ND—North Dakota	SC—South Carolina	VA—Virginia	
CO—Colorado	GA—Georgia	KS—Kansas	MI—Michigan	NH—New Hampshire	OH—Ohio	SD—South Dakota	WA—Washington	

INFORMATION TO COMPLETE FORM MO-CR

Complete this form if you are a Missouri resident, resident estate, or resident trust with income from another state(s). A part-year resident may elect to use this form to determine his or her tax as if he or she were a resident for the entire taxable year. If you pay tax to more than one state, you must complete a separate Form MO-CR for each state.
Before you begin:

- **Complete your Missouri return, Form MO-1040 (Lines 1–25).**
- **Complete the other state's return(s) to determine the amount of income tax you paid to the other state(s).**

Line 1 — Enter the amount from Form MO-1040, Line 5Y and 5S.

Line 2 — Enter the amount from Form MO-1040, Line 25Y and 25S.

Lines 3 and 4 — Enter the total amount of wages, commissions, and other income you or your spouse received from the other state(s), as reported on the other state(s) return.

Line 5 — Add Lines 3 and 4; enter the total on Line 5.

Line 6 — Enter any federal adjustments from:
Federal Form 1040.....Line 36
Federal Form 1040A.....Line 20

Line 7 — Subtract Line 6 from Line 5. Enter the difference on Line 7.

Line 8 — Divide Line 7 by Line 1. If greater than 100 percent, enter 100 percent. Round whole percent, such as 91 percent instead of 90.5 percent. If percentage is less than 0.5 percent, use exact percentage. Enter percentage on Line 8.

Line 9 — Multiply Line 2 by percentage on Line 8. Enter amount on Line 9.

Line 10 — Enter your income tax liability as reported on the other state(s) income tax return. This is not income tax withheld. The income tax entered must be reduced by all credits, except withholding and estimated tax. If both you and your spouse paid income tax to the other state(s), each must claim his or her own portion of the tax liability.

Line 11 — Enter the smaller amount from Form MO-CR, Line 9 or Line 10. This is your Missouri resident credit. Enter the amount on Form MO-1040, Lines 26Y and 26S. (If you have multiple credits, add the amounts on Line 11 from each MO-CR). Your total credit cannot exceed the tax paid or the percent of tax due Missouri on that part of your income.

Two Letter Abbreviations for States

AL—Alabama	CT—Connecticut	HI—Hawaii	KY—Kentucky	MN—Minnesota	NJ—New Jersey	OK—Oklahoma	TN—Tennessee	WV—West Virginia
AK—Alaska	DC—District of Columbia	ID—Idaho	LA—Louisiana	MS—Mississippi	NM—New Mexico	OR—Oregon	TX—Texas	WI—Wisconsin
AZ—Arizona		IL—Illinois	ME—Maine	MT—Montana	NY—New York	PA—Pennsylvania	UT—Utah	WY—Wyoming
AR—Arkansas	DE—Delaware	IN—Indiana	MD—Maryland	NE—Nebraska	NC—North Carolina	RI—Rhode Island	VT—Vermont	
CA—California	FL—Florida	IA—Iowa	MA—Massachusetts	NV—Nevada	ND—North Dakota	SC—South Carolina	VA—Virginia	
CO—Colorado	GA—Georgia	KS—Kansas	MI—Michigan	NH—New Hampshire	OH—Ohio	SD—South Dakota	WA—Washington	

MISSOURI DEPARTMENT OF REVENUE

MISSOURI INCOME PERCENTAGE

2014 FORM **MO-NRI**

Attachment Sequence No. 1040-04

Attach Federal Return. See Instructions and Diagram on page 2 of Form MO-NRI.

PART A — RESIDENT/NONRESIDENT STATUS — Check your status in the appropriate box below.

NAME (YOURSELF)		NAME (SPOUSE)	
ADDRESS		ADDRESS	
CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER	CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER

☐ **1. NONRESIDENT OF MISSOURI**
What was your state of residence during 2014? _____

☐ **2. PART-YEAR MISSOURI RESIDENT**

	Date From:	Date To:
a. Indicate the date you were a Missouri resident in 2014.		
b. Indicate other state of residence and date you resided there.		

