

Please place this label  
in the address area  
of your return. ►  
Do not use this  
label if it is incorrect.

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# MISSOURI

## 2009 Form MO-1040

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### File Electronically!

Last year, more than 1.7 million  
Missouri income tax returns  
were filed electronically.  
See page 2 for details.

### Tax Deadline April 15

(For extensions, see page 4.)

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# Individual Income Tax Long Form

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**B-1040**

Visit our web site at [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax)

# ELECTRONIC FILING OPTIONS



**Federal/State E-file:** Missouri, in cooperation with the Internal Revenue Service (IRS), offers a joint federal/state filing of individual income tax returns. There are two ways that you may e-file your federal and state income tax returns:

- 1) You can electronically file your federal and state returns online from web sites provided by approved software providers. Many providers offer free filing if you meet certain conditions. A list of approved links can be found at [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax).
- 2) You can have a tax preparer (if approved by the IRS) electronically file your federal and state returns for you, usually for a fee. A list of approved tax preparers can be found at [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax).

## Benefits of Electronic Filing

- **Convenience:** You can electronically file 24 hours a day, 7 days a week.
- **Security:** Your tax return information is encrypted and transmitted over secure lines to ensure confidentiality.
- **Accuracy:** Electronic filed returns have up to 16 percent fewer errors than paper returns.
- **Direct Deposit:** You can have your refund direct deposited into your bank account.
- **Proof of Filing:** An acknowledgment is issued when your return is received and accepted.

Visit our web site at [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax)

*In addition to electronic filing information found on our web site, you can:*

- E-mail us
- Get the status of your refund or balance due
- Pay your taxes online
- Get answers to frequently asked questions
- Use our Fill-in Forms that Calculate
- Download Missouri and Federal tax forms

**2-D Barcode Returns**—If you plan on filing a paper return, you should consider 2-D barcode filing. The software encodes all your tax information into a 2-D barcode, which allows your return to be processed in a fraction of the time it takes to process a traditional paper return. If you use software to prepare your return, check our web site for approved 2-D barcode software companies. Also, check out the Department's fill-in forms that calculate and have a 2-D barcode. If your form has a 2-D barcode, the **REFUND** returns should be mailed to: **Department of Revenue, P.O. Box 3222, Jefferson City, MO 65105-3222** and returns with a balance due should be mailed to: **Department of Revenue, P.O. Box 3370, Jefferson City, MO 65105-3370**.



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## Do You Have the Correct Tax Book?

Form MO-1040 is Missouri's long form. It is a universal form that can be used by anyone. If you **do not** have any of the special filing situations described below and you choose to file a paper tax return, try filing a short form. The short forms are less complicated and provide only the necessary information for specific tax filing situations.

### YOU MUST FILE FORM MO-1040 IF ONE OR MORE OF THE FOLLOWING APPLIES:

- You claim:
  - a. A pension or social security/social security disability exemption and/or property tax credit and you also have other special filing situations. (If you do not have any other special filing situations described in this section, you can use Form MO-1040P—Short Form to file your taxes and claim the property tax credit/pension exemption.);
  - b. Miscellaneous tax credits (taken on Form MO-TC); and/or
  - c. A credit for payment made with the filing of a Form MO-60, Application for Extension of Time to File.
- You have any of the following Missouri modifications:
  - a. Positive or negative adjustments from partnerships, fiduciaries, S corporations, or other sources;
  - b. Nonqualified distribution received from the Missouri Savings for Tuition Program (MOST), Missouri Higher Education Deposit Program, and/or other qualified 529 plan;
  - c. Interest on federal exempt obligations;
  - d. Interest on state and local obligations;
  - e. Capital gain exclusion;
  - f. Exempt contributions made to or earnings from the Missouri Savings for Tuition Program (MOST), Missouri Higher Education Deposit Program, and/or other qualified 529 plan ;
  - g. Enterprise zone or rural empowerment zone modification;
  - h. Negative adjustments related to the bonus depreciation;
  - i. Net operating loss carryback/carry-forward;
  - j. Combat pay included in federal adjusted gross income.
- You or your spouse have income from another state.
- You are claiming a deduction for dependent(s) age 65 or older.
- You owe a penalty for underpayment of estimated tax.
- You are filing an amended return.
- You owe tax on a lump sum distribution included on Federal Form 1040, Line 44.
- You owe recapture tax on low income housing credit.
- You are a nonresident entertainer or a professional athlete.
- You are a fiscal year filer.
- You are nonresident military stationed in Missouri and you or your spouse earned non-military income while in Missouri.
- You claim a deduction for other federal tax (from Federal Form 1040, Lines 45,

47, and 58 and any recapture taxes included on Line 60).

- You claim a Healthcare Sharing Ministry deduction.

If you qualify to use a short form, visit [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax) to select the easiest form.

### To Obtain Forms:

- Access [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax) or
- Call the Forms-by-Fax System at (573) 751-4800 from your **fax machine handset**. The system will take you through the steps to fax a copy of the forms you need.

If you need to obtain a federal form, you can access the IRS web site at [www.irs.gov](http://www.irs.gov).

## IMPORTANT FILING INFORMATION

**This information is for guidance only and does not state the complete law.**

### FILING REQUIREMENTS

You do not have to file a Missouri return if you are not required to file a federal return.

If you are required to file a federal return, you may not have to file a Missouri return if you:

- are a resident and have less than \$1,200 of Missouri adjusted gross income;
- are a nonresident with less than \$600 of Missouri income; or
- have Missouri adjusted gross income less than the amount of your standard

deduction plus the exemption amount for your filing status.

**Note:** If you are not required to file a Missouri return, but you received a Form W-2 stating you had Missouri tax withheld, you must file your Missouri return to get a refund of your Missouri withholding. If you are not required to file a Missouri return and you do not anticipate an increase in income, you may change your Form MO W-4 to "exempt" so your employer will not withhold Missouri tax.

## WHEN TO FILE

Calendar year taxpayers must file no later than **April 15, 2010**. Late filing will subject taxpayers to charges for interest and additions to tax. Fiscal year filers must file no later than the 15th day of the fourth month following the close of their taxable year.

## EXTENSION OF TIME TO FILE

**You are not required to file an extension if you do not expect to owe additional income tax or if you anticipate receiving a refund.** If you wish to file a Missouri extension, and do not expect to owe Missouri income tax, you may file an extension by filing Form MO-60, Application for Extension of Time to File. An automatic extension of time to file will be granted until October 15, 2010.

If you receive an extension of time to file your federal income tax return, you will automatically be granted an extension of time to file your Missouri income tax return, provided you do not expect to owe any additional Missouri income tax. Attach a copy of your federal extension (Federal Form 4868) with your Missouri income tax return when you file.

If you expect to owe Missouri income tax, file Form MO-60 with your payment by the original due date of the return.

**Remember: An extension of time to file does not extend the time to pay. A 5 percent additions to tax will apply if the tax is not paid by the original return's due date, provided your return is filed by the extension date.**

## LATE FILING AND PAYMENT

Simple interest is charged on all delinquent taxes. The rate will be updated annually and can be found on our web site at [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax).

For timely filed returns, an additions to tax charge of 5 percent (of the unpaid tax) is added if the tax is not paid by the return's due date.

For returns not filed by the due date, an additions to tax of 5 percent per month (of the unpaid tax) is added for each month the return is not filed. The additions to tax cannot exceed 25 percent.

If you are unable to pay the tax owed in full on the due date, please visit the Department of Revenue's web site at [www.dor.mo.gov/tax/personal/individual/](http://www.dor.mo.gov/tax/personal/individual/)

for your payment options. If you are mailing a partial payment, please use the form MO-1040V found on page 38.

## WHERE TO MAIL YOUR RETURN

If you are due a **refund** or have **no amount due**, mail your return and all required attachments to:

**Department of Revenue  
P.O. Box 500  
Jefferson City, MO 65106-0500.**

If you have a **balance due**, mail your return, payment, and all required attachments to:

**Department of Revenue  
P.O. Box 329  
Jefferson City, MO 65107-0329.**

**2-D barcode returns, see page 2.**

## DOLLARS AND CENTS

Rounding is required on your tax return. Zeros have been placed in the cents columns on your return. For 1 cent through 49 cents, round down to the previous whole dollar amount. For 50 cents through 99 cents, round up to the next whole dollar amount.

*Example: Round \$32.49 down to \$32.00  
Round \$32.50 up to \$33.00*

## REPORT OF CHANGES IN FEDERAL TAXABLE INCOME

When your federal taxable income or federal tax liability is changed as a result of an audit or notification by the Internal Revenue Service, or if you file an amended federal income tax return, you must report such change by filing an amended Missouri income tax return with the Department of Revenue within 90 days of the change. Failure to notify the Department of Revenue properly within the 90 day period extends the statute of limitations to one year after the Department of Revenue becomes aware of such determination either from the Internal Revenue Service or the filing of the amended return. You will be subject to interest and additions to tax charges if you owe additional tax to Missouri.

## AMENDED RETURN

To file an amended individual income tax return, use Form MO-1040. Check the box at the top of the form. Complete Forms MO-1040 and MO-A, pages 1 and 2, using corrected figures. **Attach all schedules along with a copy of your federal changes and your Federal Form 1040X.** If you are due a refund, mail to: Department of Revenue, P.O. Box 500, Jefferson City, MO 65106-0500. If you have an amount due, mail to Department of Revenue, P.O. Box 329, Jefferson City, MO 65107-0329.

## FILL-IN FORMS THAT CALCULATE

Access [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax) to enter your tax information and let us do the math for you. No calculation errors means faster processing. Just print, sign, and mail the return. These forms contain a 2-D barcode at the top right portion of the form. This allows quicker processing of your return.

## MISSOURI RETURN INQUIRY

To check the status of your **current year return** 24 hours a day, please visit our web site: [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax) or call our automated individual income tax inquiry line (573) 526-8299. To obtain the status of your return, you must know the following information: 1) the first social security number on the return; 2) the filing status shown on your return; and 3) the exact amount of the refund or balance due in whole dollars.

## RESIDENT

A resident is an individual who either 1) maintained a domicile in Missouri or 2) did not maintain a domicile in Missouri but did have permanent living quarters and spent more than 183 days of the taxable year in Missouri.

**Exception:** An individual domiciled in Missouri who did not maintain permanent living quarters in Missouri and did maintain permanent living quarters elsewhere, and spent 30 days or less of the taxable year in Missouri is not a resident.

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

## NONRESIDENT

A nonresident is an individual who does not meet the definition of resident. If required to file, nonresidents with income from another state must use Form MO-NRI to determine income percentages.

## NONRESIDENT ALIEN SPECIAL FILING INSTRUCTIONS

If you do not have a social security number, enter your identifying number in the social security number space provided.

Enter on Form MO-1040, Line 1 the amount from Federal Form 1040NR, Line 35 or Federal Form 1040NR-EZ, Line 10.

## Filing Status

If you marked Box 1 or 2 on the Federal Form 1040NR; or Box 1 on Federal Form 1040NR-EZ, check Box A on Form MO-1040.

If you marked Box 3 or 4 and did not claim your spouse as an exemption on Federal Form 1040NR, check Box D on Form MO-1040.

If you marked Box 3 or 4 and claimed your spouse as an exemption on Federal Form 1040NR, check Box E on Form MO-1040.

If you marked Box 5 on Federal Form 1040NR; or Box 2 on Federal Form 1040NR-EZ, check Box D on Form MO-1040.

If you marked Box 6 on Federal Form 1040NR, check Box G on Form MO-1040.

## Itemized Deductions

Nonresident aliens who are required to itemize their deductions for federal purposes must also itemize deductions on their Missouri return. For more detailed information, visit [www.dor.mo.gov/tax/personal](http://www.dor.mo.gov/tax/personal).

### **Federal Tax Deduction**

Enter on Form MO-1040, Line 10 the amount from Federal Form 1040NR, Line 51 minus Line 42 minus Line 60 and any amounts from Forms 8801 and 8885 included on Line 64; or the amount from Federal Form 1040NR-EZ, Line 15.

Enter on Form MO-1040, Line 11 the amount from Federal Form 1040NR, Lines 42, 44, and 54.

### **Attach a complete copy of your federal return and all supporting documentation.**

For all other lines of Form MO-1040, see instructions starting on this page.

### **PART-YEAR RESIDENT**

A part-year resident is treated as a nonresident. However, a part-year resident may determine tax as a resident for the entire year. A part-year resident may use Form MO-CR to take a credit for taxes paid to another state or Form MO-NRI to determine income percentages.

### **MILITARY PERSONNEL**

The Servicemembers Civil Relief Act prevents military personnel from being taxed on military income by any state other than their home of record state. The Military Spouses Residency Relief Act, effective for the 2009 tax year, prevents income earned by servicemember's spouses from being taxed by any state other than the state they declare as their state of residence.

### **Missouri Home of Record**

If you entered the armed forces in Missouri, your home of record is presumed to be Missouri and you are presumed to be domiciled in Missouri.

### **Missouri Home of Record—Stationed Outside Missouri**

If you: (a) maintained no permanent living quarters in Missouri during the year; (b) maintained permanent living quarters elsewhere; and (c) did not spend more than 30 days of the year in Missouri, you are considered a *nonresident* for tax purposes and your military pay, interest, and dividend income are not taxable to Missouri. Complete Form MO-NRI and attach to Form MO-1040.

**Note:** If your spouse remains in Missouri more than 30 days while you are stationed outside Missouri, your total income, including your military pay, is taxable to Missouri.

If you are the spouse of a military servicemember, are stationed outside of Missouri and Missouri is your state of residence, any income you earn is taxable to Missouri. If you earn more than \$1,200 you must file a Missouri return (Form MO-1040).

### **Missouri Home of Record—Stationed in Missouri**

If your home of record is Missouri and you are stationed in Missouri due to military orders, all of your income, including your military pay, is taxable to Missouri.

### **Missouri Home of Record—Entering or Leaving the Military**

If you are entering or leaving the military, Missouri is your home of record, and you spend more than 30 days in Missouri, your total income, including your military pay, is taxable to Missouri.

### **Non-Missouri Home of Record – Stationed in Missouri**

The military pay of nonresident military personnel stationed in Missouri due to military orders is not taxable to Missouri. If you are a servicemember and earned only military income while stationed in Missouri, complete a No Return Required-Military Online Form at the following address: <https://sa.dor.mo.gov/nri/>.

If you are a military servicemember and earned \$600 or more in Missouri in non-military income, this non-military income is taxable to Missouri and cannot be subtracted from your federal adjusted gross income on your Missouri return (Form MO-1040).

If you are the spouse of a military servicemember, are in Missouri because the military servicemember is stationed in Missouri on military orders, and your state of residence is another state, any income earned by you is not taxable to Missouri. However, if you earn more than \$600 you must file a Missouri return (Form MO-1040) and provide verification of your state of residence. Acceptable verification may include any of the following: a copy of your 2009 state income tax return filed in your state of residence, 2009 property tax receipts, current driver license, vehicle registration, or voter identification card. You must report the military pay of the servicemember and your income on Form MO-A, Part 1, Line 9, as a "Military (Nonresident)" subtraction to your federal adjusted gross income. For additional information, please visit <http://dor.mo.gov/tax/personal/military/>.

### **OTHER STATE INCOME**

You must begin the Form MO-1040 with your total federal adjusted gross income, as reported on your federal return. Lines 1 through 25 of the return are computed as if you are a full-year resident. Tax (Line 25) is computed on all your income, and may then be reduced by a resident credit (Line 26), or by a Missouri income percentage (Line 27). The result is a prorated Missouri tax liability (Line 28) based only on the income earned in Missouri. See page 8, Lines 26 and 27.

### **DECLARATION OF ESTIMATED TAX**

Residents and nonresidents are required to make a declaration of estimated tax if their Missouri estimated tax is expected to be at least \$100. If you are required to make estimated tax payments, you must do so by remitting your tax payment along with Form MO-1040ES, Estimated Tax Declaration for Individuals.

### **ADDRESS CHANGE**

You may obtain an official address change form to change your address with the Department by visiting our website: <http://dor.mo.gov/tax/personal/individual/forms/2009/>.

Address change requests should be mailed to: **Department of Revenue, P.O. Box 2200, Jefferson City, MO 65105-2200**. This will help forward any refund check or correspondence to your new address.

### **COMPOSITE RETURN**

Businesses filing a composite return on behalf of their nonresident partners or shareholders should use Form MO-1040. Attach a schedule listing the name, address, identification number, and amount of each nonresident partner and/or shareholder's income from Missouri sources to Form MO-1040. Write "composite return" at the top of Form MO-1040. Refer to Missouri Regulation 12 CSR 10-2.190 for complete filing instructions.

**Note: The tax rate for a composite return is 6 percent.** For more information, visit [www.dor.mo.gov/tax/business/scorp/forms/2009/composite.pdf](http://www.dor.mo.gov/tax/business/scorp/forms/2009/composite.pdf).

### **CONSUMER'S USE TAX**

Use tax is imposed on the storage, use or consumption of tangible personal property in this state. The state use tax rate is 4.225%. Cities and counties may impose an additional local use tax. Use tax does not apply if the purchase is subject to Missouri sales tax or otherwise exempt. A purchaser is required to file a use tax return if the cumulative purchases subject to use tax exceed \$2,000 in a calendar year. You can use the Form 4340, Consumer's Use Tax Return, located on page 37, or download a form at [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax). **The due date for Form 4340 is April 15, 2010.**

## **FORM MO-1040**

**Important: Complete your federal return first.**

If you are filing a fiscal year return, indicate the beginning and ending dates on the line provided near the top of Form MO-1040.

### **Information to Complete Form MO-1040**

### **NAME, ADDRESS, ETC.**

If all the address information is correct on the preprinted label (if available), attach the label to the Form MO-1040 and print or type your social security number(s) in the spaces provided. If you did not receive a book with a peel-off label, or the label is incorrect, print or type your name(s), address, and social security number(s) in the spaces provided on the return.

If the taxpayer or spouse died in 2009, check the appropriate box and write the date of death after the decedent's first name in the name and address area of the return. If a refund is due to the deceased taxpayer, attach a copy of Federal Form 1310 and death certificate.

If you are a nonresident, you should enter 347 for the school district number and "NONR" for the county. If you were a part-year resident, enter the Missouri school district number and county in which you last resided.

**AGE 62 THROUGH 64**

If you or your spouse were ages **62, 63, or 64 by December 31, 2009**, check the appropriate box as you may qualify for the social security deduction.

**AGE 65 OR OLDER AND/OR BLIND**

If you or your spouse were age **65 or older** or **blind** and qualified for these deductions on your 2009 federal return, check the appropriate boxes.

**100 PERCENT DISABLED PERSON**

You may check the **100 percent disabled** box if you are unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months. A claimant is not required to be gainfully employed prior to such disability to qualify for a property tax credit. You may visit [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax) to learn more about the property tax credit claim.

**NON-OBLIGATED SPOUSE**

You may check the **non-obligated spouse** box if your spouse owes the state of Missouri any child support payments, back taxes, student loans, etc., and you do not want your portion of the refund used to pay the amounts owed by your spouse.

The Internal Revenue Service (IRS) is not a state agency and debts owed to the IRS are **excluded** from the non-obligated spouse apportionment.

**FIGURE YOUR MISSOURI ADJUSTED GROSS INCOME**

Missouri requires the division of income between spouses. Taxpayers filing a combined return pay less tax by dividing the income between spouses and then determining the tax amount for each person's income.

You must begin your Missouri return with your total federal adjusted gross income, even if you have income from a state other than Missouri.

**LINE 1 — FEDERAL ADJUSTED GROSS INCOME**

If your filing status is **"married filing combined"** and both spouses are reporting income, use the worksheet below to split income between you and your spouse. The combined income for you and your spouse must equal the total federal adjusted gross income you reported on your federal return. For **all other filing statuses**, use the chart below to determine your federal adjusted gross income.

**If you include loss(es) of \$1,000 or more on Line 1, you must attach a copy of Federal Form 1040 (pages 1 and 2).**

FEDERAL FORM	LINE
Federal Form 1040	Line 37
Federal Form 1040A	Line 21
Federal Form 1040EZ	Line 4
Federal Form 1040X	Line 1

**Missouri Modifications**

*Before completing Lines 2, 3, and 4, read the Information to Complete Form MO-A, Part 1, page 11.*

**LINE 2 — TOTAL ADDITIONS**

Enter the total additions amount from Form MO-A, Part 1, Line 6.

**LINE 4 — TOTAL SUBTRACTIONS**

Enter the total subtractions amount from Form MO-A, Part 1, Line 14.

**LINE 7 — INCOME PERCENTAGES**

To calculate your income percentage for Line 7, complete the chart below if both spouses have income:

<b>Yourselves</b>	
Line 5Y _____	divided by
Line 6 _____	= _____
<b>Spouse</b>	
Line 5S _____	divided by
Line 6 _____	= _____

The total entered on Line 7 must equal 100 percent — round to the nearest percentage. (Example: 84.3% would be shown as 84%, and 97.5% would be shown as 98%.) Lines 7Y and 7S must equal 100%.

**Note: If one spouse has negative income and the other spouse has positive income (example: your income is -\$15,000 and your spouse's income is \$30,000), enter 0% on Line 7Y and 100% on Line 7S. If nothing is entered, the department will consider this to be 100%.**

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

Missouri law requires a combined return for spouses 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 Form W-2s and 1099s. Or it may require more calculating by 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 2008 Missouri tax withheld, less each spouse's 2008 tax liability. The result should be each spouse's portion of the 2008 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	Federal Form 1040A	Federal Form 1040	Y — Yourself		S — Spouse	
	Line Number	Line Number	Line Number				
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		00	16	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		00	18	00

## FIGURE YOUR TAXABLE INCOME

### LINE 8 — PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY EXEMPTION

If you or your spouse received public or private pension, social security and/or social security disability, complete Form MO-A, Part 3. Enter the amount from Form MO-A, Part 3, Total Exemption on MO-1040, Line 8. **Attach a copy of your federal return (pages 1 and 2), Form 1099-R(s), Form W-2P(s), and/or Form SSA-1099(s). Failure to attach these copies will result in the disallowance of your pension exemption, social security exemption, and/or social security disability exemption.**

### LINE 9 — FILING STATUS AND EXEMPTION AMOUNT

Check the box applicable to your filing status. You must use the same filing status as on your Federal Form 1040 with two exceptions:

1. **Box B** must be checked if you are claimed as a dependent on another person's federal tax return and you checked either box on Federal Form 1040EZ, Line 5; or you were not allowed to check Box 6a on Federal Forms 1040 or 1040A.

**If you checked Box B, enter "0".**

2. **Box E** may be checked **only if** all of the following apply: a) you checked Box 3 (married filing separate return) on your Federal Form 1040 or 1040A; b) your spouse had no income and is not required to file a federal return; and c) your spouse was claimed as an exemption on your federal return and was not a dependent of someone else. **Note:** You must attach a copy of your federal return to verify this filing status.

**Only one box may be checked on Line 9, Boxes A through G.**

Enter on Line 9 the amount of exemption claimed for your filing status on Boxes A through G. The amounts are listed on Form MO-1040. Attach a copy of your federal return.

### LINE 10 — TAX FROM FEDERAL RETURN

Use the chart below to locate your tax on your federal return.

**Do not enter your federal income tax withheld as shown on your Form W-2(s) or federal return.**

If you have an earned income credit, you must subtract the credit from the tax on your federal return. If a negative amount is calculated, enter "0".

Federal Form	Line Numbers
1040	Line 55 minus Lines 45, 63, 64a, 66, 67, and amounts from Forms 8801 and 8885 on Line 70
1040A	Line 35 minus Lines 40, 41a, 43 and any alternative minimum tax included on Line 28.
1040EZ	Line 11 minus Line 8 and 9a.
1040X	Line 8 minus Lines 13 and 14, except amounts from Forms 2439 and 4136.

### LINE 11 — OTHER FEDERAL TAX

Enter the total amount of Lines 45, 47, and 58 and any recapture taxes included on Line 60 from Federal Form 1040. Enter the amount of alternative minimum tax included on Line 28 of Federal Form 1040A. For amended returns enter the other taxes reported on Line 9 of Federal Form 1040X except: **do not include** self-employment tax, FICA tax, or railroad retirement tax on this line. **Attach a copy of your federal return (pages 1 and 2). Attach a copy of Federal Forms 4255, 8611, or 8828 if claiming recapture taxes.**

### LINE 13 — FEDERAL INCOME TAX DEDUCTION

If you checked Box A, B, D, E, F, or G on Line 9, your federal tax deduction may not exceed \$5,000. If you checked Box C on Line 9, your federal tax deduction may not exceed \$10,000.

### LINE 14 — STANDARD OR ITEMIZED DEDUCTIONS

**Standard Deductions:** If you claimed the standard deduction on your federal return, enter the standard deduction amount for your filing status. The amounts are listed on Form MO-1040, Line 14.

**Use the chart below to determine your standard deduction if you or your spouse marked any of the boxes for: 65 or older, blind or claimed as a dependent. If you claimed an additional standard deduction on your federal return, you must complete Form MO-L on page 25, and attach a copy of your Federal Schedule L.**

Federal Form	Line Numbers
1040	Line 40a
1040A	Line 24a
1040EZ	*See following note
1040X	Line 2

**\*Note:** If you filed a Federal Form 1040EZ, and checked one or both boxes on Line 5, refer to the Standard Deduction Worksheet for Dependents. If you did not check either box on Federal Form 1040EZ, Line 5, enter \$5,700 if single or \$11,400 if married.

**Itemized Deductions:** If you itemized on your federal return, you may want to itemize on your Missouri return or take the standard deduction, whichever results in a higher deduction. If you were **required** to itemize on your federal return, you must itemize on your Missouri return. To figure your itemized deductions, complete the Form MO-A, Part 2. **Attach a copy of your federal return (pages 1 and 2) and Federal Schedule A.**

### LINE 15 AND 16 — TOTAL NUMBER OF DEPENDENTS

**Do not include yourself or your spouse as dependents.**

**Line 15**—Multiply by \$1,200 the total number of dependents you claimed on Line 6c of your federal return.

**Line 16**—Multiply by \$1,000 the total number of dependents you claimed on Line 15 that were age 65 or older by the last day of the taxable year. **Do not include dependents that receive state funding or Medicaid. Attach a copy of your federal return (pages 1 and 2).**

### LINE 17 — LONG-TERM CARE INSURANCE DEDUCTION

If you paid premiums for qualified long-term care insurance in 2009, you may be eligible for a deduction on your Missouri income tax return. Qualified long-term care insurance is defined as insurance coverage for a period of at least 12 months for long-term care expenses should such care become necessary because of chronic health conditions and/or physical disabilities including cognitive impairment or the loss of functional capacity, thus rendering an individual unable to care for themselves without the help of another person. Complete the worksheet below only if you paid premiums for a qualified long-term care insurance policy; and the policy is for at least 12 months coverage.

### LINE 18 — HEALTH CARE SHARING MINISTRY

If you made contributions to a qualifying health care sharing ministry, enter the amounts you paid in 2009. Do not include amounts excluded from your federal taxable income.

#### WORKSHEET FOR LONG-TERM CARE INSURANCE DEDUCTION

- 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.
- Enter the amount from Federal Schedule A, Line 4. . . . . B) \$ \_\_\_\_\_
- Enter the amount from Federal Schedule A, Line 1. . . . . C) \$ \_\_\_\_\_
- Enter the amount of qualified long-term care included on Line C. . . . . D) \$ \_\_\_\_\_
- Subtract Line D from Line C. . . . . E) \$ \_\_\_\_\_
- Subtract Line E from Line B. **If amount is less than zero, enter "0".** . . . . F) \$ \_\_\_\_\_
- Subtract Line F from Line A. . . . . G) \$ \_\_\_\_\_
- 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).**

## LINE 20 — SUBTOTAL

Subtract Line 19 from Line 6. If less than zero, enter "0". Do not enter a negative amount.

## LINE 22 — ENTERPRISE ZONE INCOME OR RURAL EMPOWERMENT ZONE MODIFICATION

To claim the Enterprise Zone Income or Rural Empowerment Zone Modification, you must first receive notification of approval from the **Department of Economic Development**.

**Enterprise Zone Income Modification:** If you or your spouse have exempt income from a business facility located in an enterprise zone that has been approved by the Department of Economic Development, enter one-half of the Missouri taxable income attributed to the new business facility in the enterprise zone (refer to Form 4354) on Line 22.

**Rural Empowerment Zone Modification:** If you or your spouse have exempt income from a new business facility located within a rural empowerment zone that has been approved by the Department of Economic Development, enter the Missouri taxable income attributed to a new business facility in a rural empowerment zone. Enter on Line 22.

For additional information on either modification, you can access the web site at [www.ded.missouri.gov](http://www.ded.missouri.gov) or contact the Department of Economic Development, Incentives Section, P.O. Box 118, Jefferson City, MO 65102-0118.

## FIGURE YOUR TAX

### LINE 25 — MISSOURI TAX

If your Missouri taxable income is less than \$9,000, use the tax table on page 26 to locate your tax. If greater than \$9,000, use the worksheet to calculate the tax.

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

### LINES 26 AND 27 — RESIDENT CREDIT OR MISSOURI INCOME PERCENTAGE

**Note:** A taxpayer filing as a resident who paid taxes to another state or political subdivision may take a credit for tax paid by using Form MO-CR. A taxpayer filing as a nonresident may calculate their Missouri income percentage by using the Form MO-NRI. A Form MO-CR and a Form MO-NRI may not be used by the same taxpayer on Form MO-1040. (If filing a combined return, one spouse may use Form MO-NRI and the other spouse may elect to use Form MO-CR.) See Lines 26 and 27. Visit [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax) for more information and examples.

**Attach a copy of your other state's or political subdivision's return.**

**Line 26—Missouri Resident(s)** You should take the resident credit (Form MO-CR) if:

- you are a full-year Missouri resident; and

- you paid income tax to other state(s) or political subdivisions.

**Line 27—Nonresident(s)** You should determine your Missouri income percentage (Form MO-NRI) if:

- you are a nonresident; and
- you had income from other state(s) or political subdivisions.

The amount on Line 27 should be 100 percent unless you use Form MO-NRI and determine a lesser percentage. If you do not enter a percentage on Line 27, your tax will be based on all of your income, regardless of where it was earned.

**Line 26 or 27—Part-year Resident(s)** You may take either the resident credit or the Missouri income percentage. Complete both Forms MO-CR and MO-NRI and use the one that is to your advantage.

**Attach a copy of your other state or political subdivision's return.**

### LINE 29 — TAX ON LUMP SUM DISTRIBUTIONS AND RECAPTURE TAX ON MISSOURI LOW INCOME HOUSING CREDITS

**Lump Sum Distributions.** A taxpayer who receives a lump sum distribution may be required to file Federal Form 4972. Because this income is not included in your Missouri adjusted gross income, a separate calculation must be made to compute the Missouri tax on this distribution. You are subject to the tax if your state of legal residence was Missouri at the time you received the lump sum distribution. The amount of tax is 10 percent of your federal tax liability on the distribution received in 2009.

You must compute this tax by multiplying the amount shown as tax on a Lump Sum Distribution (Federal Form 4972) by 10 percent. For example, if your Federal Form 1040, Line 44 includes \$1,000 tax as a result of a Lump Sum Distribution (Federal Form 4972), the amount of tax on Form MO-1040, Line 29, would be \$100. Check the Lump Sum Distribution box on Line 29. **Attach a copy of Federal Form 4972.**

**Recapture Tax.** If you are required to recapture a portion of any federal low income housing credits taken on a low income housing project, you are also required to recapture a portion of any state credits taken. The state recapture amount is the proportion of the state credit that equals the proportion the federal recapture amount bears to the original federal low income housing credit amount. **Attach a copy of your federal return (pages 1 and 2) and Federal Form 8611.**

## FIGURE YOUR PAYMENTS AND CREDITS

**LINE 32 — MISSOURI WITHHOLDING** Include only Missouri withholding as shown on your Form W-2(s), 1099(s), or 1099-R(s). **Do not include withholding for federal taxes, local taxes, city earnings taxes, other state's withholding, or**

**payments submitted with Form MO-2NR or Form MO-2ENT. Attach a copy of all Forms W-2(s) and 1099(s).** See Diagram 1 on page 44.

### LINE 33 — ESTIMATED TAX PAYMENTS

Include any estimated tax payments made on your 2009 return and any overpayment applied from your 2008 Missouri return.

### LINE 34 — NONRESIDENT PARTNER OR S CORPORATION SHAREHOLDER TAX WITHHELD

Include the payments from your distributive share by the partnership or S corporation, if you are a nonresident partner or S corporation shareholder as shown on Forms MO-2NR, Line 8. **Attach Form MO-2NR.**

### LINE 35 — NONRESIDENT ENTERTAINER TAX WITHHOLDING

Include your share of the payments from gross earnings as a nonresident entertainer, as shown on Forms MO-2ENT, Line 6. Attach a schedule showing the date(s) and place(s) of the performance(s), the nonresident entertainer entity's name, and how your share of the amount paid was calculated. **Attach Form MO-2ENT.**

### LINE 36 — EXTENSION OF TIME TO FILE

If you filed for an extension of time to file, enter on Line 36 the amount you paid to the Department of Revenue with Form MO-60.

### LINE 37 — MISCELLANEOUS TAX CREDITS

You may be eligible for certain tax credits. The total amount of tax credit is computed by completing Form MO-TC, Miscellaneous Income Tax Credits. Enter the total tax credit amount from Form MO-TC, Line 13 on Form MO-1040, Line 37. **Attach Form MO-TC, along with any applicable schedules, certificates, and/or federal forms.** You can find a list of available credits and the agency to contact for information, forms, and approval to claim each credit on the Form MO-TC, Miscellaneous Income Tax Credits, located in this book.

### LINE 38 — PROPERTY TAX CREDIT

Complete Form MO-PTS to determine the amount of your property tax credit. See information to complete Form MO-PTS on pages 34-36.

### LINE 40 — AMENDED RETURN ONLY: PAYMENT ON ORIGINAL RETURN

Enter any payment(s) applied to your original filed return including any penalties and/or interest.

### LINE 41 — AMENDED RETURN ONLY: OVERPAYMENT ON ORIGINAL RETURN

Enter the overpayment claimed or adjusted on your original return including interest.



## INDICATE THE REASON(S) FOR AMENDING YOUR RETURN:

Check the box(es) relating to why you are filing an amended return.

- **Box A**—Mark Box A (federal audit) if you have knowledge or have received a notice that your federal return you previously filed was incorrect, or if the Internal Revenue Service adjusted your original return. You must attach a copy of your amended federal return or a copy of your revenue agent's report. Enter the month, day, and year your audit was finalized.
- **Box B**—Mark Box B if you have a net operating loss carryback on your amended return. Indicate the year your loss occurred.
- **Box C**—Mark Box C if you have an investment tax carryback on your amended return. Indicate the year your credit occurred.
- **Box D**—Mark Box D if you are filing an amended Missouri return as a result of filing an amended federal return. Enter the month, day, and year you filed your amended federal return.

## FIGURE YOUR REFUND OR AMOUNT DUE

### LINE 43 — OVERPAYMENT

If Line 39 is larger than Line 31, or if filing an amended return, Line 42 is larger than Line 31, enter the difference (overpayment) on Line 43. All or a portion of an overpayment can be refunded to you.

### LINE 44 — APPLY OVERPAYMENT TO NEXT YEAR'S TAXES

You may apply any portion of your refund to next year's taxes.

### LINE 45 — TRUST FUNDS

You may donate part or all of your overpaid amount or contribute additional payments to any of the eight trust funds listed on Form MO-1040 and/or any two additional trust funds.



**Children's Trust Fund** — Children's Trust Fund, Missouri's Foundation for Child Abuse Prevention, is a non-profit organization dedicated to the vision of children free to grow and reach their full potential in a nurturing and healthy environment free from child abuse and neglect. Rather than reacting to abuse after the fact, Children's Trust Fund provides funding for education, public awareness, training, and community-based prevention projects statewide that help support and strengthen families to prevent child abuse and neglect. Your contribution may be applied to the annual \$25 donation needed to acquire a one-year logo use authorization form, which is required to purchase the popular "prevent child abuse" license plate featuring the handprints logo. For more information, please contact: Children's Trust Fund, P.O. Box 1641, Jefferson City, MO 65102-1641, or call (573) 751-5147. *(Minimum contribution: \$2, or \$4 if married filing combined)*



**Veterans Trust Fund** — The Veterans Trust Fund expands the Missouri Veterans Commission's ability to provide quality healthcare at its seven veterans homes and to assist veterans and dependents through its Service to Veterans Program. Because of the availability of this fund, nursing care staff receive specialized training and assistance for the treatment of residents suffering from Alzheimer's, dementias, and other extraordinary ailments; and Veterans Service Officers and Assistants receive comprehensive training relating to veterans benefits. Contributions may be made at any time directly to: Veterans Trust Fund, c/o The Missouri Veterans Commission, P.O. Drawer 147, Jefferson City, MO 65102-0147 or call (573) 751-3779. *(Minimum contribution: \$2, or \$4 if married filing combined)*



**Elderly Home Delivered Meals Trust Fund** — The Elderly Home Delivered Meals Trust Fund provides an opportunity to support the home delivered meals program for Missouri's senior citizens. More than 5.5 million meals are provided each year to home bound senior citizens. These nutritionally balanced meals, delivered to the homes of seniors on the average of one meal per day, five days per week, help them live independently in their homes. The need for home delivered meals increases yearly as persons are living longer and may need assistance. For more information, please contact: Elderly Home Delivered Meals Trust Fund, c/o Division of Senior Services and Regulation, P.O. Box 570, 912 Wildwood Dr., Jefferson City, MO 65102, or call (573) 526-8567. *(Minimum contribution: \$2, or \$4 if married filing combined)*



**Missouri National Guard Trust Fund** — The Missouri National Guard Trust Fund expands the capability to provide/coordinate Military Funeral Honors Ceremonies for veterans of Missouri and veterans buried in Missouri who have served their country in an honorable manner. Military Funeral Honors may be composed of "Two Member Detail" who may render honors, fold, and present the United States of America flag to primary next-of-kin, and sound Taps; "Four Member Detail" who may render honors, fire volleys, sound Taps, and fold and present the United States of America flag to primary next-of-kin; or "Veterans' Organization Detail" who may render honors, fire volleys, sound Taps, and fold and present the United States of America flag to primary next-of-kin. Contributions may be made at any time directly to Missouri National Guard Trust Fund, ATTN: JFMO-J1/SSH, 2302 Militia Drive, Jefferson City, MO 65101-1203 or call (573) 638-9663. *(Minimum contribution: \$2, or \$4 if married filing combined)*



**Workers' Memorial Trust Fund** — The Workers' Memorial Fund has been established to create a permanent memorial for all workers who suffered a job related death or injuries that resulted in a permanent disability while on the job in Missouri. The memorial will be located on the grounds of the state capitol. Requests for information and contributions may be made at any time directly to Workers' Memorial Fund, ATTN: Office of Administration, 301 W. High St., Room 570, Jefferson City, MO 65101. *(Minimum contribution: \$1, or \$2 if married filing combined)*



**Childhood Lead Testing Fund** — The Childhood Lead Testing Fund is used to support the administration of childhood lead programs, blood lead tests for uninsured children, educational materials, analysis of blood lead test reports and case management. Lead poisoning affects children regardless of race, economic status or where they live. Activities supported by this fund ensure that Missouri children at risk for lead poisoning are tested and receive appropriate follow-up activities to protect their health and well being from the harmful effects of lead. Requests for information and contributions may be made at any time directly to the Missouri Department of Health and Senior Services, Childhood Lead Testing Fund, PO Box 570, Jefferson City, MO 65102-0570. *(Minimum contribution: \$1, or \$2 if married filing combined)*



**General Revenue Trust Fund** — Requests for information and contributions may be made at any time directly to General Revenue Fund, ATTN: Department of Revenue, P.O. Box 3022, Jefferson City, MO 65105-3022. *(Minimum contribution: \$1, or \$2 if married filing combined)*



**Missouri Military Family Relief Fund** **Military Family Relief Fund** — For more information, please contact: Missouri Military Family Relief Fund, 2302 Militia Drive, ATTN: JFMO-J1/SS, Jefferson City, MO 65201-1203. *(Minimum contribution: \$1, or \$2 if married filing combined)*



**After-School Retreat Reading and Assessment Grant Program Fund** — The After-School Retreat Reading and Assessment Grant Program Fund has been established to fund the development of after school programs which are educational in nature, with an emphasis in reading and student reading assessment. The Department of Elementary and Secondary Education will establish a grant program to administer and distribute contributions. Direct contributions can be made by sending a check made payable to the Treasurer State of Missouri to: Director of Community Education, P.O. Box 480, Jefferson City, MO 65102. The contributor should note that the purpose of the check is for the After-School Retreat Reading and Assessment Program Fund.

## Additional Trust Funds

If you choose to give to additional trust funds, enter the two-digit additional trust fund code in the spaces provided on Line 45. If you want to give to more than two additional trust funds, please submit a contribution directly to the fund. For additional information, see [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax).

Donations received from the following funds are designated specifically for Missouri residents.

<u>Trust Funds</u>	<u>Codes</u>
American Cancer Society High Plains Division, Inc., Fund . . . . .	.01
American Diabetes Association Gateway Area Fund . . . . .	.02
American Heart Association Fund . . . . .	.03
American Lung Association of Missouri Fund . . . . .	.04
Amyotrophic Lateral Sclerosis (ALS—Lou Gehrig's Disease) Fund . . . . .	.05
Arthritis Foundation Fund . . . . .	.09
Breast Cancer Awareness Fund . . . . .	.13
Cervical Cancer Fund . . . . .	.12
March of Dimes Fund . . . . .	.08
Muscular Dystrophy Association Fund . . . . .	.07
National Multiple Sclerosis Society Fund . . . . .	.10



### American Cancer Society Heartland Division, Inc., Fund (01)

— For more information anytime, call toll free 1-800-ACS-2345 or visit [www.cancer.org](http://www.cancer.org). Donations can be sent directly to the American Cancer Society at 1100 Pennsylvania Avenue, Kansas City, MO 64105. (Minimum irrevocable contribution: \$1, not to exceed \$200)



### American Diabetes Association Gateway Area Fund (02)

— Requests for information may be made by calling 1-800-238-3594 or contacting Gateway Area Diabetes Association Fund, 10820 Sunset Office Drive, St. Louis, MO 63127. (Minimum irrevocable contribution: \$1, not to exceed \$200)



### American Heart Association Fund (03)

— For more information, please contact: American Heart Association, 4643 Lindell Boulevard, St. Louis, MO 63108, or call (314) 367-3383. (Minimum irrevocable contribution: \$1, not to exceed \$200)



### American Lung Association of Missouri Fund (04)

— For more information, please contact: American Lung Association Missouri Fund, 1118 Hampton Avenue, St. Louis, MO 63139-3196. (Minimum irrevocable contribution: \$1, not to exceed \$200)



### ALS Lou Gehrig's Disease Fund (05)

— Call 1-888-873-8539 for patient services in Eastern Missouri and 1-800-878-2062 for patient services in Western Missouri. (Minimum irrevocable contribution: \$1, not to exceed \$200)



### Arthritis Foundation Fund (09)

— Call 1-800-402-2491 and/or visit [www.arthritis.org](http://www.arthritis.org). Contributions can be made at any time directly to the Arthritis Foundation, 9433 Olive Blvd., Suite 100, St. Louis, MO 63132. (Minimum irrevocable contribution: \$1, not to exceed \$200)



### Breast Cancer Awareness Fund (13)

— All funds raised are designated for the sole purpose of providing breast cancer services. For more information, please contact the Missouri Women's Council, 301 W. High, Jefferson City, MO 65101 or call 573-751-0810.



### Cervical Cancer Prevention Program (12)

— For more information, contact the Missouri Department of Health and Senior Services, Show Me Healthy Women Program, P.O. Box 570, Jefferson City, MO 65102-0570 or call (573) 752-2845. [www.dhss.mo.gov/BreastCervCancer/](http://www.dhss.mo.gov/BreastCervCancer/) (No minimum contribution; irrevocable trust fund)



### March of Dimes Fund (08)

— Send requests for information and contributions directly to the Greater Missouri Chapter March of Dimes at 2001 S. Hanley Road, Suite 510, Brentwood, MO 63144. (Minimum irrevocable contribution: \$1, not to exceed \$200)



### Muscular Dystrophy Association Fund (07)

— Requests for information and contributions may be made at any time directly to: MDA Missouri Divisional Office; 9200 Ward Parkway, Suite 350; Kansas City, MO 64114-3387; (816) 444-1554. (Minimum irrevocable contribution: \$1, not to exceed \$200)



### National Multiple Sclerosis Society Fund (10)

— Call 1-800-FIGHT MS or visit our web site at [www.nationalmssociety.org](http://www.nationalmssociety.org) or contacting National Multiple Sclerosis Society Fund, 1867 Lackland Hill Parkway, St. Louis, MO 63146. (Minimum irrevocable contribution: \$1, not to exceed \$200)

## LINE 46 — REFUND

Subtract Lines 44 and 45 from Line 43 and enter on Line 46.

**Note: If you have any other liability due the state of Missouri, such as child support payments or a debt with the Internal Revenue Service, your income tax refund may be applied to that liability in accordance with Section 143.781, RSMo. Your property tax credit may be applied to any property tax or individual income tax liability pursuant to Section 143.782, RSMo. You will be notified if your refund is offset against any debt(s).**

## LINE 48 — UNDERPAYMENT OF ESTIMATED TAX PENALTY

If the total payments and credits amount on Line 39 less Line 36 or Line 42 less Line 36, is less than 90 percent (66-2/3 percent for farmers) of the amount on Line 31, or if your estimated tax payments were not paid timely, you may owe a penalty. Complete Form MO-2210, Underpayment of Estimated Tax for Individuals. See "To Obtain Forms" on page 3. If you owe a penalty, enter the penalty amount on Line 48. If you have an overpayment on Line 43, the Department of Revenue will reduce your overpayment by the amount of the penalty.

## LINE 49 — AMOUNT DUE

Payments must be postmarked by April 15, 2010, to avoid interest and late payment charges. The Department of Revenue offers several payment options.