☐ **1. NONRESIDENT OF MISSOURI**
What was your state of residence during 2014? _____

☐ **2. PART-YEAR MISSOURI RESIDENT**

	Date From:	Date To:
a. Indicate the date you were a Missouri resident in 2014.		
b. Indicate other state of residence and date you resided there.		

Line 1

Line 2

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri.
Do not complete Form MO-NRI. You must report 100% on Line 27 of MO-1040.

☐ **3. MILITARY/NONRESIDENT TAX STATUS — Indicate your tax status below and complete Part C—Missouri Income Percentage.**

a. Missouri Home of Record ☐
I did not at any time during the 2014 tax year maintain a permanent place of abode in Missouri nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

b. Non-Missouri Home of Record ☐
I resided in Missouri during 2014 solely because my spouse or I was stationed at _____ on military orders, my home of record is in the state of _____.

☐ **3. MILITARY/NONRESIDENT TAX STATUS — Indicate your tax status below and complete Part C—Missouri Income Percentage.**

a. Missouri Home of Record ☐
I did not at any time during the 2014 tax year maintain a permanent place of abode in Missouri nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

b. Non-Missouri Home of Record ☐
I resided in Missouri during 2014 solely because my spouse or I was stationed at _____ on military orders, my home of record is in the state of _____.

Line 3

PART B — WORKSHEET FOR MISSOURI SOURCE INCOME

ADJUSTED GROSS INCOME COMPUTATIONS	FEDERAL FORM 1040A LINE NO.	FEDERAL FORM 1040 LINE NO.	YOURSELF OR ONE INCOME FILER — MISSOURI SOURCES		SPOUSE (ON A COMBINED RETURN) — MISSOURI SOURCES	
A. Wages, salaries, tips, etc.	7	7	A	00	A	00
B. Taxable interest income	8a	8a	B	00	B	00
C. Dividend income	9a	9a	C	00	C	00
D. State and local income tax refunds	none	10	D	00	D	00
E. Alimony received	none	11	E	00	E	00
F. Business income or (loss)	none	12	F	00	F	00
G. Capital gain or (loss)	10	13	G	00	G	00
H. Other gains or (losses)	none	14	H	00	H	00
I. Taxable IRA distributions	11b	15b	I	00	I	00
J. Taxable pensions and annuities	12b	16b	J	00	J	00
K. Rents, royalties, partnerships, S corporations, trusts, etc.	none	17	K	00	K	00
L. Farm income or (loss)	none	18	L	00	L	00
M. Unemployment compensation	13	19	M	00	M	00
N. Taxable social security benefits	14b	20b	N	00	N	00
O. Other income	none	21	O	00	O	00
P. Total — Add Lines A through O.	15	22	P	0 00	P	0 00
Q. Less: federal adjustments to income	20	36	Q	00	Q	00
R. **SUBTOTAL** (Line P – Line Q) If no modifications to income, **STOP and ENTER this amount on reverse side, Part C, Line 1.**	21	37	R	0 00	R	0 00
S. Missouri modifications — additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2)			S	00	S	00
T. Missouri modifications — subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4)			T	00	T	00
U. **MISSOURI INCOME** (Missouri sources). Line R plus Line S, minus Line T. **Enter this amount on reverse side, Part C, Line 1.**			U	0 00	U	0 00

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☐ Use worksheet values in NRI, Part C, Line 1

Reset

PART C — MISSOURI INCOME PERCENTAGE

		Yourself or One Income Filer		Spouse (on a Combined Return)	
1. **Missouri income** — Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than $600.)	1		00	1	00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return)	2	0	00	2	0 00
3. **MISSOURI INCOME PERCENTAGE** (divide Line 1 by Line 2). If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 27Y and 27S.	3	0 %		3	0 %

Check boxes to carry amount to MO-1040 with values below

☐ CHECK to fill Line 27Y ☐ CHECK to fill Line 27S

INSTRUCTIONS

Back to MO-1040, page 2

PART A, LINE 1: NONRESIDENTS OF MISSOURI — If you are a Missouri nonresident and had Missouri source income, complete Part A, Line 1, Part B, and Part C. Attach a copy of your federal return and this form to your Missouri return.