**Check or money order:** Attach a check or money order (U.S. funds only), payable to Missouri Department of Revenue. By submitting payment by check, you authorize the Department of Revenue to process the check electronically upon receipt. **Do not postdate.** The Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds. If you mail your payment after your return is filed, attach your payment to the Form MO-1040V found on page 38.

**Electronic Bank Draft (E-Check):** By entering your bank routing number, checking account number, and your next check number, you can pay online at [www.dor.mo.gov/tax/personal/payonline.htm](http://www.dor.mo.gov/tax/personal/payonline.htm), or by calling (888) 929-0513. There will be a \$.60 fee per filing period/ transaction to use this service.

**Credit Card:** The department accepts MasterCard, Discover, Visa, and American Express. You can pay online at [www.dor.mo.gov/tax/personal/payonline.htm](http://www.dor.mo.gov/tax/personal/payonline.htm), or by calling (888) 929-0513. The convenience fees listed below will be charged to your account for processing credit card payments:

**Note:** The handling and/or convenience fees included in these transactions are being paid to the third party vendor, **not** to the Missouri Department of Revenue. By accessing this payment system, the user will be leaving Missouri's web site and connecting to the web site of the third party vendor which is a secure and confidential web site.

<u>Amount of Tax Paid</u>	<u>Convenience Fee</u>
\$0.00–\$33.00	\$1.00
\$33.01–\$100.00	3.00%
\$100.01–\$250.00	2.95%
\$250.01–\$500.00	2.85%
\$500.01–\$750.00	2.85%
\$750.01–\$1,000.00	2.80%
\$1,000.01–\$1,500.00	2.75%
\$1,500.01–\$2,000.00	2.70%
\$2,000.01 or more	2.60%

## MAIL FORM MO-1040, ATTACHMENTS, AND PAYMENT (IF NECESSARY) TO:

If you are due a **refund** or have **no amount due**, mail your return and all required attachments to:

**Department of Revenue  
P.O. Box 500  
Jefferson City, MO 65106-0500.**

If you have a **balance due**, mail your return, payment, and all required attachments to:

**Department of Revenue**  
**P.O. Box 329**  
**Jefferson City, MO 65107-0329.**

**2-D barcode returns, see page 2.**

### **SIGN RETURN**

You **must sign** Form MO-1040. Both spouses must sign a combined return. If you use a paid preparer, the preparer must also sign the return. If you wish to authorize the Director of Revenue or delegate, to release information regarding your tax account to your preparer or any member of your preparer's firm, indicate "yes" by checking the appropriate box.

## **FORM MO-A**

### **Information to Complete Form MO-A**

### **PART 1**

### **MISSOURI MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**

Form MO-A, Part 1, computes Missouri modifications to federal adjusted gross income. Modifications on Lines 1, 2, 3, 4 and 5 **include income** that is exempt from federal tax, but taxable for state tax purposes. Modifications on Lines 7, 8, 9, 10, 11, 12 and 13 **exclude income** that is exempt from state tax, but taxable for federal tax purposes. If after reviewing the instructions for Part 1, you have no modifications, enter on Form MO-1040, Lines 3 and 5, the same amount(s) entered on Form MO-1040, Line 1.

#### **LINE 1 — INTEREST ON STATE AND LOCAL OBLIGATIONS**

If you received income from an obligation of a state or political subdivision **other than Missouri**, enter the amount of that income, reduced by the related expenses incurred (management fees, trustee fees, interest, etc.) if the expenses are more than \$500.

#### **LINE 2 — PARTNERSHIP, FIDUCIARY, S CORPORATION, OTHER**

Enter positive adjustments (additions) reported from partnerships, fiduciaries, S corporations, or other sources. The partnership, fiduciary, or S corporation must notify you of the amount of any such adjustment (addition) to which you are entitled. Check the boxes applicable on Line 2 and attach a copy of the notification received.

**Net Operating Loss — Carryback/Carryforward:** In the year of your net operating loss, enter on Form MO-A, Part 1, Line 2, as an addition modification, the amount of your eligible net operating loss to be carried back or carried forward from the loss year. Enter the sum of the current year's net operating loss (Federal Form 1045, Schedule A, Line 25) expressed as a positive number, plus any unused net operating losses from

prior years (Federal Form 1045, Schedule A, Line 24). If your net operating loss carries forward from the carryback year, enter as an addition modification the unused portion of your net operating loss, as computed on Federal Form 1045, Schedule B, Line 10, or Federal Form 1045, Line 10. Please attach Federal Form 1045, Schedules A and B, and/or the calculation of your net operating loss carryback/ carryforward.

**Non-medical Withdrawal from Individual Medical Account (IMA):** Any monies you withdraw from your Individual Medical Account (IMA) for non-medical purposes are taxable to Missouri. The interest earned on such monies is also taxable to Missouri. These taxable monies are reported on the statement provided by the administrator of the IMA.

**Non-qualified Withdrawal from Family Development Account:** The amount of annual deposits previously subtracted must be added to your federal adjusted gross income if the withdrawal from the account was not for a qualified use.

#### **LINE 3 — NONQUALIFIED DISTRIBUTION FROM A QUALIFIED 529 PLAN**

Any distribution made by the Missouri Savings for Tuition Program (MOST), the 529 plan administered by the Missouri Higher Education Deposit Program, or any other qualified 529 plan, not used for qualified higher education expenses, must be added to the participant's (taxpayer who made contributions to the plan) federal adjusted gross income. The amount of the distribution that must be added includes contributions previously exempt from state tax and deductible earnings generated from the program (if the earnings are not already included in federal adjusted gross income). The participant is responsible for adding the nonqualified distribution amount to his/her federal adjusted gross income. If the participant is deceased, the beneficiary of the savings program must claim the nonqualified taxable distribution as an addition to federal adjusted gross income on the Missouri income tax return.

**Note: For contributions made or earnings accrued in 2010, distributions made less than twelve months after the contribution or earnings must be added to federal adjusted gross income on your 2010 Missouri return.**

#### **LINE 4 — FOOD PANTRY CONTRIBUTIONS INCLUDED ON SCHEDULE A**

If you are claiming the Food Pantry Tax Credit, (Form MO-FPT) and you included your donations as an itemized deduction on your federal schedule A, report the amount of your donations, as noted on Line 8a of Form MO-FPT.

#### **LINE 5 — NONRESIDENT PROPERTY TAX**

If you are a nonresident or part-year resident and you reported property taxes paid to another state or political subdivision on Line 9 of your federal Schedule A, you must report that

amount on Line 5 of Form MO-A, unless that state or political subdivision allows a subtraction to income for Missouri property taxes.

#### **LINE 6 — TOTAL ADDITIONS**

Add Lines 1 through 5. Enter the totals on Form MO-A, Part 1, Line 6 and on Form MO-1040, Line 2.

#### **LINE 7 — INTEREST ON EXEMPT FEDERAL OBLIGATIONS**

Interest from **direct obligations** of the U.S. Government, such as U.S. savings bonds, U.S. treasury bills, bonds, and notes is exempt from state taxation under the laws of the United States. **Attach a detailed list or all Federal Form 1099(s).** Taxpayers who claim exclusion for interest from direct U.S. obligations must identify the specific securities owned, e.g., "U.S. savings bond". A general description such as "interest on U.S. obligation" or "U.S. Government securities" **is not acceptable.** (See Regulation 12 CSR 10-2.150 for the taxability of various U.S. Government related obligations.) **Failure to identify the specific security will result in the disallowance of the deduction.**

A federally taxed distribution received from a mutual fund investing exclusively in direct U.S. Government obligations is exempt. If the mutual fund invests in both exempt (direct) and non-exempt (indirect) federal obligations, the deduction allowed will be the distribution received from the mutual fund attributable to the interest on the direct U.S. Government obligations, as determined by the mutual fund. **Attach a copy of the year-end statement** received from the mutual fund showing either the amount of monies received or the percentage of funds received from direct U.S. Government obligations, or a summary statement received from the mutual fund which clearly identifies the exempt and non-exempt portions of the U.S. Government obligation interest. The statement does not need to list each obligation separately. **Failure to attach the requested document will result in the disallowance of the deduction.**

To arrive at the amount of related expenses, you may use actual expenses or a reasonable estimate. In general, you should use the same or similar method used to compute related expenses for federal income tax purposes, provided that the method reasonably reflects related expenses for Missouri-exempt income.

If you fail to compute reasonable related expenses, the Director of Revenue will make an adjustment based on the best information made available. If sufficient information is not made available or if your records do not provide sufficient information, the Director of Revenue will use the following formula to compute related expenses:

$$\frac{\text{Exempt income}}{\text{Total income}} \times \text{Expense items} = \text{Reduction to exempt income}$$

The principal expense item in this formula is interest expense; however, the Director of

Revenue may include other expense items because of their direct relationship to the production of exempt income. You may propose an alternative method provided that it properly reflects the amount of related expenses.

### LINE 8 — STATE INCOME TAX REFUND

Enter the amount of any state income tax refund included in your federal adjusted gross income on Form MO-1040, Line 1 (from Federal Form 1040, Line 10). **Attach a copy of Federal Form 1040 (pages 1 and 2).**

### LINE 9 — PARTNERSHIP, FIDUCIARY, S CORPORATION, RAILROAD RETIREMENT BENEFITS, OTHER

Enter negative adjustments (subtractions), reported from partnerships, fiduciaries, and S corporations. The partnership, fiduciary, and S corporation must notify you of the amount of any such adjustment (subtraction) to which you are entitled. Check the boxes applicable on Line 9 and attach a copy of the notification received. **Failure to attach a copy of the notification furnished to you will result in the disallowance of the modification.**

**Railroad Retirement Benefits Administered by the Railroad Retirement Board**, such as all Tier I and Tier II benefits and any railroad retirement sick pay, disability, and unemployment benefits, included in federal adjusted gross income (Form MO-1040, Line 1), are exempt from state taxation.

If you have other sources of negative adjustments, indicate the source on the line provided. Other sources of negative adjustments may be:

1. **Contributions into a Missouri Individual Medical Account (IMA).** Contributions that were made by your employer into an Individual Medical Account (IMA) and used to pay your health care expenses are exempt from Missouri income tax. The interest income earned on the IMA account is also exempt from Missouri income tax. The IMA contribution is identified in Box 14 of your Form W-2, Wage and Tax Statement. Reduce the amount of contributions by the amount of medical and dental expenses deducted on Federal Form 1040, Schedule A, Line 4, but paid for by the IMA and included in Missouri itemized deductions.
2. **Additional Capital Gain Deduction Due to Difference in Basis.** If during the taxable year you realized a gain from the sale of property or other capital assets that had a higher tax basis for Missouri tax purposes than for federal tax purposes, you may exclude the gain or the difference in the basis of the property so disposed, whichever is smaller. If the gain was considered a long-term capital gain for federal income tax purposes, the exclusion is limited to the gain or 50 percent of the difference, whichever is smaller. No difference in basis can be claimed for any property obtained after

December 31, 1972. If your basis for Missouri purposes is less than the basis for federal income tax purposes, no adjustment is required.

3. **Accumulation Distribution.** If during 2009, you received a distribution as beneficiary of a trust that was made from accumulated earnings of prior years and you filed Federal Form 4970, the amount may be excluded from Missouri income to the extent that it was reported in your federal adjusted gross income.
4. **Capital Gain Exclusion on Sale of Low Income Housing.** If during 2009, you sold a federally subsidized (HUD) low income housing project to a nonprofit or governmental organization, and at least 40 percent of the units are occupied by persons or families having incomes of 60 percent or less of the median income, you may exclude 25 percent of the capital gain from Missouri tax. However, the buyer of the property must agree to preserve or increase the low income occupancy of the project. To use this exclusion, enter as "other" 25 percent of the capital gain reported on your Federal Form 1040. **Attach a copy of your Federal Form 1040 (pages 1 and 2), Federal Form 4797, and an explanation.**
5. **Family Development Account.** A family development account holder may subtract the amount of annual deposits made to the account (not to exceed \$2,000). Approved withdrawals from the family development account are also exempt from state tax. Interest earned by a family development account is exempt from state taxation and may be subtracted from an account holder's federal adjusted gross income. Any money withdrawn for an unapproved use is subject to tax. **Attach proper certification and a copy of your Form 1099.**
6. **Federally Taxable—Missouri Exempt Obligations.** The amount of any bond issued by the Missouri Higher Education Loan Authority (MOHELA) including interest or proceeds resulting from the sale of the bond is exempt from Missouri tax. If the amount is included in federal adjusted gross income, the amount can be subtracted for Missouri tax purposes pursuant to Section 173.440, RSMo.
7. **Military Income of Nonresident Military Personnel.** Enter the amount of any military income received by nonresident military personnel stationed in Missouri. The Civil Relief Act, H.R. 100, prohibits states from including the military income of a nonresident servicemember when determining the individual income tax rate for either the servicemember or the servicemember's spouse on a combined return. Nonresident active duty military servicemembers who are required to file a 2009 Missouri return may subtract

the military income received from their federal adjusted gross income. Nonresident servicemember's spouses, who are in Missouri due to military orders, and have declared another state as their state of residence, may subtract their income from their federal adjusted gross income.

**Attach a copy of the Form W-2 reporting your military income.**

8. **Build America Bonds and Recovery Zone Bonds Interest.** Enter any interest received from Build America or Recovery Zone Bonds, which is included in your federal adjusted gross income. Attach a copy of your Form 1099-INT or any other applicable documentation.
9. **Combat Pay Included in Federal Adjusted Gross Income Earned by Military Personnel with a Missouri Home of Record.** The IRS allows enlisted members, warrant officers and commissioned warrant officers to exclude their military pay received while serving in a combat zone, or while hospitalized as a result of injuries incurred while serving in a combat zone. The exclusion of combat pay received by a commissioned officer (other than a commissioned warrant officer) is limited to the highest rate of enlisted pay. Subtract all military income received while serving in a combat zone, which is included in Federal Adjusted Gross Income (FAGI) and is not otherwise excluded. In most cases combat pay is not included in Box 1, Wages, of Form W-2 and therefore is not included in FAGI. However if Box 1 includes combat pay, the portion consisting of combat pay may be taken as a subtraction for Missouri purposes.  
**EXAMPLE 1:** A resident of Missouri, is an enlisted member of the military. He enters a combat zone in July and is there through December. He earns \$12,000 January through June, and earns \$20,000 July through December. Box 1 of his Form W-2 should only indicate the \$12,000 he received prior to entering the combat zone. He is **not** entitled to a subtraction, as his combat pay is not included in his FAGI.  
**EXAMPLE 2:** A resident of Missouri, is a high-ranking commissioned officer. He enters a combat zone in July and is there through December. He earns \$50,000 January through June, and earns \$70,000 July through December. The IRS limits his exclusion to \$40,000, causing Box 1 of his Form W-2 to indicate \$80,000. He **is** entitled to a subtraction of \$30,000, which represents the portion of Box 1 of Form W-2 attributable to combat pay that is included in his FAGI.

Instructions continued on page 33

### FORM MO-NFT, No Franchise Tax Due

Form MO-NFT is only for **corporations**. Complete Form MO-NFT and attach to your individual income tax return (Form MO-1040) if your **corporation's** assets or apportioned assets are \$1,000,000 or less and no corporation franchise tax is due. See "To Obtain Forms" on Page 3 for information on how to obtain Form MO-NFT. **Note:** If a corporation fails or neglects to file a Missouri corporation franchise tax report pursuant to Chapter 147, the Director of Revenue will notify the secretary of state to begin administrative dissolution proceedings.



FOR CALENDAR YEAR JAN. 1—DEC. 31, 2009, OR FISCAL YEAR BEGINNING

20\_\_, ENDING

20\_\_

AMENDED RETURN — CHECK HERE

SOFTWARE VENDOR CODE (Assigned by DOR) 000

Name and Address section including Social Security Number, Spouse's Social Security Number, Last Name, First Name, M. Initial, Suffix, etc.












PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2009.

Checkboxes for AGE 62 THROUGH 64, AGE 65 OR OLDER, BLIND, 100% DISABLED, NON-OBLIGATED SPOUSE.

Income section table with columns for Yourself and Spouse, rows 1-7 for Federal adjusted gross income, Missouri adjusted gross income, and income percentages.

Exemptions and Deductions section including filing status options (A-G), federal tax withheld, other taxes, federal tax deduction, Missouri standard deduction, number of dependents, and various other deductions.

		Yourself		Spouse													
<b>TAX</b>	24. Taxable income amount from Lines 23Y and 23S .....	24Y	00	24S	00												
	25. Tax. (See tax table on page 26 of the instructions.) .....	25Y	00	25S	00												
	26. Resident credit — <b>Attach Form MO-CR and other states' income tax return(s). OR</b> .....	26Y	00	26S	00												
	27. Missouri income percentage — Enter 100% unless you are completing Form MO-NRI. <b>Attach Form MO-NRI and a copy of your federal return if less than 100%.</b> Check the box if you or your spouse is a professional entertainer or a member of a professional athletic team. <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE .....	27Y	%	27S	%												
	28. Balance — Subtract Line 26 from Line 25; OR Multiply Line 25 by percentage on Line 27. ....	28Y	00	28S	00												
	29. Other taxes (Check box and attach federal form indicated.) <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611) .....	29Y	00	29S	00												
	30. Subtotal — Add Lines 28 and 29. ....	30Y	00	30S	00												
	31. Total Tax — Add Lines 30Y and 30S. ....	31			00												
	<b>PAYMENTS / CREDITS</b>																
	32. MISSOURI tax withheld — <b>Attach Form W-2(s) and/or Form 1099(s).</b> .....	32			00												
33. 2009 Missouri estimated tax payments (include overpayment from 2008 applied to 2009) .....	33			00													
34. Missouri tax payments for nonresident partners or S corporation shareholders — <b>Attach Form MO-2NR.</b> .....	34			00													
35. Missouri tax payments for nonresident entertainers — <b>Attach Form MO-2ENT.</b> .....	35			00													
36. Amount paid with Missouri extension of time to file (Form MO-60) .....	36			00													
37. Miscellaneous tax credits (from Form MO-TC, Line 13) — <b>Attach Form MO-TC.</b> .....	37			00													
38. Property tax credit — <b>Attach Form MO-PTS.</b> .....	38			00													
39. Total payments and credits — Add Lines 32 through 38. ....	39			00													
<b>AMENDED RETURN</b>																	
<b>Skip Lines 40–42 if you are not filing an amended return.</b>																	
40. Amount paid on original return .....	40			00													
41. Overpayment as shown (or adjusted) on original return .....	41			00													
INDICATE REASON(S) FOR AMENDING.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>				M	M	D	D	Y	Y						
M	M	D	D	Y	Y												
<input type="checkbox"/> A. Federal audit .....	Enter date of IRS report.																
<input type="checkbox"/> B. Net operating loss carryback .....	Enter year of loss.																
<input type="checkbox"/> C. Investment tax credit carryback .....	Enter year of credit.																
<input type="checkbox"/> D. Correction other than A, B, or C ..	Enter date of federal amended return, if filed.																
42. Amended Return — total payments and credits. Add Line 40 to Line 39 or subtract Line 41 from Line 39. ....	42			00													
<b>REFUND OR AMOUNT DUE</b>																	
43. If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference (amount of <b>OVERPAYMENT</b> ) here. ....	43			00													
44. Amount of Line 43 to be applied to your 2010 estimated tax .....	44			00													
45. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes.	45	00	00	00	00	00	00	00	00	00	00	00					
 Children's  Veterans  Elderly Home Delivered Meals  Missouri National Guard  Workers' Memorial  LEAD Childhood Lead Testing  Missouri Military Family Relief  General Revenue  After School Retreat Addl. Trust Fund Code (See Instr.) Addl. Trust Fund Code (See Instr.)		00	00	00	00	00	00	00	00	00	00	00					
46. Overpayment to be refunded to you. Subtract Lines 44 and 45 from Line 43 and enter here. <b>Sign below</b> and mail return to: <b>Department of Revenue, PO Box 500, Jefferson City, MO 65106-0500.</b> .....	<b>REFUND</b>				46			00									
47. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of <b>UNDERPAYMENT</b> ) here. ....	47			00													
48. Underpayment of estimated tax penalty — <b>Attach Form MO-2210.</b> Enter penalty amount here. ....	48			00													
49. Total amount due — Add Lines 47 and 48 and enter here. <b>Sign below</b> and mail return and payment to: <b>Department of Revenue, PO Box 329, Jefferson City, MO 65107-0329.</b> Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only). Make payable to Missouri Department of Revenue. ....	<b>AMOUNT YOU OWE</b>				49			00									
<b>If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.</b>																	
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/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 TELEPHONE													
SIGNATURE		DATE		PREPARER'S SIGNATURE													
SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)		DAYTIME TELEPHONE		PREPARER'S ADDRESS AND ZIP CODE													
				DATE													



MISSOURI DEPARTMENT OF REVENUE  
**INDIVIDUAL INCOME TAX  
 ADJUSTMENTS**

<b>2009 FORM MO-A</b>	Attachment Sequence No. 1040-01
	<b>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.</b>

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
2. <input type="checkbox"/> Partnership; <input type="checkbox"/> Fiduciary; <input type="checkbox"/> S corporation; <input type="checkbox"/> Net Operating Loss (Carryback/Carryforward); <input type="checkbox"/> Other (description) _____ . . . . .	2Y	00	2S	00
3. Nonqualified distribution received from a qualified 529 plan (higher education savings program) withdrawn early or not used for qualified higher education expenses . . . . .	3Y	00	3S	00
4. Food Pantry contributions included on federal Schedule A . . . . .	4Y	00	4S	00
5. Nonresident Property Tax . . . . .	5Y	00	5S	00
6. TOTAL ADDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter here and on Form MO-1040, Line 2. . . . .	6Y	00	6S	00
SUBTRACTIONS				
7. Interest from exempt federal obligations included in federal adjusted gross income (reduced by related expenses if expenses were over \$500). <b>Attach a detailed list or all federal Form 1099(s).</b> . . . . .	7Y	00	7S	00
8. Any state income tax refund included in federal adjusted gross income . . . . .	8Y	00	8S	00
9. <input type="checkbox"/> Partnership; <input type="checkbox"/> Fiduciary; <input type="checkbox"/> S corporation; <input type="checkbox"/> Railroad retirement benefits; <input type="checkbox"/> Net Operating Loss; <input type="checkbox"/> Military (nonresident); <input type="checkbox"/> Build America and Recovery Zone Bond Interest <input type="checkbox"/> Combat pay included in federal adjusted gross income; <input type="checkbox"/> MO Public-Private Transportation Act <input type="checkbox"/> Other (description) _____ <b>Attach supporting documentation</b> . . . . .	9Y	00	9S	00
10. Exempt contributions made to a qualified 529 plan (higher education savings program) . . . . .	10Y	00	10S	00
11. Qualified Health Insurance Premiums . . . . .	11Y	00	11S	00
12. Missouri depreciation adjustment (Section 143.121, RSMo) <input type="checkbox"/> Sold or disposed property previously taken as addition modification . . . . .	12Y	00	12S	00
13. Home Energy Audit Expenses . . . . .	13Y	00	13S	00
14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4. . . . .	14Y	00	14S	00

**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.**

1. Total federal itemized deductions from federal Form 1040, Line 40a . . . . .	1	00
2. 2009 (FICA) — yourself — Social security \$ _____ + Medicare \$ _____ . . . . .	2	00
3. 2009 (FICA) — spouse — Social security \$ _____ + Medicare \$ _____ . . . . .	3	00
4. 2009 Railroad retirement tax — yourself (Tier I and Tier II) \$ _____ + Medicare \$ _____ . . . . .	4	00
5. 2009 Railroad retirement tax — spouse (Tier I and Tier II) \$ _____ + Medicare \$ _____ . . . . .	5	00
6. 2009 Self-employment tax — Amount from federal Form 1040, Line 27 . . . . .	6	00
7. TOTAL — Add Lines 1 through 6. . . . .	7	00
8. State and local income taxes — <b>See instructions on Page 33.</b> . . . . .	8	00
9. Earnings taxes included in Line 8 . . . . .	9	00
10. Net state income taxes — Subtract Line 9 from Line 8 or enter Line 8 from the worksheet below. . . . .	10	00
11. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 from Line 7. Enter here and on Form MO-1040, Line 14. . . . .	11	00

**NOTE: IF LINE 11 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INFORMATION ON PAGE 7.**

WORKSHEET FOR PART 2 — STATE AND LOCAL INCOME TAXES, LINE 10	Complete this worksheet only if your federal adjusted gross income from federal Form 1040, Line 37 is more than \$166,800 (\$83,400 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 Deduction Worksheet (Page A-11 of federal Schedule A instructions).	
1. Enter amount from federal Itemized Deduction Worksheet, Line 3 (See page A-11 of federal Schedule A instructions.) If \$0 or less, enter "0". . . . .	1	00
2. Enter amount from federal Itemized Deduction Worksheet, Line 11 (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	00
6. Divide Line 5 by Line 1. . . . .	6	%
7. Multiply Line 2 by Line 6. . . . .	7	00
8. Subtract Line 7 from Line 5. Enter here and on Form MO-A, Part 2, Line 10. . . . .	8	00

PART 3

**IF YOU CLAIM A PENSION OR SOCIAL SECURITY/SOCIAL SECURITY DISABILITY EXEMPTION, YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (PAGES 1 AND 2) AND 1099-R(S), AND/OR SSA-1099(S).**

**PUBLIC PENSION CALCULATION — Public pensions are pensions received from any federal, state, or local government.**

<b>SECTION A</b>	1. Enter your Missouri Adjusted Gross Income from Form MO-1040, Line 6 . . . . .	1			00	
	2. Enter your <b>taxable</b> 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			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 - \$85,000 . . . . .	4			00	
	5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0 . . . . .	5			00	
			<b>Y - YOURSELF</b>		<b>S - SPOUSE</b>	
	6. Enter taxable pension for each spouse from public sources from federal Form 1040A, Line 12b or federal Form 1040, Line 16b (public pensions and pensions from other than private sources) . . . . .	6Y		00	6S	00
	7. Multiply Line 6 by 50% . . . . .	7Y		00	7S	00
	8. If amount on Line 7 is greater than \$33,703 (maximum social security benefit) enter \$33,703. If amount on Line 7 is less than \$33,703, enter amount from Line 7 . . . . .	8Y		00	8S	00
	9. Enter the amount from Line 6 or \$6,000, whichever is less . . . . .	9Y		00	9S	00
	10. Enter the amount from Line 8 or Line 9, whichever is greater . . . . .	10Y		00	10S	00
	11. If you received taxable social security and are claiming a social security exemption, complete Lines 1 through 8 of Part 3 of the MO-A, Section C (social security or social security disability calculation) and enter the amount(s) from Line(s) 6y and 6s here. See instructions if Line 3 of Section C is more than \$0. . . . .	11Y		00	11S	00
	12. Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter \$0 . . . . .	12Y		00	12S	00
	13. Add amounts on Lines 12y and 12s . . . . .	13				00
14. Total Public Pension, subtract Line 5, from Line 13. If Line 5 is greater than Line 13, enter \$0 . . . . .	14				00	

**PRIVATE PENSION CALCULATION — Private pensions are annuities, pensions, 401(K) plans, deferred compensation plans, self-employed retirement plans, and IRA's funded by a private source.**

<b>SECTION B</b>	1. Enter your Missouri Adjusted Gross Income from Form MO-1040, Line 6 . . . . .	1			00	
	2. Enter your <b>taxable</b> 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			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 Widower: \$25,000; Married Filing Separate: \$16,000 . . . . .	4			00	
	5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0 . . . . .	5			00	
			<b>Y - YOURSELF</b>		<b>S - SPOUSE</b>	
	6. Enter <b>taxable</b> pension for each spouse from <b>private sources</b> from federal Form 1040A, Lines 11b and 12b, or federal Form 1040, Lines 15b and 16b. . . . .	6Y		00	6S	00
	7. Enter the amounts from Line 6Y and 6S or \$6,000, whichever is less . . . . .	7Y		00	7S	00
	8. Add Lines 7Y and 7S . . . . .	8				00
9. <b>Total private pension</b> , subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0 . . . . .	9				00	

**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.**

<b>SECTION C</b>	1. Enter your Missouri Adjusted Gross Income from Form MO-1040, Line 6 . . . . .	1			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 Widower - \$85,000 . . . . .	2			00	
	3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0 . . . . .	3			00	
			<b>Y - YOURSELF</b>		<b>S - SPOUSE</b>	
	4. Enter <b>taxable</b> social security benefits for each spouse from federal Form 1040A, Line 14b or federal Form 1040, Line 20b . . . . .	4Y		00	4S	00
	5. Enter <b>taxable</b> social security <b>disability</b> benefits for each spouse from federal Form 1040A, Line 14b or federal Form 1040, Line 20b . . . . .	5Y		00	5S	00
	6. Multiply Line 4 or Line 5 by 50%. . . . .	6Y		00	6S	00
	7. Add Lines 6Y and 6S. . . . .	7				00
8. <b>Total social security/social security disability</b> , subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0. . . . .	8				00	

**TOTAL PENSION AND SOCIAL SECURITY / SOCIAL SECURITY DISABILITY EXEMPTION**

Total Pension Exemption and Social Security / Social Security Disability Exemption. Add Line 14 (Section A), Line 9 (Section B), and Line 8 (Section C) and enter here and on Form MO-1040, Line 8. . . . .	<b>TOTAL EXEMPTION</b>				00
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FOR CALENDAR YEAR JAN. 1—DEC. 31, 2009, OR FISCAL YEAR BEGINNING

20\_\_, ENDING

20\_\_

AMENDED RETURN — CHECK HERE

SOFTWARE VENDOR CODE (Assigned by DOR) 000

Name and Address section including Social Security Number, Spouse's Social Security Number, Last Name, First Name, M. Initial, Suffix, Deceased status, Spouse's Last Name, Spouse's First Name, Spouse's M. Initial, Spouse's Suffix, Deceased status, In Care of Name, County of Residence, School District No., Present Address, City/Town/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. Includes icons for Children's, Veterans, Elderly Home Delivered Meals, Missouri National Guard, Workers Memorial, Childhood Lead Testing, Missouri Military Family Relief, General Revenue, After School Retreat.

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2009.

Checkboxes for AGE 62 THROUGH 64, AGE 65 OR OLDER, BLIND, 100% DISABLED, NON-OBLIGATED SPOUSE, with options for YOURSELF or SPOUSE.

Income section table with columns for Yourself and Spouse, rows 1-7 for Federal adjusted gross income, Missouri adjusted gross income, and income percentages.

Exemptions and Deductions section including filing status (A-G), Federal tax withheld (10-12), Federal tax deduction (13), Missouri standard deduction (14), Number of dependents (15-16), Long-term care insurance (17), Health care sharing ministry (18), Total deductions (19), Subtotal (20), Enterprise zone (22), and Subtract Line 22 (23).

		Yourself		Spouse												
<b>TAX</b>	24. Taxable income amount from Lines 23Y and 23S .....	24Y	00	24S	00											
	25. Tax. (See tax table on page 26 of the instructions.) .....	25Y	00	25S	00											
	26. Resident credit — <b>Attach Form MO-CR and other states' income tax return(s). OR</b> .....	26Y	00	26S	00											
	27. Missouri income percentage — Enter 100% unless you are completing Form MO-NRI. <b>Attach Form MO-NRI and a copy of your federal return if less than 100%.</b> Check the box if you or your spouse is a professional entertainer or a member of a professional athletic team. <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE .....	27Y	%	27S	%											
	28. Balance — Subtract Line 26 from Line 25; OR Multiply Line 25 by percentage on Line 27. ....	28Y	00	28S	00											
	29. Other taxes (Check box and attach federal form indicated.) <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611) .....	29Y	00	29S	00											
	30. Subtotal — Add Lines 28 and 29. ....	30Y	00	30S	00											
	31. Total Tax — Add Lines 30Y and 30S. ....	31			00											
	<b>PAYMENTS / CREDITS</b>	32. MISSOURI tax withheld — <b>Attach Form W-2(s) and/or Form 1099(s).</b> .....	32			00										
		33. 2009 Missouri estimated tax payments (include overpayment from 2008 applied to 2009) .....	33			00										
34. Missouri tax payments for nonresident partners or S corporation shareholders — <b>Attach Form MO-2NR.</b> .....		34			00											
35. Missouri tax payments for nonresident entertainers — <b>Attach Form MO-2ENT.</b> .....		35			00											
36. Amount paid with Missouri extension of time to file (Form MO-60) .....		36			00											
37. Miscellaneous tax credits (from Form MO-TC, Line 13) — <b>Attach Form MO-TC.</b> .....		37			00											
38. Property tax credit — <b>Attach Form MO-PTS.</b> .....		38			00											
39. Total payments and credits — Add Lines 32 through 38. ....	39			00												
<b>AMENDED RETURN</b>	<b>Skip Lines 40–42 if you are not filing an amended return.</b>															
	40. Amount paid on original return .....	40			00											
	41. Overpayment as shown (or adjusted) on original return .....	41			00											
	INDICATE REASON(S) FOR AMENDING. <input type="checkbox"/> A. Federal audit ..... Enter date of IRS report. <input type="checkbox"/> B. Net operating loss carryback ..... Enter year of loss. <input type="checkbox"/> C. Investment tax credit carryback ..... Enter year of credit. <input type="checkbox"/> D. Correction other than A, B, or C ... Enter date of federal amended return, if filed.	<table border="1" style="width:100%; text-align:center;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>				M	M	D	D	Y	Y					
M	M	D	D	Y	Y											
42. Amended Return — total payments and credits. Add Line 40 to Line 39 or subtract Line 41 from Line 39. ....	42				00											
<b>REFUND OR AMOUNT DUE</b>	43. If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference (amount of <b>OVERPAYMENT</b> ) here. ....	43			00											
	44. Amount of Line 43 to be applied to your 2010 estimated tax .....	44			00											
	45. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes.	45	00	00	00	00	00	00	00	00	00	00	00			
	46. Overpayment to be refunded to you. Subtract Lines 44 and 45 from Line 43 and enter here. <b>Sign below</b> and mail return to: <b>Department of Revenue, PO Box 500, Jefferson City, MO 65106-0500.</b> .....	46												00		
	47. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of <b>UNDERPAYMENT</b> ) here. ....	47												00		
48. Underpayment of estimated tax penalty — <b>Attach Form MO-2210.</b> Enter penalty amount here. ....	48												00			
49. Total amount due — Add Lines 47 and 48 and enter here. <b>Sign below</b> and mail return and payment to: <b>Department of Revenue, PO Box 329, Jefferson City, MO 65107-0329.</b> Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only). Make payable to Missouri Department of Revenue. ....	49												00			
<b>AMOUNT YOU OWE</b>																
<b>If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.</b>																
<b>SIGNATURE</b>	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/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 TELEPHONE			
	SIGNATURE			DATE		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					



MISSOURI DEPARTMENT OF REVENUE  
**INDIVIDUAL INCOME TAX  
 ADJUSTMENTS**

<b>2009</b> FORM <b>MO-A</b>	Attachment Sequence No. 1040-01
	<b>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.</b>

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
2. <input type="checkbox"/> Partnership; <input type="checkbox"/> Fiduciary; <input type="checkbox"/> S corporation; <input type="checkbox"/> Net Operating Loss (Carryback/Carryforward); <input type="checkbox"/> Other (description) _____ . . . . .	2Y	00	2S	00
3. Nonqualified distribution received from a qualified 529 plan (higher education savings program) withdrawn early or not used for qualified higher education expenses . . . . .	3Y	00	3S	00
4. Food Pantry contributions included on federal Schedule A . . . . .	4Y	00	4S	00
5. Nonresident Property Tax . . . . .	5Y	00	5S	00
6. TOTAL ADDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter here and on Form MO-1040, Line 2. . . . .	6Y	00	6S	00
<b>SUBTRACTIONS</b>				
7. Interest from exempt federal obligations included in federal adjusted gross income (reduced by related expenses if expenses were over \$500). <b>Attach a detailed list or all federal Form 1099(s).</b> . . . . .	7Y	00	7S	00
8. Any state income tax refund included in federal adjusted gross income . . . . .	8Y	00	8S	00
9. <input type="checkbox"/> Partnership; <input type="checkbox"/> Fiduciary; <input type="checkbox"/> S corporation; <input type="checkbox"/> Railroad retirement benefits; <input type="checkbox"/> Net Operating Loss; <input type="checkbox"/> Military (nonresident); <input type="checkbox"/> Build America and Recovery Zone Bond Interest <input type="checkbox"/> Combat pay included in federal adjusted gross income; <input type="checkbox"/> MO Public-Private Transportation Act <input type="checkbox"/> Other (description) _____ <b>Attach supporting documentation</b> . . . . .	9Y	00	9S	00
10. Exempt contributions made to a qualified 529 plan (higher education savings program) . . . . .	10Y	00	10S	00
11. Qualified Health Insurance Premiums . . . . .	11Y	00	11S	00
12. Missouri depreciation adjustment (Section 143.121, RSMo) <input type="checkbox"/> Sold or disposed property previously taken as addition modification . . . . .	12Y	00	12S	00
13. Home Energy Audit Expenses . . . . .	13Y	00	13S	00
14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4. . . . .	14Y	00	14S	00

**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.**

1. Total federal itemized deductions from federal Form 1040, Line 40a . . . . .	1	00
2. 2009 (FICA) — yourself — Social security \$ _____ + Medicare \$ _____ . . . . .	2	00
3. 2009 (FICA) — spouse — Social security \$ _____ + Medicare \$ _____ . . . . .	3	00
4. 2009 Railroad retirement tax — yourself (Tier I and Tier II) \$ _____ + Medicare \$ _____ . . . . .	4	00
5. 2009 Railroad retirement tax — spouse (Tier I and Tier II) \$ _____ + Medicare \$ _____ . . . . .	5	00
6. 2009 Self-employment tax — Amount from federal Form 1040, Line 27 . . . . .	6	00
7. TOTAL — Add Lines 1 through 6. . . . .	7	00
8. State and local income taxes — <b>See instructions on Page 33.</b> . . . . .	8	00
9. Earnings taxes included in Line 8 . . . . .	9	00
10. Net state income taxes — Subtract Line 9 from Line 8 or enter Line 8 from the worksheet below. . . . .	10	00
11. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 from Line 7. Enter here and on Form MO-1040, Line 14. . . . .	11	00

**NOTE: IF LINE 11 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INFORMATION ON PAGE 7.**

<b>WORKSHEET FOR PART 2 — STATE AND LOCAL INCOME TAXES, LINE 10</b>	<b>Complete this worksheet only if your federal adjusted gross income from federal Form 1040, Line 37 is more than \$166,800 (\$83,400 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 Deduction Worksheet (Page A-11 of federal Schedule A instructions).</b>		
	1. Enter amount from federal Itemized Deduction Worksheet, Line 3 (See page A-11 of federal Schedule A instructions.) If \$0 or less, enter "0". . . . .	1	00
	2. Enter amount from federal Itemized Deduction Worksheet, Line 11 (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	00
	6. Divide Line 5 by Line 1. . . . .	6	%
	7. Multiply Line 2 by Line 6. . . . .	7	00
	8. Subtract Line 7 from Line 5. Enter here and on Form MO-A, Part 2, Line 10. . . . .	8	00

PART 3

**IF YOU CLAIM A PENSION OR SOCIAL SECURITY/SOCIAL SECURITY DISABILITY EXEMPTION, YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (PAGES 1 AND 2) AND 1099-R(S), AND/OR SSA-1099(S).**

**PUBLIC PENSION CALCULATION — Public pensions are pensions received from any federal, state, or local government.**

<b>SECTION A</b>	1. Enter your Missouri Adjusted Gross Income from Form MO-1040, Line 6 . . . . .	1			00	
	2. Enter your <b>taxable</b> 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			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 - \$85,000 . . . . .	4			00	
	5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0 . . . . .	5			00	
			<b>Y - YOURSELF</b>		<b>S - SPOUSE</b>	
	6. Enter taxable pension for each spouse from public sources from federal Form 1040A, Line 12b or federal Form 1040, Line 16b (public pensions and pensions from other than private sources) . . . . .	6Y		00	6S	00
	7. Multiply Line 6 by 50% . . . . .	7Y		00	7S	00
	8. If amount on Line 7 is greater than \$33,703 (maximum social security benefit) enter \$33,703. If amount on Line 7 is less than \$33,703, enter amount from Line 7 . . . . .	8Y		00	8S	00
	9. Enter the amount from Line 6 or \$6,000, whichever is less . . . . .	9Y		00	9S	00
	10. Enter the amount from Line 8 or Line 9, whichever is greater . . . . .	10Y		00	10S	00
	11. If you received taxable social security and are claiming a social security exemption, complete Lines 1 through 8 of Part 3 of the MO-A, Section C (social security or social security disability calculation) and enter the amount(s) from Line(s) 6y and 6s here. See instructions if Line 3 of Section C is more than \$0. . . . .	11Y		00	11S	00
	12. Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter \$0 . . . . .	12Y		00	12S	00
	13. Add amounts on Lines 12y and 12s . . . . .	13				00
14. Total Public Pension, subtract Line 5, from Line 13. If Line 5 is greater than Line 13, enter \$0 . . . . .	14				00	

**PRIVATE PENSION CALCULATION — Private pensions are annuities, pensions, 401(K) plans, deferred compensation plans, self-employed retirement plans, and IRA's funded by a private source.**

<b>SECTION B</b>	1. Enter your Missouri Adjusted Gross Income from Form MO-1040, Line 6 . . . . .	1			00	
	2. Enter your <b>taxable</b> 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			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 Widower: \$25,000; Married Filing Separate: \$16,000 . . . . .	4			00	
	5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0 . . . . .	5			00	
			<b>Y - YOURSELF</b>		<b>S - SPOUSE</b>	
	6. Enter <b>taxable</b> pension for each spouse from <b>private sources</b> from federal Form 1040A, Lines 11b and 12b, or federal Form 1040, Lines 15b and 16b. . . . .	6Y		00	6S	00
	7. Enter the amounts from Line 6Y and 6S or \$6,000, whichever is less . . . . .	7Y		00	7S	00
	8. Add Lines 7Y and 7S . . . . .	8				00
9. <b>Total private pension</b> , subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0 . . . . .	9				00	

**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.**

<b>SECTION C</b>	1. Enter your Missouri Adjusted Gross Income from Form MO-1040, Line 6 . . . . .	1			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 Widower - \$85,000 . . . . .	2			00	
	3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0 . . . . .	3			00	
			<b>Y - YOURSELF</b>		<b>S - SPOUSE</b>	
	4. Enter <b>taxable</b> social security benefits for each spouse from federal Form 1040A, Line 14b or federal Form 1040, Line 20b . . . . .	4Y		00	4S	00
	5. Enter <b>taxable</b> social security <b>disability</b> benefits for each spouse from federal Form 1040A, Line 14b or federal Form 1040, Line 20b . . . . .	5Y		00	5S	00
	6. Multiply Line 4 or Line 5 by 50%. . . . .	6Y		00	6S	00
	7. Add Lines 6Y and 6S. . . . .	7				00
8. <b>Total social security/social security disability</b> , subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0. . . . .	8				00	

**TOTAL PENSION AND SOCIAL SECURITY / SOCIAL SECURITY DISABILITY EXEMPTION**

Total Pension Exemption and Social Security / Social Security Disability Exemption. Add Line 14 (Section A), Line 9 (Section B), and Line 8 (Section C) and enter here and on Form MO-1040, Line 8. . . . .	<b>TOTAL EXEMPTION</b>				00
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MISSOURI DEPARTMENT OF REVENUE  
**CREDIT FOR INCOME TAXES PAID TO  
 OTHER STATES OR POLITICAL SUBDIVISIONS**

**2009**  
 FORM  
**MO-CR**

Attachment Sequence No. 1040-03

**Complete this form for you and your spouse, if you and/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.	
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and/or Line 5S) .....				<b>YOURSELF</b>		<b>SPOUSE</b>	
				00	1	00	00
2. Claimant's Missouri income tax (Form MO-1040, Line 25Y and/or Line 25S) .....				00	2	00	00
USE TWO LETTER ABBREVIATION FOR STATE OR NAME OF POLITICAL SUBDIVISION. See table on back.				STATE OF:		STATE OF:	
3. Wages and commissions .....				00	3	00	00
4. Other (describe nature) .....				00	4	00	00
5. Total — Add Lines 3 and 4. ....				00	5	00	00
6. Less: related adjustments (from Federal Form 1040A, Line 20, OR Federal Form 1040, Line 36) ..				00	6	00	00
7. Net amounts — Subtract Line 6 from Line 5. ....				00	7	00	00
8. Percentage of your income taxed — Divide Line 7 by Line 1. ....				%	8	%	%
9. Maximum credit — Multiply Line 2 by percentage on Line 8. ....				00	9	00	00
10. Income tax you paid to another state or political subdivision. <b>This is not tax withheld.</b> The income tax is reduced by all credits, except withholding and estimated tax. ....				00	10	00	00
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 .....				00	11	00	00

MO 860-1095 (11-2009)

For Privacy Notice see the instructions



MISSOURI DEPARTMENT OF REVENUE  
**CREDIT FOR INCOME TAXES PAID TO  
 OTHER STATES OR POLITICAL SUBDIVISIONS**

**2009**  
 FORM  
**MO-CR**

Attachment Sequence No. 1040-03

**Complete this form for you and your spouse, if you and/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.	
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and/or Line 5S) .....				<b>YOURSELF</b>		<b>SPOUSE</b>	
				00	1	00	00
2. Claimant's Missouri income tax (Form MO-1040, Line 25Y and/or Line 25S) .....				00	2	00	00
USE TWO LETTER ABBREVIATION FOR STATE OR NAME OF POLITICAL SUBDIVISION. See table on back.				STATE OF:		STATE OF:	
3. Wages and commissions .....				00	3	00	00
4. Other (describe nature) .....				00	4	00	00
5. Total — Add Lines 3 and 4. ....				00	5	00	00
6. Less: related adjustments (from Federal Form 1040A, Line 20, OR Federal Form 1040, Line 36) ..				00	6	00	00
7. Net amounts — Subtract Line 6 from Line 5. ....				00	7	00	00
8. Percentage of your income taxed — Divide Line 7 by Line 1. ....				%	8	%	%
9. Maximum credit — Multiply Line 2 by percentage on Line 8. ....				00	9	00	00
10. Income tax you paid to another state or political subdivision. <b>This is not tax withheld.</b> The income tax is reduced by all credits, except withholding and estimated tax. ....				00	10	00	00
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 .....				00	11	00	00

MO 860-1095 (11-2009)

For Privacy Notice see the instructions

## 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/her tax as if he/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/or 5S.