PART A, LINE 2: PART-YEAR RESIDENT — If you were a Missouri part-year resident with Missouri source income and income from another state; you may use Form MO-NRI or Form MO-CR, whichever is to your benefit. When using Form MO-NRI, complete Part A, Line 2, Part B, and Part C. Missouri source income includes any income (pensions, annuities, etc.) that you received while living in Missouri. Attach a copy of your federal return and this form to your Missouri return.

PART A, LINE 3: MILITARY NONRESIDENT TAX STATUS —

MISSOURI HOME OF RECORD — *If you have a Missouri home of record and you:*

a) Did not have any Missouri income other than military income, were not in Missouri for more than 30 days, did not maintain a home in Missouri during the year, but did maintain living quarters elsewhere, you qualify as a nonresident for tax purposes. Complete Part A, Line 3 and enter "0" on Part C, Line 1.

b) Did have Missouri income other than military income, were in Missouri for more than 30 days or maintained a home in Missouri during the year, you cannot use this form. You must file Form MO-1040 because 100 percent of your income is taxable, including your military income. **Do not complete this form.**

c) Did not have Missouri income other than military income but spent more than 30 days in Missouri or maintained a home in Missouri during the year, you must file Form MO-1040 because 100 percent of your income is taxable, including your military income. **Do not complete this form.**

d) Are married to a Missouri resident, who is not in the military, but lives with you outside of Missouri on military orders, you may use Form MO-NRI to calculate your Missouri income percentage. However, any income earned by your spouse is taxable to Missouri. Your spouse is not eligible to complete Form MO-NRI.

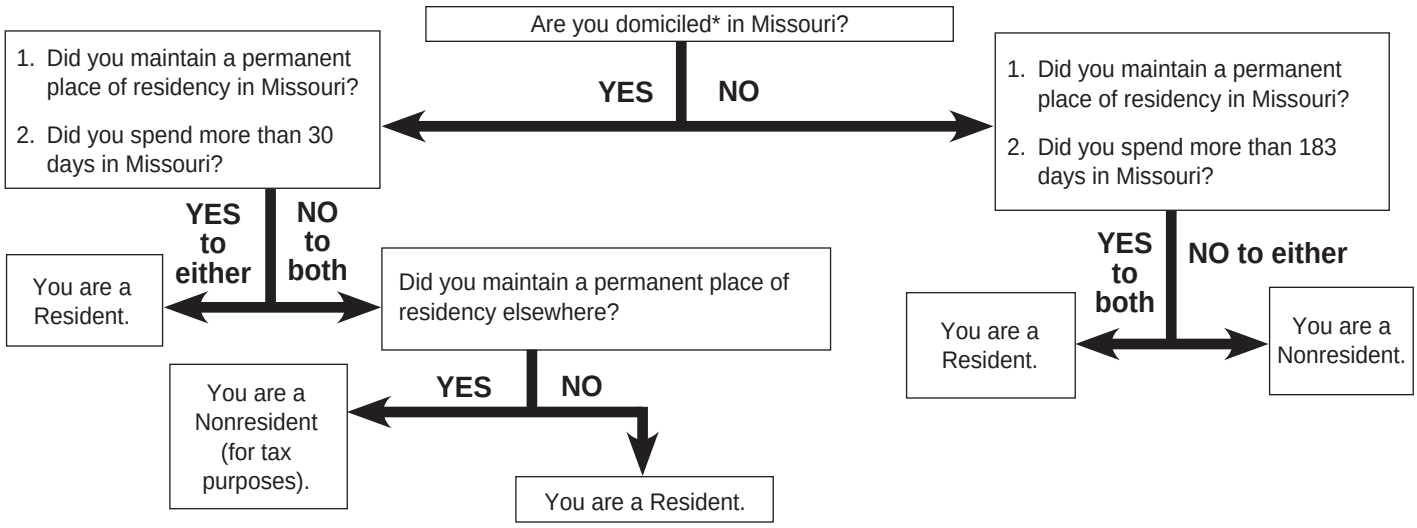
MILITARY NONRESIDENT STATIONED IN MISSOURI — *If you are a military nonresident, stationed in Missouri and you:*

a) ***Earned non-military income while in Missouri***, you must file Form MO-1040. Complete Part A, Line 3, Part B and Part C. The nonresident military pay should be subtracted from your federal adjusted gross income using Form MO-A, Part 1, Line 9, as a "Military (nonresident) Subtraction".