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

**Lines 3 and 4** — Enter the total amount of wages, commissions, and other income you and/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%, enter 100%. Round whole percent, such as 91% instead of 90.5%. If percentage is less than 0.5%, 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/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	

MO 860-1095 (11-2009)

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

## 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/her tax as if he/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/or 5S.

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

**Lines 3 and 4** — Enter the total amount of wages, commissions, and other income you and/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%, enter 100%. Round whole percent, such as 91% instead of 90.5%. If percentage is less than 0.5%, 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/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	

MO 860-1095 (11-2009)

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



MISSOURI DEPARTMENT OF REVENUE  
**MISSOURI INCOME  
 PERCENTAGE**

**2009  
 FORM  
 MO-NRI**

Attachment Sequence No. 1040-04

**Attach Federal Return. See  
 Instructions and Diagram on page 2.**

**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
<input type="checkbox"/> <b>1. NONRESIDENT OF MISSOURI</b> What was your state of residence during 2009?		<input type="checkbox"/> <b>1. NONRESIDENT OF MISSOURI</b> What was your state of residence during 2009?	
<input type="checkbox"/> <b>2. PART-YEAR MISSOURI RESIDENT</b>		<input type="checkbox"/> <b>2. PART-YEAR MISSOURI RESIDENT</b>	
a. Indicate the date you were a Missouri resident in 2009.	Date From:      Date To:	a. Indicate the date you were a Missouri resident in 2009.	Date From:      Date To:
b. Indicate other state of residence and date you resided there.	Date From:      Date To:	b. Indicate other state of residence and date you resided there.	Date From:      Date To:

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.

<input type="checkbox"/> <b>3. MILITARY/NONRESIDENT TAX STATUS — Indicate your tax status below and complete Part C—Missouri Income Percentage.</b> a. <b>Missouri Home of Record</b> <input type="checkbox"/> I did not at any time during the 2009 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. <b>Non-Missouri Home of Record</b> <input type="checkbox"/> I resided in Missouri during 2009 solely because my spouse or I was stationed at _____ on military orders, my home of record is in the state of _____.	<input type="checkbox"/> <b>3. MILITARY/NONRESIDENT TAX STATUS — Indicate your tax status below and complete Part C—Missouri Income Percentage.</b> a. <b>Missouri Home of Record</b> <input type="checkbox"/> I did not at any time during the 2009 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. <b>Non-Missouri Home of Record</b> <input type="checkbox"/> I resided in Missouri during 2009 solely because my spouse or I was stationed at _____ on military orders, my home of record is in the state of _____.
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**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		SPOUSE (ON A COMBINED RETURN)	
			MISSOURI SOURCES		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	00	P	00
Q. Less: federal adjustments to income .....	20	36	Q	00	Q	00
R. <b>SUBTOTAL</b> (Line P – Line Q) If no modifications to income, <b>STOP and ENTER this amount on reverse side, Part C, Line 1.</b> ..	21	37	R	00	R	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. <b>MISSOURI INCOME</b> (Missouri sources). Line R plus Line S, minus Line T. <b>Enter this amount on reverse side, Part C, Line 1.</b> .....			U	00	U	00

**PART C — MISSOURI INCOME PERCENTAGE**

	Yourself or One Income Filer		Spouse (on a Combined Return)	
1. <b>Missouri income</b> — Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600.)	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).	00	2		00
3. <b>MISSOURI INCOME PERCENTAGE</b> (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		%

**INSTRUCTIONS**

**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:*

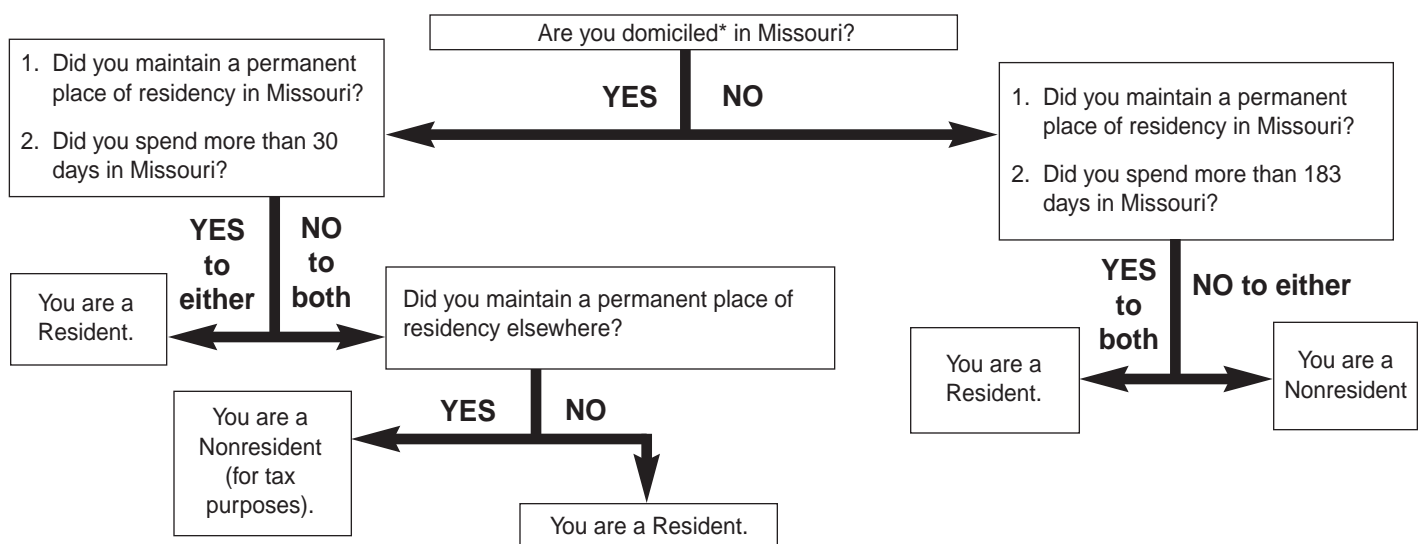
- a) Did not have any Missouri income other than military income, were not in Missouri for more than 30 days, did not maintain a home in Missouri during the year, but did maintain living quarters elsewhere, you qualify as a nonresident for tax purposes. Complete Part A, Line 3 and enter "0" on Part C, Line 1.
- b) Did have Missouri income other than military income, were in Missouri for more than 30 days and/or maintained a home in Missouri during the year you cannot use this form. You must file Form MO-1040 because 100% 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 and/or maintained a home in Missouri during the year you must file Form MO-1040 because 100% 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: <https://sa.dor.mo.gov/nri/>.

**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/her permanent home; a place that he/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/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
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MISSOURI DEPARTMENT OF REVENUE  
**INCREASE TO STANDARD DEDUCTION  
 FOR CERTAIN FILERS**

**2009**  
 FORM  
**MO-L**

**You must complete Form MO-L if you are increasing your standard deduction by a net disaster loss, state or local real estate taxes, or new motor vehicle taxes. Be sure to attach your federal return and federal Schedule L when you file.**

YOUR NAME		YOUR SOCIAL SECURITY NO.	
SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY NO.	
1. Enter the standard deduction for your filing status: <ul style="list-style-type: none"> <li>• Single or Married Filing Separately - <b>\$5,700</b></li> <li>• Married Filing Combined or Qualifying Widow(er) - <b>\$11,400</b></li> <li>• Head of Household - <b>\$8,350</b></li> <li>• Claimed as a dependent - enter amount from Line 4 of federal Schedule L. . . .</li> </ul>		1.	00
2. If you are over 65 or blind, enter the amount reported on Line 5 of federal Schedule L. . . . .		2.	00
3. Enter the amount of any net disaster loss included in your standard deduction and reported on Line 6 of federal Schedule L. . . . .		3.	00
4. Enter the amount of state and local real estate taxes included in your standard deduction and reported on Line 9 of federal Schedule L. . . . .		4.	00
5. Enter the amount of any new motor vehicle taxes included in your standard deduction and reported on Line 20 of federal Schedule L. . . . .		5.	00
6. Add the amounts shown on Lines 1 through 5 and report the total here and on Form MO-1040 Line 14. . . . .		6.	<b>00</b>



MISSOURI DEPARTMENT OF REVENUE  
**HOME ENERGY AUDIT EXPENSE**

**2009**  
 FORM  
**MO-HEA**

NAME OF TAXPAYER			
ADDRESS	CITY	STATE	ZIP

**QUALIFICATIONS**

Beginning January 1, 2009, 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 single taxpayer or a married couple filing a combined return. For all years in which you incur expenses, the maximum total subtraction you may claim is \$2,000. To qualify for the deduction, you must have incurred expenses in the year 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
- Summarize each of the auditor's recommendations
- Enter the total amount paid to implement the energy efficiency recommendations on Line B
- Attach applicable receipts
- Report the auditor's certification number
- Enter the amount paid for the audit on Line A
- Enter the total amount paid for the audit and any implemented recommendations on Line C
- 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 and enter here. Enter Line C or \$1,000, whichever is less, on Line 13 of Form MO-A. If you are filing a combined return, you may split the amount reported on Line 13 between both taxpayers. . . . .	C.	<b>00</b>

## 2009 TAX TABLE

If Missouri taxable income from Form MO-1040, Line 24, is less than \$9,000, use the table to figure tax;  
if more than \$9,000, use worksheet below or use the online tax calculator at [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax)

If Line 24 is			If Line 24 is			If Line 24 is			If Line 24 is			If Line 24 is			If Line 24 is		
At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is
0	100	\$ 0	1,500	1,600	\$ 26	3,000	3,100	\$ 62	4,500	4,600	\$109	6,000	6,100	\$167	7,500	7,600	\$238
100	200	2	1,600	1,700	28	3,100	3,200	65	4,600	4,700	113	6,100	6,200	172	7,600	7,700	243
200	300	4	1,700	1,800	30	3,200	3,300	68	4,700	4,800	116	6,200	6,300	176	7,700	7,800	248
300	400	5	1,800	1,900	32	3,300	3,400	71	4,800	4,900	120	6,300	6,400	181	7,800	7,900	253
400	500	7	1,900	2,000	34	3,400	3,500	74	4,900	5,000	123	6,400	6,500	185	7,900	8,000	258
500	600	8	2,000	2,100	36	3,500	3,600	77	5,000	5,100	127	6,500	6,600	190	8,000	8,100	263
600	700	10	2,100	2,200	39	3,600	3,700	80	5,100	5,200	131	6,600	6,700	194	8,100	8,200	268
700	800	11	2,200	2,300	41	3,700	3,800	83	5,200	5,300	135	6,700	6,800	199	8,200	8,300	274
800	900	13	2,300	2,400	44	3,800	3,900	86	5,300	5,400	139	6,800	6,900	203	8,300	8,400	279
900	1,000	14	2,400	2,500	46	3,900	4,000	89	5,400	5,500	143	6,900	7,000	208	8,400	8,500	285
1,000	1,100	16	2,500	2,600	49	4,000	4,100	92	5,500	5,600	147	7,000	7,100	213	8,500	8,600	290
1,100	1,200	18	2,600	2,700	51	4,100	4,200	95	5,600	5,700	151	7,100	7,200	218	8,600	8,700	296
1,200	1,300	20	2,700	2,800	54	4,200	4,300	99	5,700	5,800	155	7,200	7,300	223	8,700	8,800	301
1,300	1,400	22	2,800	2,900	56	4,300	4,400	102	5,800	5,900	159	7,300	7,400	228	8,800	8,900	307
1,400	1,500	24	2,900	3,000	59	4,400	4,500	106	5,900	6,000	163	7,400	7,500	233	8,900	9,000	312

FIGURING TAX OVER \$9,000	Yourself		Spouse		Example	
	Missouri taxable income (Line 24) . . . . .	\$	_____	\$	_____	\$
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
<b>TOTAL MISSOURI TAX . . . . .</b>	<b>=</b>	<b>\$ _____</b>	<b>=</b>	<b>\$ _____</b>	<b>=</b>	<b>\$ 495</b>

**If more than \$9,000, tax is \$315 PLUS 6% of excess over \$9,000.**  
Round to nearest whole dollar and enter on Form 1040, Page 2, Line 25.

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

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

Complete this worksheet 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 amount from Line 14a (federal Form 1040A) or 20a (federal Form 1040). If \$0, skip to Line 6 and enter your total health insurance premiums paid. 1. \_\_\_\_\_
2. Enter amount from Line 14b (federal Form 1040A) or 20b (federal Form 1040). 2. \_\_\_\_\_
3. Divide Line 2 by Line 1 3. \_\_\_\_\_ %
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. \_\_\_\_\_ 5S. \_\_\_\_\_
6. Enter the total of all other health insurance premiums paid, which were not included in 4Y or 4S. 6Y. \_\_\_\_\_ 6S. \_\_\_\_\_
7. Add the amounts from Lines 5 and 6. If you itemized on your federal return and your federal itemized deductions included health insurance premiums as medical expenses, go on to Line 8. If not, enter amounts from 7Y and 7S on Line 11 of Form MO-A. 7Y. \_\_\_\_\_ 7S. \_\_\_\_\_
8. Add the amounts from 7Y and 7S. 8. \_\_\_\_\_
9. Divide Line 7Y and 7S by the total found on Line 8. 9Y. \_\_\_\_\_ 9S. \_\_\_\_\_
10. Enter the amount from Federal Schedule A, Line 1. 10. \_\_\_\_\_
11. Enter the amount from Schedule A, Line 4. 11. \_\_\_\_\_
12. Divide Line 11 by Line 10 (round to full percent). 12. \_\_\_\_\_
13. Multiply Line 8 by percent on Line 12. 13. \_\_\_\_\_
14. Subtract Line 13 from Line 8. 14. \_\_\_\_\_
15. Multiply Line 14 by the percentages found on Lines 9Y and 9S. Enter the amounts on Line 15Y and 15S of this worksheet on Line 11 of Form MO-A. 15Y. \_\_\_\_\_ 15S. \_\_\_\_\_



MISSOURI DEPARTMENT OF REVENUE  
PROPERTY TAX CREDIT

2009  
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 _ / _ / _ _	SOCIAL SECURITY NO. _ _ - _ _ - _ _
	SPOUSE'S LAST NAME	FIRST NAME	INITIAL	BIRTHDATE _ / _ / _ _	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), 1099(s), W-2(s), 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 and/or your minor children before any deductions and/or the amount of social security equivalent railroad retirement benefits. Attach a copy of Form SSA-1099 and/or RRB-1099. . . . .	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 7 (if filing Form MO-1040). Attach Forms W-2(s), 1099(s), 1099-R(s), 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 9. . . . .	4		00
5. Enter the amount of veteran's payments or benefits before any deductions. Attach letter from Veterans Affairs. . . . .	5		00
6. Enter the total amount received by you and/or your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and/or TANF). Attach a copy of Form SSA-1099(s), a letter from the Social Security Administration and/or 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 losses 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 filing status is Single or Married Living Separate; <b>If married and filing combined;</b> <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. 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 your home, enter the amount from Form MO-CRP(s), Line 9. Attach rent receipt(s) for each rent payment or a summary for the entire year; a statement from your landlord, or copies of cancelled checks (front and back) along with Form MO-CRP. . . . .	12		00
13. Add Lines 11 and 12. If you rented your home, enter the total or \$750, whichever is less. If you owned your home, enter the total or \$1,100, whichever is less. . . . .	13		00
14. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 39-41 or MO-1040P, pages 27-29 to figure your Property Tax Credit. You must use the chart to see how much credit you are allowed. Note: Renters - maximum allowed is \$750. Owners - maximum allowed is \$1,100. Enter this amount on Form MO-1040, Line 38 OR Form MO-1040P, Line 20. . . . .	14		00

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



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 2009**

**2009**  
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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.		
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 <b>2009</b>	TO: MONTH ____ DAY ____ YEAR <b>2009</b>			
6. Enter your gross rent paid. <b>Attach rent receipt(s) for each rent payment for the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving housing assistance, enter the amount of rent YOU paid. . .</b>					6	00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. <b>Additional persons sharing rent/percentage to be entered:</b> <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) . . . . .					7	%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. . . . .					8	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	00

MO 860-1089 (11-2009)

**For Privacy Notice, see the instructions.**



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 2009**

**2009**  
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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.		
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 <b>2009</b>	TO: MONTH ____ DAY ____ YEAR <b>2009</b>			
6. Enter your gross rent paid. <b>Attach rent receipt(s) for each rent payment for the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving housing assistance, enter the amount of rent YOU paid. . .</b>					6	00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. <b>Additional persons sharing rent/percentage to be entered:</b> <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) . . . . .					7	%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. . . . .					8	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	00

MO 860-1089 (11-2009)

**For Privacy Notice, see the instructions.**



MISSOURI DEPARTMENT OF REVENUE  
**PROPERTY TAX CREDIT**

**2009**  
FORM  
**MO-PTS**

Attachment Sequence No. 1040-07 and 1040P-01

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

<b>NAME</b>	LAST NAME	FIRST NAME	INITIAL	BIRTHDATE _ / _ / _ _	SOCIAL SECURITY NO. _ _ - _ _ - _ _
	SPOUSE'S LAST NAME	FIRST NAME	INITIAL	BIRTHDATE _ / _ / _ _	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), 1099(s), W-2(s), 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 and/or your minor children before any deductions and/or the amount of social security equivalent railroad retirement benefits. <b>Attach a copy of Form SSA-1099 and/or RRB-1099.</b> .....	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 7 (if filing Form MO-1040). <b>Attach Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC, etc.</b> .....	3		00
4. Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. <b>Attach Form RRB/1099-R (Tier II). If filing Form MO-1040, refer to Form MO-A, Part 1, Line 9.</b> .....	4		00
5. Enter the amount of veteran's payments or benefits before any deductions. <b>Attach letter from Veterans Affairs.</b> .....	5		00
6. Enter the total amount received by you and/or your <b>minor children</b> from: public assistance, SSI, child support, or Temporary Assistance payments (TA and/or TANF). <b>Attach a copy of Form SSA-1099(s), a letter from the Social Security Administration and/or Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable.</b> .....	6		00
7. Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income (as a positive amount) here. <b>(Include capital loss from Federal Form 1040, Line 13.)</b> .....	7		00
8. <b>TOTAL</b> 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 filing status is Single or Married Living Separate; <b>If married and filing combined;</b> <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. <b>If you rented or did not own and occupy your home for the entire year</b> , Line 10 cannot exceed \$27,500. If the total is greater than \$27,500, <b>STOP - no credit is allowed. Do not file this claim.</b> <input type="checkbox"/> b. <b>If you owned and occupied your home for the entire year</b> , Line 10 cannot exceed \$30,000. If the total is greater than \$30,000, <b>STOP - no credit is allowed. Do not file this claim.</b> .....	10		00
11. If you owned your home, enter the total amount of property tax paid for your home less special assessments. <b>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.</b> .....	11		00
12. If you rented your home, enter the amount from Form MO-CRP(s), Line 9. <b>Attach rent receipt(s) for each rent payment or a summary for the entire year; a statement from your landlord, or copies of cancelled checks (front and back) along with Form MO-CRP.</b> .....	12		00
13. Add Lines 11 and 12. If you rented your home, enter the total or \$750, whichever is less. If you owned your home, enter the total or \$1,100, whichever is less. ....	13		00
14. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 39-41 or MO-1040P, pages 27-29 to figure your Property Tax Credit. You <b>must use the chart</b> to see how much credit you are allowed. Note: Renters - maximum allowed is \$750. Owners - maximum allowed is \$1,100. Enter this amount on Form MO-1040, Line 38 OR Form MO-1040P, Line 20. ....	14		00

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



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 2009**

**2009**  
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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.		
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 <b>2009</b>	TO: MONTH ____ DAY ____ YEAR <b>2009</b>			
6. Enter your gross rent paid. <b>Attach rent receipt(s) for each rent payment for the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving housing assistance, enter the amount of rent YOU paid. . .</b>					6	00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. <b>Additional persons sharing rent/percentage to be entered:</b> <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) . . . . .					7	%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. . . . .					8	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	00

MO 860-1089 (11-2009)

**For Privacy Notice, see the instructions.**



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 2009**

**2009**  
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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.		
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 <b>2009</b>	TO: MONTH ____ DAY ____ YEAR <b>2009</b>			
6. Enter your gross rent paid. <b>Attach rent receipt(s) for each rent payment for the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving housing assistance, enter the amount of rent YOU paid. . .</b>					6	00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. <b>Additional persons sharing rent/percentage to be entered:</b> <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) . . . . .					7	%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. . . . .					8	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	00

MO 860-1089 (11-2009)

**For Privacy Notice, see the instructions.**



MISSOURI DEPARTMENT OF REVENUE  
**MISCELLANEOUS INCOME  
 TAX CREDITS**

**2010  
 FORM  
 MO-TC**

Attachment Sequence No. 1040-02, 1120-04,  
 1120S-02

NAME (LAST, FIRST)		SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER	
SPOUSE'S NAME (LAST, FIRST)		SPOUSE'S SOCIAL SECURITY NUMBER	
CORPORATION NAME	MO TAX I.D. NUMBER	CHARTER 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 an additional sheet.
- If you are filing a combined return, both names must be on the certificate/form from the issuing agency.

**USE THIS FORM TO CLAIM INCOME 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.**

	BENEFIT NUMBER (Assigned by DED only)	ALPHA CODE (3 Characters) from back	CREDIT NAME	<ul style="list-style-type: none"> <li>• YOURSELF (one income)</li> <li>• Corporation Income</li> <li>• Fiduciary</li> </ul>		<ul style="list-style-type: none"> <li>• SPOUSE (on a combined return)</li> <li>• Corporation Franchise</li> </ul>	
				Column 1	Column 2	Column 1	Column 2
1.				00		00	
2.				00		00	
3.				00		00	
4.				00		00	
5.				00		00	
6.				00		00	
7.				00		00	
8.				00		00	
9.				00		00	
10.				00		00	
11.	SUBTOTALS — add Lines 1 through 10.....			00		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 13 plus Line 14 for income or Line 15 for franchise; Form MO-1120S, Line 15 for franchise tax; or Form MO-1041, Line 18.....			00		00	
13.	Total Credits — add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 17; 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.....						00

MO 860-2274 (12-2010)

**For Privacy Notice, see the instructions.**

**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.

- 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:**  
 Only the credits issued by the Department of Economic Development (DED) will have a 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.

Miscellaneous tax credits are administered by various agencies. For more information, forms, and approval to claim these credits, contact the following departments. Visit <http://dor.mo.gov/taxcredit/> for a description of each credit and more contact information for agencies administering each credit. \*Approved by the Issuing Agency

### MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT

P.O. BOX 118, JEFFERSON CITY, MO 65102-0118  
<http://www.ded.mo.gov>

Alpha Code	Name of Credit and Phone Number	Attach to Form MO-TC
BEC	Bond Enhancement — (573) 522-9062	Certificate*
BFC	New or Expanded Business Facility — (573) 522-2790	Schedule 150, Fed. K-1, Form 4354
BJI	Brownfield "Jobs and Investment" — (573) 522-8004	Certificate*
CBC	Community Bank Investment — (573) 522-8004	Certificate*
DAL	Distressed Area Land Assemblage — (573) 522-8004	Certificate*
DFH	Dry Fire Hydrant — (573) 751-4539	Certificate*
DPC	Development Tax Credit — (573) 526-3285	Certificate*
DTC	Demolition — (573) 522-8004	Certificate*
EZC	Enterprise Zone — (573) 751-4539	Schedule 250, Fed. K-1, Form 4354
FDA	Family Development Account — (573) 526-5417	Certificate*
FPC	Film Production — (573) 751-9048	Certificate*
HPC	Historic Preservation — (573) 522-8004	Certificate*
ISB	Small Business Investment (Capital) — (573) 522-2790	Certificate*
MQJ	Missouri Quality Jobs — (573) 751-4539	Certificate*
NAC	Neighborhood Assistance — (573) 751-4539	Certificate*
NEC	New Enterprise Creation — (573) 522-2790	Certificate*
NEZ	New Enhanced Enterprise Zone — (573) 751-4539	Certificate*
NMC	New Market Tax Credit — (573) 522-8004	Certificate*
RCC	Rebuilding Communities — (573) 526-3285	Certificate*
RCN	Rebuilding Communities and Neighborhood Preservation Act — (573) 522-8004	Certificate*
REC	Qualified Research Expense — (573) 526-0124	Certificate*
RTC	Remediation — (573) 522-8004	Certificate*
SBG	Small Business Guaranty Fees — (573) 751-9048	Certificate*
SBI	Small Business Incubator — (573) 526-6708	Certificate*
SCC	Missouri Business Modernization and Technology (Seed Capital) — (573) 522-2790	Original Certificate*
TDC	Transportation Development — (573) 522-2629	Certificate*
WGC	Wine and Grape Production — (573) 751-9048	Certificate*
YOC	Youth Opportunities — (573) 526-5417	Certificate*

### MISSOURI DEVELOPMENT FINANCE BOARD

P.O. BOX 567, JEFFERSON CITY, MO 65102-0567  
<http://www.mdff.org> • (573) 751-8479

Alpha Code	Name of Credit	Attach to Form MO-TC
BUC	Missouri Business Use Incentives for Large Scale Development (BUILD)	Certificate*
DRC	Development Reserve	Certificate*
EFC	Export Finance	Certificate*
IDC	Infrastructure Development	Certificate*

### MISSOURI DEVELOPMENT HOUSING COMMISSION

3435 BROADWAY, KANSAS CITY, MO 64111  
<http://www.mhdc.com>

Alpha Code	Name of Credit and Phone Number	Attach to Form MO-TC
AHC	Affordable Housing Assistance — (816) 759-6662	Certificate*
LHC	Missouri Low Income Housing — (816) 759-6668	Eligibility Statement, Fed. K-1, 8609A, 8609 (first year)

### MISSOURI DEPARTMENT OF REVENUE

P.O. BOX 2200, JEFFERSON CITY, MO 65105-2200  
<http://dor.mo.gov/> • (573) 526-8733 or (573) 751-4541

Alpha Code	Name of Credit	Attach to Form MO-TC
ATC	Special Needs Adoption	Form ATC
BFT	Bank Franchise Tax	Form INT-2, INT-2-1
BTC	Bank Tax Credit for S Corporation Shareholders	Form BTC, and Form INT-3, 2823, INT-2, Fed. K-1
CIC	Children In Crisis	Contribution Verification from Issuing Agency
DAC	Disabled Access	Federal Form 8826 and Form MO-8826
DAT	Residential Dwelling Accessibility	Form MO-DAT
FPT	Food Pantry Tax	Form MO-FPT
SHC	Self-Employed Health Insurance	Form MO-SHC
SSC	Public Safety Officer Surviving Spouse	Form MO-SSC

### MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY

P.O. BOX 630, JEFFERSON CITY, MO 65102-0630  
<http://www.mda.mo.gov> • (573) 751-2129

Alpha Code	Name of Credit	Attach to Form MO-TC
APU	Agricultural Product Utilization Contributor	Certificate*
FFC	Family Farms Act	Certificate*
NGC	New Generation Cooperative Incentive	Certificate*
QBC	Qualified Beef	Certificate*

### MISSOURI DEPARTMENT OF NATURAL RESOURCES

JEFFERSON CITY, MO 65105  
<http://www.dnr.mo.gov>

Alpha Code	Name of Credit and Phone Number	Attach to Form MO-TC
AFI	Alternative Fuel Infrastructure - (573) 751-2254	Certificate*
CPC	Charcoal Producers — (573) 751-4817	Certificate*
WEC	Processed Wood Energy — (573) 526-1723	Certificate*

### MISSOURI DEPARTMENT OF SOCIAL SERVICES

JEFFERSON CITY, MO 65109  
<http://www.dss.mo.gov/dfas/taxcredit/index.htm> • (573) 751-7533

Alpha Code	Name of Credit	Attach to Form MO-TC
DVC	Shelter for Victims of Domestic Violence	Certificate*
MHC	Maternity Home	Certificate*
PRC	Pregnancy Resource	Certificate*
RTA	Residential Treatment Agency	Certificate*

### MISSOURI DEPARTMENT OF HEALTH DIVISION OF SENIOR SERVICES

P.O. BOX 570, JEFFERSON CITY, MO 65102-0570  
<http://www.dhss.mo.gov> • (800) 235-5503

Alpha Code	Name of Credit	Attach to Form MO-TC
HCC	Health Care Access	Certificate*
SCT	Shared Care	Must Register Each Year With Division of Aging—Attach Form MO-SCC



10. **Net Operating Loss:** Any amount of net operating loss taken against federal taxable income but disallowed for Missouri income tax purposes after June 18, 2002, (when choosing the five year option at the federal level) may be carried forward and taken against any income on the Missouri income tax return for a period of up to 20 years from the year of the initial loss. **Attach Federal Form 1045, Schedule A and B, and/or the calculation of your net operating loss carryback/carryforward.**

11. **Missouri Public-Private Transportation Act.** Enter any income received in connection with the Missouri Public-Private Transportation Act, which is included in your federal adjusted gross income.

12. **Condemnation of Property:** If you included in your Federal Adjusted Gross Income any gain recognized pursuant to Section 1033 of the IRC, arising from compulsory or involuntary conversion of property as a result of condemnation or the imminence thereof, you may exclude that gain from Missouri tax. **Attach a copy of your Federal Form 1040, Schedule D, and Federal Form 4797.**

## LINE 10 — EXEMPT CONTRIBUTIONS MADE TO A QUALIFIED 529 PLAN

The state of Missouri allows a subtraction from federal adjusted gross income for the amount of annual contributions made to the Missouri Savings for Tuition Program (MOST), the 529 plan administered by the Missouri Higher Education Deposit Program, or any other qualified 529 plan. The maximum annual exempt contribution is \$8,000 for single individuals or \$16,000 for married couples filing a combined return. If you are a participant claiming a subtraction for a contribution made to the savings program, you must **attach your statement provided by the program manager.** The statement must be in the name of a plan participant (account owner) claiming the subtraction.

## LINE 11 — QUALIFIED HEALTH INSURANCE PREMIUMS

Enter the amount you paid for health insurance premiums. Do not include any pre-tax premiums paid, any excluded from federal taxable income, or any long term care insurance premiums. Use worksheet on page 26 to determine your allowable subtraction.

## LINE 12 — DEPRECIATION ADJUSTMENT

If you purchased an asset between July 1, 2002, and June 30, 2003, and you elected to use the 30 percent depreciation on your federal return, you may be able to subtract a portion of the depreciation. Enter the additional depreciation created by the Job Creation and Worker Assistance Act previously added back in prior years to the extent allowable by Section 143.121, (RSMo). This amount is computed by figuring the allowable depreciation prior to the Job Creation and Worker Assistance Act less the depreciation taken on your federal return. If you have previously taken an addition modification for a qualifying property, but have sold or disposed of the property during the taxable year, check the box on

Line 12 and take a subtraction for the amount not previously recovered. More information and examples can be found on the department's web site at [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax).

## LINE 13 — HOME ENERGY AUDIT EXPENSES

Enter the amount you paid for the costs incurred for a home energy audit or the implementation of any energy efficiency recommendations, to the extent the amounts paid were not subtracted from federal taxable income. The amount of the subtraction is limited to \$1,000 per taxpayer or taxpayers filing a combined return, not to exceed \$2,000 cumulatively. Please complete and attach Form MO-HEA found on page 25.

## LINE 14 — TOTAL SUBTRACTIONS

Add Lines 7 through 13. Enter the total on Form MO-A, Part 1, Line 14 and on Form MO-1040, Line 4.

**Note:** Do not include income earned in other states on Line 14. Complete Form MO-NRI (Missouri Income Percentage) or Form MO-CR (Credit for Income Taxes Paid to Other States or Political Subdivisions). See Form MO-1040, Line 26 or Line 27.

# PART 2 MISSOURI ITEMIZED DEDUCTIONS

**You cannot itemize your Missouri deductions if you took the standard deduction on your federal return. See Page 7, Line 14. You must itemize your Missouri deductions if you were required to itemize on your federal return.**

## LINE 1 — FEDERAL ITEMIZED DEDUCTIONS

Include your total federal itemized deductions from Federal Form 1040, Line 40a, and any **approved** cultural contributions (literary, musical, scholastic, or artistic) to a tax exempt agency or institution that is operated on a not-for-profit basis. **Cash contributions do not qualify.** Contact the Department of Revenue at (573) 751-3505 to determine if your contribution qualifies.

## LINES 2 AND 3 — SOCIAL SECURITY TAX (FICA)

Social security tax is the amount in social security tax withheld box on your Form W-2(s). **This amount cannot exceed \$6,621.60.** Medicare is the amount in the Medicare tax withheld box on your Form W-2(s). Enter the total on Line 2. Repeat for **your spouse** and enter the total on Line 3.

## LINES 4 AND 5 — RAILROAD RETIREMENT TAX

Include the amount of railroad retirement tax withheld from your wages, Tier I and Tier II, during 2009. **This amount cannot exceed \$9,581.60** (Tier I maximum of \$6,621.60 and Tier II maximum of \$3,089). Enter the total on Line 4. Repeat for **your spouse** and enter the total on Line 5.

**If you have both FICA and railroad retirement tax, the maximum deduction allowed is the amount withheld as shown on the Form**

**W-2(s) less, either the amount entered on Federal Form 1040, Line 69, or, if only one employer, the amount refunded by the employer.**

## LINE 6 — SELF-EMPLOYMENT TAX

Include as your self-employment tax the amount from Federal Form 1040, Line 27.

## LINE 8 — STATE AND LOCAL INCOME TAXES

Include the amount of **income taxes** from Federal Form 1040, Schedule A, Line 5. Do not include general **sales taxes** on Line 8. The amount you paid in state **income taxes** included in your federal itemized deductions, must be subtracted to determine Missouri itemized deductions.

**If your federal adjusted gross income from Federal Form 1040, Line 37, is greater than \$166,800 (\$83,400 for married filing separate), skip Lines 8 and 9. Complete the Worksheet for Line 10 to determine the correct amount to subtract. If you do not complete the worksheet, your Missouri itemized deductions will be lower than they should be, and you will pay too much tax.**

For Lines 1 and 2 of the worksheet, you will need your Federal Itemized Deduction Worksheet found on page A-11 of the Federal Schedule A instructions.

## LINE 9 — EARNINGS TAXES

If you entered an amount on Line 8 and you live or work in the Kansas City or St. Louis area, you may have included earnings taxes. Include on Line 9 the amount of earnings taxes withheld shown on Form W-2(s). See Diagram 1, Page 44, Box 19.

## LINE 11 — TOTAL MISSOURI ITEMIZED DEDUCTIONS

If your total Missouri itemized deductions are less than your standard deduction (see Page 7, Line 14), you should take the standard deduction on Form MO-1040, Line 14, unless you were required to itemize your federal deductions.

## ADDITIONAL STANDARD DEDUCTION

If you increased your federal standard deduction by a net disaster loss, state or local real estate taxes, or new motor vehicle taxes, you must complete Form MO-L. See line by line instructions for Form MO-L on Page 25.

# PART 3 PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY EXEMPTION

If you are claiming a pension and/or social security/social security disability exemption, you must attach a copy of your federal return (pages 1 and 2), your Form 1099-R(s), and/or SSA-1099(s). Failure to provide this information will result in your exemption being disallowed.

## PUBLIC PENSION CALCULATION

Public pensions are pensions received from any federal, state, or local government. If you have questions about whether your pension is a public or a private pension, contact your pension administrator.

## LINE 1 — MISSOURI ADJUSTED GROSS INCOME

Include your Missouri adjusted gross income from Form MO-1040, Line 6

## LINE 2 — TAXABLE SOCIAL SECURITY BENEFITS

Include the **taxable** 2009 social security benefits for each spouse. This information can be found on:

- Federal Form 1040A—Line 14b
- Federal Form 1040—Line 20b

## LINE 6 — TAXABLE PUBLIC PENSION

Include the taxable 2009 public pension for each spouse. This information can be found on:

- Federal Form 1040A—Line 12b
- Federal Form 1040—Line 16b

Do not include any payments from private pensions, social security benefits or railroad retirement payments on this line. (Exception: If you are 100 percent disabled, you may consider railroad retirement as taxable public pension.)

## LINE 11 — SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY EXEMPTION

Include the amount from Lines 6Y and 6S from Part 3 of the MO-A, Section C (social security or social security disability calculation), unless you are a single individual with income greater than \$85,000 or a married couple with income greater than \$100,000. For single individuals with income greater than \$85,000 enter the amount from Line 8 of Section C. For married couples with income greater than \$100,000, multiply Line 8 by the percentages on Line 3Y and 3S of the worksheet for Lines 4 and 5 (next column), and enter those amounts here. If you are not eligible for the social security or social security disability exemption, enter a \$0 on Line 11.

## PRIVATE PENSION CALCULATION

### LINE 2 — TAXABLE SOCIAL SECURITY BENEFITS

Include the taxable 2009 social security benefits. This information can be found on:

- Federal Form 1040A—Line 14b
- Federal Form 1040—Line 20b

### LINE 6 — TAXABLE PENSION

Include the taxable 2009 pension received from private sources for each spouse. This information can be found on:

- Federal Form 1040A—Lines 11b and 12b
- Federal Form 1040—Lines 15b and 16b.

**Do not include any payments from public pensions, social security benefits, or railroad retirement payments on this line.**

## SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION

### LINE 4 — TAXABLE SOCIAL SECURITY BENEFITS

To take the social security exemption, you must be age 62 or older. An individual that receives social security retirement benefits, partial benefits at age 62, full benefits at age 65 or older, or a disabled individual receiving social security disability income (SSDI), who reaches full retirement age during the taxable year and receives retirement benefits should include on Line 4, the amount of federal taxable benefits, which can be found on:

- Federal Form 1040A—Line 14b
- Federal Form 1040—Line 20b

**Taxable social security benefits must be allocated by each spouse's share of the benefits received for the year. To determine each spouse's portion of the taxable social security on Line 4, complete worksheet for Lines 4 and 5 (below).**

### LINE 5 — TAXABLE SOCIAL SECURITY DISABILITY BENEFITS

A disabled individual, receiving social security disability income (SSDI) for the entire taxable year should enter on Line 5, the amount of **federal taxable benefits**, which can be found on:

- Federal Form 1040A—Line 14b
- Federal Form 1040—Line 20b

**Taxable social security disability benefits must be allocated by each spouse's share of the benefits received for the year. To determine each spouse's portion of the taxable social security disability on Line 5, complete worksheet for Lines 4 and 5 (below).**

**Note:** A taxpayer filing single, head of household, qualifying widower, or married filing separate may **not** enter amounts on both Line 4, Taxable Social Security Benefits, and Line 5, Taxable Social Security Disability Benefits. Report only Social Security Benefits on Line 4 and Social Security Disability Benefits on Line 5. However, if you are married filing a combined return, one spouse may enter an amount on Line 4 and the other spouse may enter an amount on Line 5.

## Information to Complete Property Tax Credit Schedule

# FORM MO-PTS

**If you qualify for the Property Tax Credit you must attach your Form MO-PTS to your Form MO-1040 and mail to: Missouri Department of Revenue, P.O. Box 2800, Jefferson City, MO 65105-2800.**

**Important:** You must complete Form MO-1040, Line 1 through Line 37, before you complete Form MO-PTS.

**Note:** If your filing status on Form MO-1040 is married filing combined, but you and your spouse lived at different addresses the entire year, you may file a separate **Form MO-PTC**. (Example: One spouse lives in a nursing home or residential care facility while the other spouse remains in the home the entire year.) If filing a separate **Form MO-PTC**, you cannot take the \$2,000 or \$4,000 deduction on Line 7 and you cannot calculate your Property Tax Credit on the Form MO-PTS.

## QUALIFICATIONS

Check the applicable box to indicate under which qualification you are filing the Form MO-PTS. You must check a qualification box to be eligible for the credit. Check **only one box. Attach the appropriate documentation to verify your qualification.** (The required documentation is listed behind each qualification on Form MO-PTS.)

## Helpful Hints

- If you are legally married and living together, you must file married filing combined and include all household income.
- Please use the social security number of the person filing the claim.

## WORKSHEET FOR LINES 4 AND 5

- Total social security - Enter amount from: 1 \_\_\_\_\_
  - Federal Form 1040A, Line 14a
  - Federal Form 1040, Line 20a
- Enter each spouse's portion of the total social security 2Y \_\_\_\_\_ 2S \_\_\_\_\_

	Yourself	Spouse
3. Divide Line 2Y and 2S by Line 1	3Y _____ %	3S _____ %
- Taxable social security - Enter amount from: 4 \_\_\_\_\_
  - Federal Form 1040A, Line 14b
  - Federal Form 1040, Line 20b
- Multiply Line 4 by percentages on 3Y and 3S and enter 5Y \_\_\_\_\_ 5S \_\_\_\_\_  
amounts here and on Lines 4 and/or 5 of Part 3 of the MO-A, Section C

## LINE 2 — SOCIAL SECURITY BENEFITS

Enter the amount of nontaxable social security benefits before any deductions and/or amount of social security equivalent railroad retirement benefits. See the following to determine nontaxable benefits:

- Federal Form 1040, Line 20a less Line 20b
- Federal Form 1040A, Line 14a less Line 14b
- Form SSA-1099 and/or RRB-1099, Total Amount Before Deductions (if you did not include an amount on Federal Forms 1040 or 1040A)

Lump sum distributions must be claimed in the year in which they were received.

### Helpful Hints

- Wait to file your return until you get your Form SSA-1099 received in January, 2010 that states what your benefits were for the entire 2009 year. See the diagram below.
- If you are receiving railroad retirement benefits, you should get two Form RRB-1099s. Form RRB-1099-R shows annuities and pensions and the Form RRB-1099 is your social security equivalent railroad retirement benefits. Include the amount from Form RRB-1099 that states social security equivalent (usually Tier I benefits) on Line 2.

## LINE 3 — EXEMPT INTEREST AND PENSION INCOME

Enter the amount of pensions, annuities, rental income, dividends, or exempt interest income **not** included on Form MO-PTS, Line 1. (Do not include amount of excludable costs of pensions or annuities.) See the following to determine the amount of your pension or exempt interest:

- Forms 1099-R(s) or W-2P(s) — Total amount before deductions not included on Form MO-1040, Line 6 (Missouri adjusted gross income).

- Form 1099-INT(s) — Total amount not included on Form MO-1040, Line 6 (Missouri adjusted gross income). Include tax exempt interest from Form MO-A, Part 1, Line 7.

If grants or long-term care benefits are made payable to the nursing facility do not include as income or rent.

## LINE 4 — RAILROAD RETIREMENT BENEFITS

Enter railroad retirement benefits **before deductions** for medical premiums or withholdings of any kind from Form MO-A, Part 1, Line 9. (**Attach a copy of your Form RRB-1099-R, if applicable.**) (Do not include social security equivalent railroad retirement included on Line 2.)

## LINE 5 — VETERAN BENEFITS

Include your veteran payments and benefits. Veteran payments and benefits include education or training allowances, disability compensation, grants, and insurance proceeds.

**Exceptions: If you are 100 percent disabled as a result of military service, you are not required to include your veteran payments and benefits. You must attach a letter from the Veterans Administration that states that you are 100 percent disabled as a result of military service.** To request a copy of the letter call the Veterans Administration at (800) 827-1000.

If you are a surviving spouse and your spouse was 100 percent disabled as a result of military service, all the veteran payments and benefits must be included.

## LINE 6 — PUBLIC ASSISTANCE

Include the amount of public assistance, Supplemental Security Income (SSI), child support, unemployment compensation,

and Temporary Assistance payments received by you and/or your minor children. Temporary Assistance payments include Temporary Assistance for Needy Families (TANF) payments. In Missouri, the program is referred to as Temporary Assistance (TA).

### Helpful Hints

- Supplemental Security Income (SSI) is paid by the Social Security Administration. You have to request an SSI form indicating total benefits received from your local social security office. The form should be stamped or signed by the Social Security Administration. If you have minor children who receive SSI benefits, the children do not qualify for a credit. However, if you qualify for a credit, you must include the children's SSI benefits on Line 6.
- If you receive temporary assistance from the Children's Division (CD) or Family Support Division (FSD), you must include **all** cash benefits received for your **entire** household. The Department of Revenue verifies this information and failure to include total benefits may delay your refund.

This includes any governmental cash received. Do not include the value of commodity foods, food stamps, or heating and cooling assistance. **Attach a copy of Form SSA-1099(s), a letter from the Social Security Administration and/or Social Services that includes the total amount of assistance received, and Employment Security 1099, if applicable.**

## LINE 7 — NONBUSINESS LOSS(ES)

**Complete Line 7 only if nonbusiness losses reduced the amount reported on Form MO-PTS, Line 1.** If Line 1 was reduced by nonbusiness losses, add back the amount of the loss on Line 7 (as a positive amount). A nonbusiness loss is a loss of income that did not result from a trade or business. (Losses from Federal Form 1040, Schedule F and Schedule C are considered business losses and should not be included here.)

## LINE 9 — FILING STATUS DEDUCTION

If you are single, enter "0". (If you are **married—living separate for entire year**, and you are filing **married filing separate** on Form MO-1040, enter "0".)

If your filing status is **Married and Filing Combined**, see below to determine the amount you will enter on Line 9.

- If you **OWNED** and **OCCUPIED** your home for the **ENTIRE YEAR**, enter \$4,000 on Line 9.
- If you **RENTED** or **did not** own your home for the **ENTIRE YEAR**, enter \$2,000 on Line 9.

Enter the amount that you determined on Line 9. Be sure to include both incomes on Lines 1–6.