b) ***Only had military income while in Missouri, you may complete a No Return Required-Military Online Form at the following address: http://dor.mo.gov/personal/individual/.***

NOTE: IF YOU FILE A JOINT FEDERAL RETURN, YOU MUST FILE A COMBINED MISSOURI RETURN (REGARDLESS OF WHOM EARNED THE INCOME). COMPLETE EACH COLUMN OF PART B AND PART C OF THIS FORM. DO NOT COMBINE INCOMES FOR YOU AND YOUR SPOUSE.

Use this diagram to determine if you or your spouse are a RESIDENT OR NONRESIDENT



*Domicile (Home of Record) — The place an individual intends to be his or her permanent home; a place that he or she intends to return whenever absent. A domicile, once established, continues until the individual moves to a new location with the true intention of making his or her permanent home there. An individual can only have one domicile at a time.

Under penalties of perjury, I declare that I have examined this form 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/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.

SIGNATURE	DATE	SPOUSE'S SIGNATURE	DATE

Form **MO-TC**

Missouri Department of Revenue
2014 Miscellaneous Income Tax Credits

Department Use Only (MM/DD/YY)

Attachment Sequence No. 1120-04 and 1120S-02

Name (Last, First) ,

Social Security Number

Spouse's Name (Last, First) ,

Spouse's Social Security Number

Corporation Name

Charter Number

Missouri Tax I.D. Number

Federal Employer I.D. Number

- Each credit will apply against your tax liability in the order they appear on the form.
- If you are claiming more than 10 credits, attach additional MO-TC(s).
- If you are claiming a tax credit for both taxpayers on a combined return, both names must be on the certificate.
- If you are a shareholder or partner and claiming a credit, you must attach a copy of the shareholder listing, specifying your percentage of ownership, including the corporation's percentage of ownership, if applicable

	Benefit Number	Alpha Code (3 characters) from back	Credit Name Each credit will apply in the order they appear below		• Yourself (one income) • Corporation Income • Fiduciary Column 1		• Spouse (on a combined return) • Corporation Franchise Column 2	
1.				1.		00		00
2.				2.		00		00
3.				3.		00		00
4.				4.		00		00
5.				5.		00		00
6.				6.		00		00
7.				7.		00		00
8.				8.		00		00
9.				9.		00		00
10.				10.		00		00
11. Subtotals — add Lines 1 through 10.				11.	0	00	0	00
12. Enter the amount of the tax liability from Form MO-1040, Line 30Y for yourself and Line 30S for your spouse, or from Form MO-1120, Line 14 plus Line 15 for income or Line 16 for franchise; Form MO-1120S, Line 15 for franchise tax; or Form MO-1041, Line 18.				12.	0	00	0	00
13. Total Credits — add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 18; Form MO-1120S, Line 16; Form MO-1040, Line 37; or Form MO-1041, Line 19.) Line 13 cannot exceed the amount on Line 12, unless the credit is refundable..				13.	0	00		

Back to MO-1040, page 2

Instructions

- If you are filing an individual income tax return and you have only one income, use Column 1.
- If you are filing a combined return and both you and your spouse have income, use Column 1 for yourself and Column 2 for your spouse.
- If you are filing a fiduciary return, use Column 1.
- If you are filing a corporation income tax return, use Column 1. If you are filing a corporation franchise tax return, use Column 2.
- Include a copy of your certificate or form from the issuing agency.

Benefit Number — The number is located on your Certificate of Eligibility Schedule (Certificate).

Alpha Code — This is the three character code located on the back of the form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.

I 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 also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services.

Use this form to claim income or franchise tax credits on Form MO-1040, MO-1120, MO-1120s, or MO-1041. Attach to Form MO-1040, MO-1120, MO-1120s, or MO-1041.

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WORKSHEET FOR LINE 1 — Instructions for Completing the Adjusted Gross Income Worksheet

Missouri law requires a combined return for married couples filing together. A combined return means taxpayers are required to split their total federal adjusted gross income (including other state income) between spouses when beginning the Missouri return.

Splitting the income can be as easy as adding up your separate Forms W-2 and 1099. Or it may require allocating to each spouse the percentage of ownership in jointly held property, such as businesses, farm operations, dividends, interest, rent, and capital gains or losses. State refunds should be split based on each spouse's 2012 Missouri tax withheld, less each spouse's 2012 tax liability. The result should be each spouse's portion of the 2012 refund. Taxable social security benefits must be allocated by each spouse's share of the benefits received for the year.

The worksheet below lists income that is included on your federal return, along with federal line references. Find the lines that apply to your federal return, split the income between you and your spouse, and enter the amounts on the worksheet. When you have completed the worksheet, transfer the amounts from Line 18 to Form MO-1040, Lines 1Y and 1S.

Note: Remember, the incomes listed separately on Line 18 of this worksheet must equal your total federal adjusted gross income when added together.

Adjusted Gross Income Worksheet for Combined Return	Federal Form 1040EZ Line No.	Federal Form 1040A Line No.	Federal Form 1040 Line No.	Y — Yourself			S — Spouse	
1. Wages, salaries, tips, etc.	1	7	7		00	1		00
2. Taxable interest income	2	8a	8a		00	2		00
3. Dividend income	none	9a	9a		00	3		00
4. State and local income tax refunds	none	none	10		00	4		00
5. Alimony received	none	none	11		00	5		00
6. Business income or (loss)	none	none	12		00	6		00
7. Capital gain or (loss)	none	10	13		00	7		00
8. Other gains or (losses)	none	none	14		00	8		00
9. Taxable IRA distributions	none	11b	15b		00	9		00
10. Taxable pensions and annuities	none	12b	16b		00	10		00
11. Rents, royalties, partnerships, S corporations, trusts, etc.	none	none	17		00	11		00
12. Farm income or (loss)	none	none	18		00	12		00
13. Unemployment compensation	3	13	19		00	13		00
14. Taxable social security benefits	none	14b	20b		00	14		00
15. Other income	none	none	21		00	15		00
16. Total (add Lines 1 through 15)	4	15	22	0	00	16	0	00
17. Less: federal adjustments to income	none	20	36		00	17		00
18. Federal adjusted gross income (Line 16 less Line 17) Enter amounts here and on Lines 1Y and 1S, Form MO-1040	4	21	37	0	00	18	0	00

☐ Carry amounts to MO-1040, Line 1Y and 1S.

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MISSOURI DEPARTMENT OF REVENUE

PROPERTY TAX CREDIT SCHEDULE

2014 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.
			__ __ /__ __ /__ __ __ __	__ __ __-__ __-__ __ __ __
SPOUSE'S LAST NAME	FIRST NAME	INITIAL	BIRTHDATE (MM/DD/YYYY)	SPOUSE'S SOCIAL SECURITY NO.
			__ __ /__ __ /__ __ __ __	__ __ __-__ __-__ __ __ __

QUALIFICATIONS

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 **(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	0	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	Line 2
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 7 (if filing Form MO-1040). **ATTACH** Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc.	3		00	Line 3
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 9.	4		00	Line 4
5. Enter the amount of veterans payments or benefits before any deductions. **ATTACH** letter from Veterans Affairs.	5		00	Line 5
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	Line 6
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	Line 7
8. **TOTAL** household income — Add Lines 1 through 7. Enter total here.	8	0	00	
9. **MARK THE BOX THAT APPLIES** and enter the appropriate amount. ☐ a. Enter $0 if **Single or Married Living Separate**; **If Married and Filing Combined;** ☐ b. Enter $2,000 if you rented or did not own your home for the entire year; ☐ c. Enter $4,000 if you owned and occupied your home for the entire year;	9		00	Line 9
10. Net household income — Subtract Line 9 from Line 8 and enter the amount; **MARK THE BOX THAT APPLIES**. ☐ 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.** ☐ 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	0	00	Line 10
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	Line 11
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	Go to MO-CRP 0	00	Line 12
13. Enter the total of Lines 11 and 12, or $1,100, whichever is less.	13		00	Line 13
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 38 or Form MO-1040P, Line 20.	14		00	Line 14