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT				
<b>2009</b> • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE SIDE FOR MORE INFORMATION.				
Box 1. Name <b>BETTY TAXPAYER</b>		Box 2. Beneficiary's Social Security Number <b>555-66-7777</b>		
Box 3. Benefits Paid in 2009 <b>\$3,400.00</b>	Box 4. Benefits Repaid to SSA in 2009 <b>NONE</b>	Box 5. Net Benefits for 2009 (Box 3 minus Box 4) <b>\$3,400.00</b>		
<b>DESCRIPTION OF AMOUNT IN BOX 3</b>		<b>DESCRIPTION OF AMOUNT IN BOX 4</b>		
Paid by check or direct deposit <b>\$7,800.00</b>		<b>NONE</b>		
Medicare premiums deducted from your benefit <b>\$400.00</b>				
Total Adjustments <b>\$4,400.00</b>				
Benefits for 2009 <b>\$3,400.00</b>				
		Box 6. Voluntary Federal Income Tax Withheld <b>NONE</b>		
		Box 7. Address <b>BETTY TAXPAYER 5500 TAXES LANE TAXCROW, MO 65555-5555</b>		
		Box 8. Claim Number (see instructions for details on how to contact SSA) <b>555-66-7777</b>		
*Includes: \$12.00 Paid for 2009 for 2008				
Form SSA-1099-SS (11-2009) DO NOT RETURN THIS FORM TO SSA OR IRS 000004				

## LINE 10 — NET HOUSEHOLD INCOME

Subtract Line 9 from Line 8 and enter amount on Line 10. If you RENTED or did not own and occupy your home for the ENTIRE YEAR, the amount you enter on Line 10 cannot exceed \$27,500.

If the amount of your net household income on Line 10 is above \$27,500, and you are not eligible for the credit, there is no need in completing and submitting the form.

If you OWNED AND OCCUPIED your home for the ENTIRE YEAR, the amount you enter on Line 10 cannot exceed \$30,000. If the amount of your net household income on Line 10 is above \$30,000, you are not eligible for the credit. There is no need in completing and submitting the form.

**Note:** Your home or dwelling is the place in which you reside in Missouri, whether owned or rented, and the surrounding land, not to exceed five acres, as is reasonably necessary for use of the dwelling as a home. A home may be part of a larger unit such as a farm or building partly rented or used for business. It may be a room in a nursing home, an apartment, or a mobile home unit.

## LINE 11 — OWN YOUR HOME

If you owned and occupied your home, include the amount of real estate tax you paid. **Do not include special assessments (sewer lateral), penalties, service charges, and interest listed on your tax receipt.** You can only claim the taxes on your primary residence that you occupy. Secondary homes don't apply.

If you submit more than one receipt for a city or county for your residence, please submit a letter of explanation.

If your home or farm has more than five acres or you own a mobile home and it is classified as personal property, a Form 948 Assessors Certification must be attached with a copy of your paid personal/real property tax receipt. If you own a mobile home and it is classified as real property, a Form 948 isn't needed. You can claim property tax and rent in such cases as a mobile home with pad/lot rent. A credit **will not** be allowed on vehicles and other items listed on the personal property tax receipt.

If you share a home, report only the portion of real estate tax that was actually paid by you.

## LINE 12 — RENT YOUR HOME

Complete one Form MO-CRP, Certification of Rent Paid, for **each** rented home (including mobile home and/or lot) you occupied during 2009. The Form MO-CRP is on the back of the Form MO-PTS.

### Helpful Hints

- If your rent is more than 60 percent of your income, you may qualify for housing assistance and you may be claiming the portion of your rent paid by a housing assistance program. Please claim only the amount of rent you pay or your refund will be delayed.
- If you don't qualify for housing assistance, please send an explanation of how additional rent is being paid.

### Helpful Hints

- If you rent from a facility that does not pay real estate taxes, you are not eligible for a Property Tax Credit.

You cannot claim returned check fees, late fees, security and cleaning deposits, or any other deposits.

If your gross rent paid exceeds your household income, you must attach a detailed statement explaining how the additional rent was paid or the claim will be denied.

### Helpful Hint

The percentage of your home that is used for business purposes, must be subtracted from your real estate taxes paid. Use Form 948 to calculate the amount of real estate tax. Subtract the percentage of your home that is used for business purposes from the allowable real estate taxes paid calculated on the Form 948.

Example: Ruth has 10 acres surrounding her house. She needs to use a Form 948, because she is only entitled to receive credit for 5 acres. By her calculations, she enters \$500 on Form 948, Line 6. Ruth also uses 15% of her house for her business. She will multiply \$500 by 85% and enter this figure (\$425) on Form MO-PTS, Line 11.

**Attach rent receipt(s) for the whole year or each month or a statement from your landlord, along with Form MO-CRP. The rent receipt(s), or statement must be signed by the landlord and include his/ her tax identification or social security number and phone number. Copies of cancelled checks (front and back) will be accepted if your landlord will not provide rent receipts, or statement.**

### Helpful Hints

- An apartment is a room or suite of rooms with separate facilities for cooking and other normal household functions.
- A boarding home is a house that provides meals, lodging, and the residents share common facilities.

## LINE 13 — TOTAL REAL ESTATE TAX /RENT PAID

Add amounts from Form MO-PTS, Lines 11 and 12 and enter amount on Line 13. **You can claim the amount of your real estate tax if you:**

- owned your home/mobile home;
- owned your home for part of the year and rented for part of the year;
- owned/rented a mobile home and pad.

The maximum amount allowed is \$1,100.

If you rented, the maximum amount allowed is \$750.

## LINE 14 — PROPERTY TAX CREDIT

Apply Lines 10 and 13 to the Property Tax Credit Chart on pages 39, 40 and 41 to determine the amount of your property tax credit. If you have another income tax or property tax credit liability, this property tax credit may be applied to that liability in accordance with Section 143.782, RSMo. You will be notified if your credit is offset against any debts.

## Information to Complete Form MO-CRP

**STEP 1:** Enter all information requested on Lines 1–5. If rent is paid to a relative, the relationship to the landlord must be indicated on Line 1. Your claim may be delayed if you fail to enter all required information.

**STEP 2:** Enter on Line 6 the gross rent paid. Exclude rent paid for any portion of your home used in the production of income, and the rent paid for surrounding land with attachments not necessary nor maintained for homestead purposes. **Also, exclude any rent paid to your landlord on your behalf by any organization.**

**STEP 3:** If you were a resident of a nursing home or boarding home during 2009, use the applicable percentage in Line 7. If you live in a hotel and meals are included in your rent payment, enter 50 percent; otherwise enter 100 percent. If two or more unmarried individuals over 18 years of age share a residence and each pay part of the rent, enter the total rent on Form MO-CRP, Line 6 and mark the appropriate percentage on box G of Line 7. If the rent receipt is for the total rent amount, then the percentage on box G of the Form MO-CRP must be used to determine your credit.

**Additional** persons sharing rent/percentage to be entered: (1 person—50%, 2 people—33%, 3 people—25%). If none of the reductions apply to you, enter 100 percent on Line 7.

**STEP 4:** Multiply Line 6 by the percentage on Line 7. Enter this amount on Form MO-CRP, Line 8.

**STEP 5:** Multiply Line 8 by 20% and enter the result on Line 9. Add the totals from Line 9 on **all** completed Form MO-CRP(s) and enter the amount on Line 12 of MO-PTS.



MISSOURI DEPARTMENT OF REVENUE  
**2009 INDIVIDUAL CONSUMER'S  
 USE TAX RETURN**

FORM <b>4340</b> REV. 09-2009	TAX PERIOD <b>Jan. - Dec. 09</b> <b>(200912)</b>	DUE DATE <b>04/15/2010</b>
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LAST NAME		FIRST NAME		INITIAL	SOCIAL SECURITY NO.	
SPOUSE'S LAST NAME		FIRST NAME		INITIAL	SPOUSE'S SOCIAL SECURITY NO.	
ADDRESS				TAXABLE PURCHASES		TAX RATE
CITY				STATE		ZIP CODE
I have direct control, supervision, or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare that this is a true, accurate, and complete return.				A.		1.
SIGNATURE(S)				DATE		DAYTIME TELEPHONE
						<b>DOR ONLY</b>

MAKE CHECK PAYABLE TO: MISSOURI DIRECTOR OF REVENUE. MAIL TO MISSOURI DEPARTMENT OF REVENUE, PO BOX 840, JEFFERSON CITY, MO 65105-0840. **DO NOT SEND WITH INDIVIDUAL INCOME TAX RETURN.** 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.

MO 860-2442 (09-2009)

MISSOURI DEPARTMENT OF REVENUE  
**INDIVIDUAL CONSUMER'S USE TAX INSTRUCTIONS**

**This form is not intended for use by businesses. Businesses that have a use tax liability should contact the Department of Revenue. See the address and phone number below.**

**What is Consumer's Use Tax?** Use tax is imposed on the storage, use, or consumption of tangible personal property in this state. You must pay consumer's use tax on tangible personal property stored, used, or consumed in Missouri unless you paid tax to the seller or the property is exempt from tax.

**What is Taxable?** If an out-of-state seller does not collect use tax from the purchaser, the purchaser is responsible for remitting the use tax to Missouri (unless the property is purchased for resale or otherwise exempt by statute). Also, a seller not engaged in business is not required to collect Missouri tax but the purchaser in these instances is responsible for remitting use tax to Missouri. A purchaser is required to file a use tax return if the cumulative purchases subject to use tax exceed \$2,000 in a calendar year. Use tax is computed on the purchase price of the goods. Example:

Mr. Smith, located in Unionville, Missouri, purchases cleaning supplies from two companies, Company X and Company Y. Company X and Company Y are both located in Des Moines, Iowa, and do all their business in Missouri strictly by mail order. During October 2009, Mr. Smith purchased \$4,000 worth of merchandise from each company. Company X is registered with the Department of Revenue and collects the use tax on Mr. Smith's purchases. Company Y is not registered, does not collect the tax, and does not file a return with the state of Missouri.

Mr. Smith must file a consumer's use tax return indicating the amount of purchases (\$4,000) from Company Y and pay the use tax on those purchases applicable for Unionville, MO (\$4,000 x 4.225% = \$169). He must send his use tax return, along with a check, to the Missouri Department of Revenue.

**Purchases which may be subject to use tax include:**

- Catalog purchases
- Magazine subscriptions
- Cross-border purchases of goods
- TV marketing purchases
- Computer software and hardware
- Mail-order supply purchases
- Furniture and equipment purchases from out-of-state sellers
- Purchases of goods bought over the Internet
- Purchases of goods bought over the telephone

**Why am I required to file?** When you make purchases on which the seller is not required to collect the tax you must pay the tax directly to the state of Missouri.

**HOW TO FILE**

Compile a list of purchases made during 2009 for which you have not previously paid Missouri sales or use tax. This information is available from invoices, bills, credit card statements, cancelled checks, etc. The total of all purchases during the year that were not previously taxed must be used in computing the amount of use tax due on the above 2009 Individual Consumer's Use Tax Return. The due date for filing the return is April 15, 2010.

**TAXABLE PURCHASES/TAX RATE**

The tax rate you must use to figure your consumer's use tax due is determined by the use tax rate in effect where you reside. The use tax rate for Missouri is 4.225% unless the city and/or county for your residential location has enacted a local option use tax, which will increase the tax rate. The correct use tax rate can be found at: <http://dor.mo.gov/tax/business/sales/rates/2009/>. Use the "USE RATE" column.

If the use tax rate is **greater than** 4.225%, enter your taxable purchases on Line A and the applicable tax rate.

If the use tax rate is 4.225%, enter your taxable purchases on Line B and compute the amount due at the state use tax rate of 4.225%. You may be required to use both Lines A and B if you resided in different locations during 2009.

**CONSUMER'S USE TAX**

Multiply taxable purchases (Line(s) A and/or B) by the appropriate tax rate and enter the amount on Line(s) 1 and/or 2.

**TOTAL INDIVIDUAL CONSUMER'S USE TAX DUE**

Add Lines 1 and 2 and enter the amount on Line 3.

Make your remittance payable to Missouri Department of Revenue (U.S. funds only). Do not combine your use tax liability with your individual income tax liability or mail it with your individual income tax return. Do not send cash. **You may not use your individual income tax refund to pay your use tax liability.**

**Sign and date the return.**

**MAIL TO:** Department of Revenue  
 P.O. Box 840  
 Jefferson City, MO 65105-0840

**For questions regarding the Missouri consumer's use tax, please e-mail [salesuse@dor.mo.gov](mailto:salesuse@dor.mo.gov) or call (573) 751-2836. Speech and hearing impaired may use TDD (800) 735-2966 or fax (573) 526-1881.**

The use tax rates may be found on the internet at <http://dor.mo.gov/tax/business/sales/rates/2009/>. Use the "USE RATE" column to ensure correct rates.



MISSOURI DEPARTMENT OF REVENUE  
**INDIVIDUAL INCOME TAX PAYMENT VOUCHER INSTRUCTIONS**

**What Is Form MO-1040V and Why Should I Use It?**

Form MO-1040V, Individual Income Tax Payment Voucher, is the voucher you send with your payment when you have an amount due on your income tax return. It is similar to vouchers returned with loan, utility, and credit card payments. Form MO-1040V ensures that your payment will be processed more efficiently and accurately. In addition, Form MO-1040V allows you to file your completed income tax return and send your payment at a later date. **Your income tax return and payment are due no later than April 15, 2010.**

**When Should I Use Form MO-1040V?**

If you have an amount due on an electronically filed return, or do not submit payment in full when you file your income tax return, send Form MO-1040V with your payment.

**How Do I Fill In the Payment Voucher?**

Complete the name(s) and address block. Use the label from the front cover of your book if the address information on the label is correct.

**Line 1** — Enter your social security number (SSN) on Line 1. If you are filing a combined return, enter on Line 1 the first SSN as shown on your return.

**Line 2** — Enter the first four letters of your last name on Line 2. See examples.

<b>NAME</b>	<b>ENTER</b>	} <b>Please use capital letters as shown.</b>
John Brown	BROW	
Juan De Jesus	DEJE	
Joan A. Lee	LEE	
Jean McCarthy	MCCA	
John O'Neill	ONEI	
Pedro Torres-Lopez	TORR	

**Line 3** — If you are filing a combined return, enter on Line 3 your spouse's SSN.

**Line 4** — Enter the first four letters of your spouse's last name on Line 4. See examples for Line 2, above.

**Line 5** — Enter the amount of your payment in whole dollars on Line 5.

**How Do I Make My Payment?**

- Make your check or money order payable to the "Missouri Department of Revenue." Do not send cash (U.S. funds only). Do not postdate your check; it will be cashed upon receipt. The Department of Revenue may collect checks returned for insufficient or uncollected funds electronically.
- Write your name, address, SSN, daytime telephone number, and "2009 MO Income Tax" on your check or money order.
- Detach the payment voucher at the perforation, and mail with your payment.
- **Please mail your Form MO-1040V and payment to:**  
**Missouri Department of Revenue**  
**P.O. Box 371**  
**Jefferson City, MO 65105-0371**

**Please print as shown below in black or dark blue ink. Do not use red ink or pencil.**

1	2	3	4	A	B	C	D
---	---	---	---	---	---	---	---

**Federal Privacy Notice**

The Federal Privacy Act requires the Missouri Department of Revenue (Department) to inform taxpayers of the Department's legal authority for requesting identifying information, including social security numbers, and to explain why the information is needed and how the information will be used.

Chapter 143 of the Missouri Revised Statutes authorizes the Department to request information necessary to carry out the tax laws of the state of Missouri. Federal law 42 U.S.C. Section 405 (c)(2)(C) authorizes the states to require taxpayers to provide social security numbers.

The Department uses your social security number to identify you and process your tax returns and other documents, to determine and collect the correct amount of tax, to ensure you are complying with the tax laws, and to exchange tax information with the Internal Revenue Service, other states, and the Multistate Tax Commission (Chapters 32 and 143, RSMo). In addition, statutorily provided non-tax uses are: (1) to provide information to the Department of Higher Education with respect to applicants for financial assistance under Chapter 173, RSMo and (2) to offset refunds against amounts due to a state agency by a person or entity (Chapter 143, RSMo). Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having the statutory right to obtain it [as indicated above]. In addition, information may be disclosed to the public regarding the name of a tax credit recipient and the amount issued to such recipient (Chapter 135, RSMo). (For the Department's authority to prescribe forms and to require furnishing of social security numbers, see Chapters 135, 143, and 144, RSMo.)

You are required to provide your social security number on your tax return. Failure to provide your social security number or providing a false social security number may result in criminal action against you.



MISSOURI DEPARTMENT OF REVENUE  
**INDIVIDUAL INCOME TAX  
 PAYMENT VOUCHER**

**2009  
 FORM  
 MO-1040V**

**PLEASE PRINT. MAKE CHECK PAYABLE TO MISSOURI DEPARTMENT OF REVENUE. MAIL FORM MO-1040V AND PAYMENT TO THE MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 371, JEFFERSON CITY, MO 65105-0371.**

NAME		
SPOUSE'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

FULL PAYMENT OF TAXES MUST BE SUBMITTED BY APRIL 15, 2010 TO AVOID INTEREST AND ADDITIONS TO TAX FOR FAILURE TO PAY. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.

• PLEASE SEND CHECK OR MONEY ORDER (U.S. FUNDS ONLY)

1. Social security number	*	<input type="text"/>
2. Name control	*	<input type="text"/>
3. Spouse's social security number	*	<input type="text"/>
4. Spouse's name control	*	<input type="text"/>
5. Amount of payment (U.S. funds only)	\$	<input type="text"/> .00

**DOR USE ONLY**

*	<input type="text"/>
*	<input type="text"/>

- A. Enter amount from Line 10 here \_\_\_\_\_ B. Enter amount from Line 13 here \_\_\_\_\_  
 C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTS, Line 14.

## 2009 PROPERTY TAX CREDIT CHART

**AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE 13 — TOTAL REAL ESTATE TAX PAID**

		FROM					FROM					FROM				
		1076	1051	1026	1001	976	951	926	901	876	851	826	801	776	751	
		TO					TO					TO				
		1100	1075	1050	1025	1000	975	950	925	900	875	850	825	800	775	
<b>FROM</b>	<b>TO</b>	<b>Refund is the actual total amount of allowable real estate tax paid, not to exceed \$1,100.</b>														
1	14,300															
14,301	14,600	1078	1053	1028	1003	978	953	928	903	878	853	828	803	778	753	
14,601	14,900	1069	1044	1019	994	969	944	919	894	869	844	819	794	769	744	
14,901	15,200	1059	1034	1009	984	959	934	909	884	859	834	809	784	759	734	
15,201	15,500	1049	1024	999	974	949	924	899	874	849	824	799	774	749	724	
15,501	15,800	1039	1014	989	964	939	914	889	864	839	814	789	764	739	714	
15,801	16,100	1028	1003	978	953	928	903	878	853	828	803	778	753	728	703	
16,101	16,400	1016	991	966	941	916	891	866	841	816	791	766	741	716	691	
16,401	16,700	1005	980	955	930	905	880	855	830	805	780	755	730	705	680	
16,701	17,000	993	968	943	918	893	868	843	818	793	768	743	718	693	668	
17,001	17,300	980	955	930	905	880	855	830	805	780	755	730	705	680	655	
17,301	17,600	968	943	918	893	868	843	818	793	768	743	718	693	668	643	
17,601	17,900	954	929	904	879	854	829	804	779	754	729	704	679	654	629	
17,901	18,200	941	916	891	866	841	816	791	766	741	716	691	666	641	616	
18,201	18,500	927	902	877	852	827	802	777	752	727	702	677	652	627	602	
18,501	18,800	913	888	863	838	813	788	763	738	713	688	663	638	613	588	
18,801	19,100	898	873	848	823	798	773	748	723	698	673	648	623	598	573	
19,101	19,400	883	858	833	808	783	758	733	708	683	658	633	608	583	558	
19,401	19,700	868	843	818	793	768	743	718	693	668	643	618	593	568	543	
19,701	20,000	852	827	802	777	752	727	702	677	652	627	602	577	552	527	
20,001	20,300	836	811	786	761	736	711	686	661	636	611	586	561	536	511	
20,301	20,600	819	794	769	744	719	694	669	644	619	594	569	544	519	494	
20,601	20,900	802	777	752	727	702	677	652	627	602	577	552	527	502	477	
20,901	21,200	785	760	735	710	685	660	635	610	585	560	535	510	485	460	
21,201	21,500	767	742	717	692	667	642	617	592	567	542	517	492	467	442	
21,501	21,800	749	724	699	674	649	624	599	574	549	524	499	474	449	424	
21,801	22,100	731	706	681	656	631	606	581	556	531	506	481	456	431	406	
22,101	22,400	712	687	662	637	612	587	562	537	512	487	462	437	412	387	
22,401	22,700	693	668	643	618	593	568	543	518	493	468	443	418	393	368	
22,701	23,000	673	648	623	598	573	548	523	498	473	448	423	398	373	348	
23,001	23,300	653	628	603	578	553	528	503	478	453	428	403	378	353	328	
23,301	23,600	633	608	583	558	533	508	483	458	433	408	383	358	333	308	
23,601	23,900	613	588	563	538	513	488	463	438	413	388	363	338	313	288	
23,901	24,200	591	566	541	516	491	466	441	416	391	366	341	316	291	266	
24,201	24,500	570	545	520	495	470	445	420	395	370	345	320	295	270	245	
24,501	24,800	548	523	498	473	448	423	398	373	348	323	298	273	248	223	
24,801	25,100	526	501	476	451	426	401	376	351	326	301	276	251	226	201	
25,101	25,400	504	479	454	429	404	379	354	329	304	279	254	229	204	179	
25,401	25,700	481	456	431	406	381	356	331	306	281	256	231	206	181	156	
25,701	26,000	457	432	407	382	357	332	307	282	257	232	207	182	157	132	
26,001	26,300	434	409	384	359	334	309	284	259	234	209	184	159	134	109	
26,301	26,600	410	385	360	335	310	285	260	235	210	185	160	135	110	85	
26,601	26,900	385	360	335	310	285	260	235	210	185	160	135	110	85	60	
26,901	27,200	361	336	311	286	261	236	211	186	161	136	111	86	61	36	
27,201	27,500	335	310	285	260	235	210	185	160	135	110	85	60	35	10	
27,501	27,800	310	285	260	235	210	185	160	135	110	85	60	35	10		
27,801	28,100	284	259	234	209	184	159	134	109	84	59	34	9			
28,101	28,400	258	233	208	183	158	133	108	83	58	33	8				
28,401	28,700	231	206	181	156	131	106	81	56	31	6					
28,701	29,000	204	179	154	129	104	79	54	29	4						
29,001	29,300	177	152	127	102	77	52	27	2							
29,301	29,600	149	124	99	74	49	24									
29,601	29,900	121	96	71	46	21										
29,901	30,000	95	70	45	20											

A. Enter amount from Line 10 here \_\_\_\_\_ B. Enter amount from Line 13 here \_\_\_\_\_  
 C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTS, Line 14.

**AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE 13 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID**

FROM				FROM				FROM					
726	701	676	651	626	601	576	551	526	501	476	451	426	401
TO				TO				TO					
750	725	700	675	650	625	600	575	550	525	500	475	450	425

FROM	TO	Refund is the actual total amount of allowable real estate tax paid, not to exceed \$1,100 or rent credit equivalent not to exceed \$750 (Form MO-PTS, Line 13).													
1	14,300														
14,301	14,600	728	703	678	653	628	603	578	553	528	503	478	453	428	403
14,601	14,900	719	694	669	644	619	594	569	544	519	494	469	444	419	394
14,901	15,200	709	684	659	634	609	584	559	534	509	484	459	434	409	384
15,201	15,500	699	674	649	624	599	574	549	524	499	474	449	424	399	374
15,501	15,800	689	664	639	614	589	564	539	514	489	464	439	414	389	364
15,801	16,100	678	653	628	603	578	553	528	503	478	453	428	403	378	353
16,101	16,400	666	641	616	591	566	541	516	491	466	441	416	391	366	341
16,401	16,700	655	630	605	580	555	530	505	480	455	430	405	380	355	330
16,701	17,000	643	618	593	568	543	518	493	468	443	418	393	368	343	318
17,001	17,300	630	605	580	555	530	505	480	455	430	405	380	355	330	305
17,301	17,600	618	593	568	543	518	493	468	443	418	393	368	343	318	293
17,601	17,900	604	579	554	529	504	479	454	429	404	379	354	329	304	279
17,901	18,200	591	566	541	516	491	466	441	416	391	366	341	316	291	266
18,201	18,500	577	552	527	502	477	452	427	402	377	352	327	302	277	252
18,501	18,800	563	538	513	488	463	438	413	388	363	338	313	288	263	238
18,801	19,100	548	523	498	473	448	423	398	373	348	323	298	273	248	223
19,101	19,400	533	508	483	458	433	408	383	358	333	308	283	258	233	208
19,401	19,700	518	493	468	443	418	393	368	343	318	293	268	243	218	193
19,701	20,000	502	477	452	427	402	377	352	327	302	277	252	227	202	177
20,001	20,300	486	461	436	411	386	361	336	311	286	261	236	211	186	161
20,301	20,600	469	444	419	394	369	344	319	294	269	244	219	194	169	144
20,601	20,900	452	427	402	377	352	327	302	277	252	227	202	177	152	127
20,901	21,200	435	410	385	360	335	310	285	260	235	210	185	160	135	110
21,201	21,500	417	392	367	342	317	292	267	242	217	192	167	142	117	92
21,501	21,800	399	374	349	324	299	274	249	224	199	174	149	124	99	74
21,801	22,100	381	356	331	306	281	256	231	206	181	156	131	106	81	56
22,101	22,400	362	337	312	287	262	237	212	187	162	137	112	87	62	37
22,401	22,700	343	318	293	268	243	218	193	168	143	118	93	68	43	18
22,701	23,000	323	298	273	248	223	198	173	148	123	98	73	48	23	
23,001	23,300	303	278	253	228	203	178	153	128	103	78	53	28	3	
23,301	23,600	283	258	233	208	183	158	133	108	83	58	33	8		
23,601	23,900	263	238	213	188	163	138	113	88	63	38	13			
23,901	24,200	241	216	191	166	141	116	91	66	41	16				
24,201	24,500	220	195	170	145	120	95	70	45	20					
24,501	24,800	198	173	148	123	98	73	48	23						
24,801	25,100	176	151	126	101	76	51	26	1						
25,101	25,400	154	129	104	79	54	29	4							
25,401	25,700	131	106	81	56	31	6								
25,701	26,000	107	82	57	32	7									
26,001	26,300	84	59	34	9										
26,301	26,600	60	35	10											
26,601	26,900	35	10												
26,901	27,200	11													
27,201	27,500														
27,501	27,800														
27,801	28,100														
28,101	28,400														
28,401	28,700														
28,701	29,000														
29,001	29,300														
29,301	29,600														
29,601	29,900														
29,901	30,000														

**EXAMPLE:**  
 If Line 10 is \$23,980 and Line 13 of Form MO-PTS is \$525, then the tax credit would be \$16.



- A. Enter amount from Line 10 here \_\_\_\_\_ B. Enter amount from Line 13 here \_\_\_\_\_  
 C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTS, Line 14.

**AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE 13 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID**

FROM					FROM					FROM					
376	351	326	301	276	251	226	201	176	151	126	101	76	51	26	1
TO					TO					TO					
400	375	350	325	300	275	250	225	200	175	150	125	100	75	50	25

FROM	TO	Refund is the actual total amount of allowable real estate tax paid, not to exceed \$1,100 or rent credit equivalent not to exceed \$750 (Form MO-PTS, Line 13).															
1	14,300																
14,301	14,600	378	353	328	303	278	253	228	203	178	153	128	103	78	53	28	3
14,601	14,900	369	344	319	294	269	244	219	194	169	144	119	94	69	44	19	
14,901	15,200	359	334	309	284	259	234	209	184	159	134	109	84	59	34	9	
15,201	15,500	349	324	299	274	249	224	199	174	149	124	99	74	49	24		
15,501	15,800	339	314	289	264	239	214	189	164	139	114	89	64	39	14		
15,801	16,100	328	303	278	253	228	203	178	153	128	103	78	53	28	3		
16,101	16,400	316	291	266	241	216	191	166	141	116	91	66	41	16			
16,401	16,700	305	280	255	230	205	180	155	130	105	80	55	30	5			
16,701	17,000	293	268	243	218	193	168	143	118	93	68	43	18				
17,001	17,300	280	255	230	205	180	155	130	105	80	55	30	5				
17,301	17,600	268	243	218	193	168	143	118	93	68	43	18					
17,601	17,900	254	229	204	179	154	129	104	79	54	29	4					
17,901	18,200	241	216	191	166	141	116	91	66	41	16						
18,201	18,500	227	202	177	152	127	102	77	52	27	2						
18,501	18,800	213	188	163	138	113	88	63	38	13							
18,801	19,100	198	173	148	123	98	73	48	23								
19,101	19,400	183	158	133	108	83	58	33	8								
19,401	19,700	168	143	118	93	68	43	18									
19,701	20,000	152	127	102	77	52	27	2									
20,001	20,300	136	111	86	61	36	11										
20,301	20,600	119	94	69	44	19											
20,601	20,900	102	77	52	27	2											
20,901	21,200	85	60	35	10												
21,201	21,500	67	42	17													
21,501	21,800	49	24														
21,801	22,100	31	6														
22,101	22,400	12															
22,401	22,700																
22,701	23,000																
23,001	23,300																
23,301	23,600																
23,601	23,900																
23,901	24,200																
24,201	24,500																
24,501	24,800																
24,801	25,100																
25,101	25,400																
25,401	25,700																
25,701	26,000																
26,001	26,300																
26,301	26,600																
26,601	26,900																
26,901	27,200																
27,201	27,500																
27,501	27,800																
27,801	28,100																
28,101	28,400																
28,401	28,700																
28,701	29,000																
29,001	29,300																
29,301	29,600																
29,601	29,900																
29,901	30,000																

This area indicates no credit is allowable.

**EXAMPLE:**  
 If Line 10 is \$19,360 and Line 13 of Form MO-PTS is \$225, then the tax credit would be \$8.

# 2009 MISSOURI SCHOOL DISTRICT NUMBERS

Your Missouri school district number **must be entered on your income tax return**. This information is supplied to the State Department of Elementary and Secondary Education and is used in determining the amount of state aid to your school district.

Enter the number of the public school district where your residence is located.

The Missouri public school district names and numbers are listed alphabetically by school district name. Generally, the name of your public school district is also the name of the city, town, or village where your public school is located.

Do not write the name of the school district on the return. Enter only the number of the district in the following list. For example:

- All public schools located in the City of Springfield are in "Springfield R-XII" School District, and number "475" should be entered in the space provided.

- All public schools located in the City of Columbia are in "Columbia 93" School District, and number "098" should be entered in the spaces provided.

The following should be considered in determining your public school district number:

1. **Determine your public school district at the time of completing your return.**
2. If you live in one school district and work or have a permanent or temporary mailing address in another, enter the district number where you live.
3. If you are in a military service or a student temporarily living and working away from your permanent residence, enter the district number of your permanent residence.
4. If you were a part-year resident of Missouri, enter the school district number of your residence while living in Missouri.
5. If you are a "nonresident" of Missouri, your school district number is "347".

If you are unable to determine your school district number from these instructions, call the public elementary or public high school of your school district.

NAME	NUMBER	NAME	NUMBER	NAME	NUMBER	NAME	NUMBER	NAME	NUMBER
Adair Co. R-I (Novinger) . . .	365	Cainsville R-I . . . . .	058	Dallas Co. R-I (Buffalo) . .	112	Gasconade Co. R-I		Hurley R-I . . . . .	214
Adair Co. R-II (Brashear) . .	045	Calhoun R-VIII . . . . .	059	Davis R-XII . . . . .	113	(Hermann) . . . . .	197	Iberia R-V . . . . .	215
Adrian R-III . . . . .	001	Callao C-8 . . . . .	061	Delta C-7 (Deering) . . . .	385	Gasconade Co. R-II		Independence 30 . . . . .	217
Advance R-IV . . . . .	002	Camdenton R-III . . . . .	062	Delta R-V . . . . .	116	(Owensville) . . . . .	376	Iron Co. C-4 (Viburnum) .	218
Aftton 101 . . . . .	003	Cameron R-I . . . . .	063	Dent-Phelps R-III		Gideon 37 . . . . .	165	Jackson R-II . . . . .	219
Albany R-III . . . . .	004	Campbell R-II . . . . .	064	(RFD, Salem) . . . . .	117	Gillman City R-IV . . . . .	167	Jasper Co. R-V . . . . .	222
Altenburg 48 . . . . .	005	Canton R-V . . . . .	065	DeSoto 73 . . . . .	114	Glenwood R-VIII . . . . .	169	Jefferson C-123	
Alton R-IV . . . . .	006	Cape Girardeau 63 . . . .	066	Dexter R-XI . . . . .	118	Golden City R-III . . . . .	171	(Nodaway Co.) . . . . .	223
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Ava R-I . . . . .	014	Centerville R-I . . . . .	077	(Gower) . . . . .	125	Green Forest R-II . . . . .	178	Kansas City 33 . . . . .	231
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Bosworth R-V . . . . .	040	Cole Co. R-V (Eugene) . . .	136	Fordland R-III . . . . .	151	Higbee R-VIII . . . . .	202	(Higginsville) . . . . .	249
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Bucklin R-II . . . . .	053	Crawford Co. R-I		Galena R-II . . . . .	161	Humansville R-IV . . . . .	212	Leesville R-IX . . . . .	262
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Cabool R-IV . . . . .	057	Crocker R-II . . . . .	109						
		Crystal City 47 . . . . .	110						
		Dadeville R-II . . . . .	111						

NAME	NUMBER	NAME	NUMBER	NAME	NUMBER	NAME	NUMBER	NAME	NUMBER
Leopold R-III	264	Montgomery Co. R-II (Montgomery City)	324	Osceola	374	School of the Osage R-II	439	Sweet Springs R-VII	501
Lesterville R-IV	265	Montrose R-XIV	325	Otterville R-VI	375	Schuyler Co. R-I	440	Taneyville R-II	502
Lewis Co. C-1 (Ewing)	266	Morgan Co. R-I (Stover)	491	Ozark R-VI	377	Scotland Co. R-I (Memphis)	441	Tarkio R-I	503
Lexington R-V	267	Morgan Co. R-II (Versailles)	523	Palmyra R-I	378	Scott City R-I	573	Thayer R-II	504
Liberal R-II	268	Mound City R-II	327	Paris R-II	379	Scott Co. Central (Sikeston)	443	Thornfield R-I	505
Liberty 53	269	Mountain Grove R-III	328	Park Hill	380	Scott Co. R-IV (Benton)	442	Tina-Avalon R-II	506
Licking R-VIII	271	Mountain View-Birch Tree R-III	329	Parkway C-2	381	Sedalia 200	444	Trenton R-IX	508
Lincoln R-II	272	Mt. Vernon R-V	330	Pattonsburg R-II	382	Senath Hornesville C-8	445	Tri-County R-VII (Jamesport)	509
Lindbergh R-VIII	273	Naylor R-II	331	Pattonville R-III	383	Seneca R-VII	446	Troy R-III	510
Linn Co. R-I (Purdin)	572	Neelyville R-IV	332	Pemiscot Co. R-II (RFD, Caruthersville)	386	Seymour R-II	447	Twin Rivers R-X (Broseley)	512
Livingston Co. R-III (Chula)	275	Neell Holcomb R-IV	333	Pemiscot Co. Special School Dist.	576	Shawnee R-III	448		
Lockwood R-I	276	Neosho R-V	334	Perry Co. 32	387	Shelby Co. R-IV (Shelbina)	450		
Logan-Rogersville R-VIII	277	Nevada R-V	335	Pettis Co. R-V (Hughesville)	389	Sheldon R-VIII	451	Union R-XI (Franklin Co.)	514
Lone Jack C-6	278	New Bloomfield R-III	336	Pettis Co. R-XII (RFD, Sedalia)	390	Shell Knob 78	452	Union Star R-II	515
Lonedell R-XIV	279	New Franklin R-I	337	Phelps Co. R-III (Edgar Springs)	130	Sherwood Cass R-VIII (Creighton)	453	University City	517
Louisiana R-II	280	New Haven (Franklin Co.)	338	Pierce City R-VI	391	Sikeston R-6	454		
Luray 33	281	New Madrid Co. R-I	340	Pike Co. R-III (Clarksville)	392	Silex R-I	455	Valley Park	518
Lutie R-VI	282	New York R-IV	341	Pilot Grove C-4	393	Skyline R-II	456	Valley R-VI (Caledonia)	519
		Newtown-Harris R-III	343	Plainview R-VIII	394	Slater	457	Van Buren R-1	520
Macks Creek R-V	283	Niangua R-V	344	Plainview R-VIII	394	Smithton R-VI	458	Van-Far R-I	521
Macon Co. R-I (Macon)	284	Nixa R-II	345	Plato R-V	395	Smithville R-II	459	Verona R-VII	522
Macon Co. R-IV (New Cambria)	286	Nodaway-Holt R-VII (Graham)	346	Platte Co. R-III (Platte City)	396	South Callaway R-II (Mokane)	460		
Madison C-3	287	Nonresident	347	Pleasant Hill R-III	398	South Harrison Co. R-II (Bethany)	461	Walnut Grove R-V	527
Malden R-I	288	Norborne R-VIII	348	Pleasant Hope R-VI	399	South Holt Co. R-I (Oregon)	462	Warren Co. R-III (Warrenton)	529
Malta Bend R-V	289	Normandy	349	Pleasant View R-VI	400	South Iron Co. R-I (Annapolis)	463	Warrensburg R-VI	528
Manes R-V	290	North Andrew Co. R-VI (Rosendale)	350	Polo R-VII	401	South Nodaway Co. R-IV (Barnard)	464	Warsaw R-IX	530
Mansfield R-IV	291	North Callaway R-I (Kingdom City)	351	Poplar Bluff R-I	402	South Pemiscot Co. R-V (Steele)	465	Washington	531
Maplewood-Richmond Heights	292	North Daviess R-III	220	Portageville	574	Southern Boone Co. R-I	466	Waynesville R-VI	532
Marceline R-V	293	North Harrison R-III (Eagleville)	353	Potosi R-III	403	Southern Reynolds Co. R-II	467	Weaubleau R-III	533
Maries Co. R-I (Vienna)	524	North Kansas City 74	354	Prairie Home R-V	404	Southland C-9 (Cardwell)	468	Webb City R-VII	534
Maries Co. R-II (Belle-Bland)	021	North Mercer Co. R-III (Mercer)	355	Praireton R-V	405	Southwest Livingston Co. R-I	469	Webster Groves	535
Marion C. Early R-V (Morrisville)	294	North Nodaway Co. R-VI (Hopkins)	356	Purdy R-II	406	Southwest R-V (Barry Co.)	470	Wellington-Napoleon R-IX	536
Marion Co. R-II	295	North Pemiscot Co. R-I (Wardell)	357	Putnam Co R-1	516	Sparta R-III	471	Wellston	537
Marionville R-IX	296	North Platte Co. R-I (Dearborn)	358	Puxico R-VIII	407	Special School District of St. Louis Co.	577	Wellsville-Middletown R-I	538
Mark Twain R-VIII	297	North St. Francois Co. R-I (Bonne Terre)	352	Ralls Co. R-II (Center)	408	Spickard R-II	472	Wentzville R-IV	539
Marquand-Zion R-VI	298	North Shelby	449	Raymondville R-VII	410	Spokane R-VII	473	West Nodaway Co. R-I (Burlington Junction)	540
Marshall	299	North Wood R-IV	359	Raymore-Peculiar R-II	411	Spring Bluff R-XV	474	West Plains R-VII	541
Marshfield R-I	300	Northeast Nodaway Co. R-V (Ravenwood)	360	Raytown C-2	412	Springfield R-XII	475	West Platte Co. R-II (Weston)	542
Maryville R-II	302	Northeast Randolph Co. R-IV (Cairo)	361	Reeds Spring R-IV	413	St. Charles Co. R-V (Orchard Farm)	477	West St. Francois Co. R-IV (Leadwood)	570
Maysville R-I	303	Northeast Vernon Co. R-I (Walker)	526	Renick R-V	414	St. Charles R-VI	476	Westran R-I	545
McDonald Co. R-I (Anderson)	304	Northwest R-I (High Ridge)	362	Republic R-III (Republic)	415	St. Clair R-XIII	478	Westview C-6	546
Meadow Heights R-II	305	Northwestern R-I (Mendon)	363	Revere C-3	416	St. Elizabeth R-IV	479	Wheatland R-II	547
Meadville R-IV	306	Norwood R-I	364	Rich Hill R-IV	417	St. James R-I	481	Wheatland R-III	548
Mehlville R-IX	307	Oak Grove R-VI	366	Richards R-V	418	St. Joseph	482	Willard R-II	550
Meramec Valley R-III	308	Oak Hill R-I	367	Richland R-I (Stoddard Co.)	419	St. Louis City	483	Willow Springs R-IV	551
Mexico 59	310	Oak Ridge R-VI	368	Richland R-IV	420	St. Louis R-II	484	Windsor C-1 (Jefferson Co.)	552
Miami R-I (Bates Co.)	311	Odessa R-VII	369	Richmond R-XVI	421	St. Stanislaus R-III	486	Winfield R-IV	554
Miami R-I (Saline Co.)	312	Oran R-III	370	Richwoods R-VII	422	St. Stanislaus R-III	486	Winona R-III	555
Mid-Buchanan Co. R-V (Faucett)	313	Oreaville R-IV	371	Ridgeway R-V	423	St. Stanislaus R-III	486	Winston R-VI	556
Middle Grove C-1	314	Oregon-Howell R-III	246	Ripley Co. R-III (Gatewood)	164	St. Stanislaus R-III	486	Woodland R-IV	557
Midway R-I	316	Orrick R-XI	372	Ripley Co. R-IV (RFD, Doniphan)	424	St. Stanislaus R-III	486	Worth Co. R-III	558
Milan C-2	317	Osage Co. R-I (Chamois)	082	Risco R-II	425	St. Stanislaus R-III	486	Wright City R-II	559
Miller R-II	318	Osage Co. R-II (Linn)	274	Ritenour	426	St. Stanislaus R-III	486	Wyaconda C-1	560
Miller Co. R-III (Tusculumbia)	511	Osage Co. R-III (Westphalia)	544	Riverview Gardens	427	St. Stanislaus R-III	486		
Mirabile C-1	319	Osborn R-O	373	Rock Port R-II	428	St. Stanislaus R-III	486	Zalma R-V	561
Missouri City 56	320			Rockwood R-VI	429	St. Stanislaus R-III	486		
Moberly	321			Rolla 31	430	St. Stanislaus R-III	486		
Monett R-I	322			Roscoe C-I	431	St. Stanislaus R-III	486		
Moniteau Co. C-1 (Jamestown)	221			Salem R-80	434	St. Stanislaus R-III	486		
Moniteau Co. R-I (California)	060			Salisbury R-IV	435	St. Stanislaus R-III	486		
Moniteau Co. R-V (Latham)	256			Santa Fe R-X (Alma)	250	St. Stanislaus R-III	486		
Moniteau Co. R-VI (Tipton)	507			Sarcoxi R-II	436	St. Stanislaus R-III	486		
Monroe City R-I	323			Savannah R-III	437	St. Stanislaus R-III	486		

# Missouri Department of Revenue Tax Assistance Centers

Public hours Monday through Friday at the offices listed below are:

**January through April**

7:30 a.m. to 5:30 p.m.

**May through December**

8:00 a.m. to 5:00 p.m.

Individuals with speech or hearing impairments may use TDD(800) 735-2966 or fax (573) 526-1881.

**Cape Girardeau**

3102 Blattner Dr., Suite 102  
(573) 290-5850

**Joplin**

1110 East 7th St., Suite 400  
(417) 629-3070

**Springfield**

149 Park Central Square,  
Room 313  
(417) 895-6474

**St. Joseph**

525 Jules, Room 314  
(816) 387-2230

**Jefferson City**

301 W. High St., Room 330  
(573) 751-7191

**Kansas City**

615 East 13th St., Room 127  
(816) 889-2920

**St. Louis**

3256 Laclede Station Rd.,  
Suite 101  
(314) 877-0177

### Other Important Phone Numbers

Automated IVR Refund/Balance Due Inquiry	(573) 526-8299
Electronic Filing Information	(573) 751-3505
Forms-by-Fax	(573) 751-4800
General Inquiry Line	(573) 751-3505

**Download forms or check the status of your return from our web site: [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax).**

To obtain a copy of the *Taxpayer Bill of Rights*, you can access our web site at [www.dor.mo.gov/tax/personal/pubs.htm](http://www.dor.mo.gov/tax/personal/pubs.htm).

Suggestions for Tax System Improvements e-mail: [taxsuggest@dor.mo.gov](mailto:taxsuggest@dor.mo.gov)

### Federal Privacy Notice

The Federal Privacy Act requires the Missouri Department of Revenue (Department) to inform taxpayers of the Department's legal authority for requesting identifying information, including social security numbers, and to explain why the information is needed and how the information will be used.

Chapter 143 of the Missouri Revised Statutes authorizes the Department to request information necessary to carry out the tax laws of the state of Missouri. Federal law 42 U.S.C. Section 405 (c)(2)(C) authorizes the states to require taxpayers to provide social security numbers.

The Department uses your social security number to identify you and process your tax returns and other documents, to determine and collect the correct amount of tax, to ensure you are complying with the tax laws, and to exchange tax information with the Internal Revenue Service, other states, and the Multistate Tax Commission (Chapters 32 and 143, RSMo). In addition, statutorily provided non-tax uses are: (1) to provide information to the Department of Higher Education with respect to applicants for financial assistance under Chapter 173, RSMo and (2) to offset refunds against amounts due to a state agency by a person or entity (Chapter 143, RSMo). Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having the statutory right to obtain it [as indicated above]. In addition, information may be disclosed to the public regarding the name of a tax credit recipient and the amount issued to such recipient (Chapter 135, RSMo). (For the Department's authority to prescribe forms and to require furnishing of social security numbers, see Chapters 135, 143, and 144, RSMo.)

You are required to provide your social security number on your tax return. Failure to provide your social security number or providing a false social security number may result in criminal action against you.

**Diagram 1: Form W-2**

Missouri Taxes Withheld

Earnings Tax