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

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MISSOURI DEPARTMENT OF REVENUE

CERTIFICATION OF RENT PAID FOR 2014

2014 FORM MO-CRP

FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

1. SOCIAL SECURITY NUMBER | SPOUSE'S SOCIAL SECURITY NUMBER | ARE YOU RELATED TO YOUR LANDLORD? ☐ YES ☐ NO IF YES, EXPLAIN. — Line 1

2. NAME | 3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN **(MUST BE COMPLETED)**

PHYSICAL ADDRESS OF RENTAL UNIT **(P.O. BOX NOT ALLOWED)** | APT. NUMBER | LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE **(MUST BE COMPLETED)** | APT. NUMBER

CITY, STATE, AND ZIP CODE | 4. LANDLORD'S PHONE NUMBER **(MUST BE COMPLETED)** (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

5. **RENTAL PERIOD DURING YEAR** FROM: MONTH — DAY — YEAR **2014** TO: MONTH — DAY — YEAR **2014**

6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid.
NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit..... 6 00 — Line 6

7. Check the appropriate box and enter the corresponding percentage on Line 7.
   - ☐ A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — **100%**
   - ☐ B. MOBILE HOME LOT — **100%**
   - ☐ C. BOARDING HOME / RESIDENTIAL CARE — **50%**
   - ☐ D. SKILLED OR INTERMEDIATE CARE NURSING HOME — **45%**
   - ☐ E. HOTEL If meals are included, enter — **50%**; Otherwise, enter — **100%** ☐
   - ☐ F. LOW INCOME HOUSING — **100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.)**
   - ☐ G. **SHARED RESIDENCE** — If you shared your rent with relatives or friends **(OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18)**, check the appropriate box and enter percentage.

   Additional **persons sharing rent/percentage to be entered:** ☐ **1 (50%)** ☐ **2 (33%)** ☐ **3 (25%)**..... 7 % — Line 7

8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ..... 8 0 00 — Line 8

9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS..... 9 0 00 — Line 9

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MISSOURI DEPARTMENT OF REVENUE

CERTIFICATION OF RENT PAID FOR 2014

2014 FORM MO-CRP

FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

1. SOCIAL SECURITY NUMBER | SPOUSE'S SOCIAL SECURITY NUMBER | ARE YOU RELATED TO YOUR LANDLORD? ☐ YES ☐ NO IF YES, EXPLAIN. — Line 1

2. NAME | 3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)

PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED) | APT. NUMBER | LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED) | APT. NUMBER

CITY, STATE, AND ZIP CODE | 4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

5. RENTAL PERIOD DURING YEAR FROM: MONTH — DAY — YEAR 2014 TO: MONTH — DAY — YEAR 2014

6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid.
NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit..... 6 00 — Line 6

7. Check the appropriate box and enter the corresponding percentage on Line 7.
   - ☐ A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%
   - ☐ B. MOBILE HOME LOT — 100%
   - ☐ C. BOARDING HOME / RESIDENTIAL CARE — 50%
   - ☐ D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%
   - ☐ E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% ☐
   - ☐ F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.)
   - ☐ G. SHARED RESIDENCE — If you shared your rent with relatives or friends (OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18), check the appropriate box and enter percentage.

   Additional persons sharing rent/percentage to be entered: ☐ 1 (50%) ☐ 2 (33%) ☐ 3 (25%)..... 7 % — Line 7

8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ..... 8 0 00 — Line 8

9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS..... 9 0 00 — Line 9

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MISSOURI DEPARTMENT OF REVENUE

CERTIFICATION OF RENT PAID FOR 2014

2014 FORM MO-CRP

FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

1. SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER	ARE YOU RELATED TO YOUR LANDLORD? ☐ YES ☐ NO IF YES, EXPLAIN.	Line 1
2. NAME	3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN **(MUST BE COMPLETED)**		
PHYSICAL ADDRESS OF RENTAL UNIT **(P.O. BOX NOT ALLOWED)** / APT. NUMBER	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE **(MUST BE COMPLETED)** / APT. NUMBER		
CITY, STATE, AND ZIP CODE	4. LANDLORD'S PHONE NUMBER **(MUST BE COMPLETED)** (__ __ __) __ __ __ - __ __ __ __		

5. RENTAL PERIOD DURING YEAR FROM: MONTH — DAY — YEAR **2014** TO: MONTH — DAY — YEAR **2014**

6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid. **NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit**.....	6	00	Line 6
7. Check the appropriate box and enter the corresponding percentage on Line 7. ☐ A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — **100%** ☐ B. MOBILE HOME LOT — **100%** ☐ C. BOARDING HOME / RESIDENTIAL CARE — **50%** ☐ D. SKILLED OR INTERMEDIATE CARE NURSING HOME — **45%** ☐ E. HOTEL If meals are included, enter — **50%**; Otherwise, enter — **100%** ☐ ☐ F. LOW INCOME HOUSING — **100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.)** ☐ G. **SHARED RESIDENCE** — If you shared your rent with relatives or friends **(OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18)**, check the appropriate box and enter percentage. ***Additional*** **persons sharing rent/percentage to be entered:** ☐ **1 (50%)** ☐ **2 (33%)** ☐ **3 (25%)**.....	7	%	Line 7
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.	8	0 00	Line 8
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.....	9	0 00	Line 9

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MISSOURI DEPARTMENT OF REVENUE

CERTIFICATION OF RENT PAID FOR 2014

2014 FORM MO-CRP

FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

1. SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER	ARE YOU RELATED TO YOUR LANDLORD? ☐ YES ☐ NO IF YES, EXPLAIN.	Line 1
2. NAME	3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN **(MUST BE COMPLETED)**		
PHYSICAL ADDRESS OF RENTAL UNIT **(P.O. BOX NOT ALLOWED)** / APT. NUMBER	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE **(MUST BE COMPLETED)** / APT. NUMBER		
CITY, STATE, AND ZIP CODE	4. LANDLORD'S PHONE NUMBER **(MUST BE COMPLETED)** (__ __ __) __ __ __ - __ __ __ __		

5. RENTAL PERIOD DURING YEAR FROM: MONTH — DAY — YEAR 2014 TO: MONTH — DAY — YEAR 2014

6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid. **NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit**.....	6	00	Line 6
7. Check the appropriate box and enter the corresponding percentage on Line 7. ☐ A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — **100%** ☐ B. MOBILE HOME LOT — **100%** ☐ C. BOARDING HOME / RESIDENTIAL CARE — **50%** ☐ D. SKILLED OR INTERMEDIATE CARE NURSING HOME — **45%** ☐ E. HOTEL If meals are included, enter — **50%**; Otherwise, enter — **100%** ☐ ☐ F. LOW INCOME HOUSING — **100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.)** ☐ G. **SHARED RESIDENCE** — If you shared your rent with relatives or friends **(OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18)**, check the appropriate box and enter percentage. ***Additional*** **persons sharing rent/percentage to be entered:** ☐ **1 (50%)** ☐ **2 (33%)** ☐ **3 (25%)**.....	7	%	Line 7
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.	8	0 00	Line 8
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.....	9	0 00	Line 9

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MISSOURI DEPARTMENT OF REVENUE

CERTIFICATION OF RENT PAID FOR 2014

2014 FORM MO-CRP

FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

1. SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER	ARE YOU RELATED TO YOUR LANDLORD? ☐ YES ☐ NO IF YES, EXPLAIN.

Line 1

2. NAME	3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN **(MUST BE COMPLETED)**

PHYSICAL ADDRESS OF RENTAL UNIT **(P.O. BOX NOT ALLOWED)**	APT. NUMBER	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE **(MUST BE COMPLETED)**	APT. NUMBER

CITY, STATE, AND ZIP CODE	4. LANDLORD'S PHONE NUMBER **(MUST BE COMPLETED)** (__ __ __) __ __ __ - __ __ __ __

5. **RENTAL PERIOD DURING YEAR**	FROM:	MONTH —	DAY —	YEAR **2014**	TO:	MONTH —	DAY —	YEAR **2014**

6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid. **NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit**.....	6		00
7. Check the appropriate box and enter the corresponding percentage on Line 7. ☐ A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — **100%** ☐ B. MOBILE HOME LOT — **100%** ☐ C. BOARDING HOME / RESIDENTIAL CARE — **50%** ☐ D. SKILLED OR INTERMEDIATE CARE NURSING HOME — **45%** ☐ E. HOTEL If meals are included, enter — **50%**; Otherwise, enter — **100%** ☐ ☐ F. LOW INCOME HOUSING — **100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.)** ☐ G. **SHARED RESIDENCE** — If you shared your rent with relatives or friends **(OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18)**, check the appropriate box and enter percentage. ***Additional*** **persons sharing rent/percentage to be entered:** ☐ **1 (50%)** ☐ **2 (33%)** ☐ **3 (25%)**.....	7		%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.	8	0	00
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.....	9	0	00

Line 6 Line 7 Line 8 Line 9

Form MO-CRP (Revised 12-2014)

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Go To Form MO-PTS

Worksheet for Long-Term Care Insurance Deduction

A. Enter the amount paid for qualified long-term care insurance policy..... A) $_____
If you itemized on your federal return and your federal itemized deductions included medical expenses, go to Line B. If not, skip to H.

B. Enter the amount from Federal Schedule A, Line 4..... B) $_____

C. Enter the amount from Federal Schedule A, Line 1..... C) $_____

D. Enter the amount of qualified long-term care included on Line C..... D) $_____

E. Subtract Line D from Line C..... E) $ 0

F. Subtract Line E from Line B. **If amount is less than zero, enter "0"**..... F) $ 0

G. Subtract Line F from Line A..... G) $ 0

H. Enter Line G (or Line A if you did not have to complete Lines B through G) on Form MO-1040, Line 17

Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A (if you itemized your deductions).

QUALIFIED HEALTH INSURANCE PREMIUMS WORKSHEET FOR MO-A, LINE 11

Complete this worksheet and attach it to Form MO-1040 if you included health insurance premiums paid as an itemized deduction or had health insurance premiums withheld from your social security benefits.

If you had premiums withheld from your social security benefits, complete Lines 1 through 4 to determine your taxable percentage of social security income and the corresponding taxable portion of your health insurance premiums included in your taxable income.

1. Enter the amount from Federal Form 1040A, Line 14a, or Federal Form 1040, Line 20a. If $0, skip to Line 6 and enter your total health insurance premiums paid..... 1. _____

2. Enter amount from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b..... 2. _____

3. Divide Line 2 by Line 1..... 3. 0

		Yourself		Spouse
4. Enter the health insurance premiums withheld from your social security income.....	4Y.	_____	4S.	_____
5. Multiply the amounts on Line 4Y and 4S by the percentage on Line 3.....	5Y.	0	5S.	0
6. Enter the total of all other health insurance premiums paid, which were not included on 4Y or 4S.....	6Y.	_____	6S.	_____
7. Add the amounts from Lines 5 and 6.....	7Y.	0	7S.	0
8. Add the amounts from Lines 7Y and 7S.....	8Y.	0		
9. Divide Line 7Y and 7S by the total found on Line 8. If you itemized on your federal return and your federal itemized deductions included health insurance premiums as medical expenses, go to Line 10. If not, go to Line 15.....	9Y.	0 %	9S.	0 %

10. Enter the amount from Federal Schedule A, Line 1..... 10. _____

11. Enter the amount from Federal Schedule A, Line 4..... 11. _____

12. Divide Line 11 by Line 10 (round to full percent)..... 12. 0 %

13. Multiply Line 8 by percent on Line 12..... 13. 0

14. Subtract Line 13 from Line 8..... 14. 0

15. Enter your federal taxable income from Federal Form 1040A, Line 27, or Federal Form 1040, Line 43..... 15. _____

16. If you itemized on your federal return and completed Lines 10 through 14 above, enter the amount from Line 14 or Line 15, whichever is less.
If not, enter the amount from Line 8 or Line 15, whichever is less..... 16. _____

17. Multiply Line 16 by the percentage on Line 9Y and Line 9S.
Enter the amounts on Line 17Y and 17S of this worksheet on Line 11 of Form MO-A..... 17Y. 0 17S. 0

Back to MO-A, Line 11