

2009 FORM MO-1040

| FOR CALENDAR YEAR JAN. 1–DEC. 31, 2009, OR FISCAL YEAR BEGINNING 20, ENDING | | | | | | | | 20 | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------|--------------------------|--------------|-------------------------------|-------------------------------------|----------------------------|--------------------------------|
| AMENDED RETURN — CHECK HERE | | | | | | | (| SOFTWA VENDOR O Assigned by | CODE y DOR) | | | | | |
| S | SOCIAL SECURITY NUMBER | | | | SPOUSE'S SOCIAL SECURITY NUMBER | | | | | | | | | |
| ADDRESS | LAST NAME | | | FIRST NA | FIRST NAME | | | M. INITIA | M. INITIAL SUFFIX (JR, S | | | | | EASED 2009 |
| AND AD | SPOUSE'S LAST NAME | | | FIRST NA | FIRST NAME | | | M. INITIAL | | | | SUFFIX (JR, SR, etc.) DECEASED 2009 | | |
| NAME A | IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, | | | | , | | | | | | | IOOL DISTRICT | ΓNO. (PG | 42-43) |
| Ž | PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE) CITY, TOWN, OR POST OFFICE, STATE, AND 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. | | | | | | | | | | | General Revenue Revenue | \$ | After School Retreat | |
| | | PLEASE CHECK THE A | | | LY TO YOURS | | | | | | | | | |
| | | E 62 THROUGH 64 AGE 65 OR OLDER | | | BLIND 1009 YOURSELF | | | | | | | BLIGATED SPOUSE | | |
| I — | J YOURSELF ☐ YOURSELF SPOUSE ☐ SPOUSE | | | | | ☐ YOURSELF☐ SPOUSE | | ☐ YOU | | | RSELF | | | |
| Ŀ | JOFC | J03L 51 | 000L | | OL | | _ | Yoursel | f | | JUUL | Spous | • | |
| | 1 | Federal adjusted gross income | from your 2009 fed | aral raturn (Saa w | ınrkehaat on na | na 6) | | Tourser | | 00 | 1S | - Opous | | 00 |
| | | Total additions (from Form MO- | | | | | 2Y | | | _ | 2S | | | 00 |
| Æ | | Total income — Add Lines 1 and | | | | | | | | _ | 3S | | | 00 |
| INCOME | | Total subtractions (from Form M | | | | | | | | _ | 4S | | | 00 |
| ≚ | 5. | Missouri adjusted gross income | — Subtract Line 4 | from Line 3 | | | 5Y | | | 00 | 5S | | | 00 |
| | 6. | Total Missouri adjusted gross inc | come — Add colum | ns 5Y and 5S | | | | | 6 | | | 0 | 0 | |
| | 7. | Income percentages — Divide co | olumns 5Y and 5S b | y total on Line 6. | (Must equal 10 | 0%.) | 7Y | | | % | 7S | | | % |
| | 9. | Pension and social security/soci Mark your filing status box below A. Single — \$2,100 (See E B. Claimed as a dependent at a return — \$0.00 C. Married filing joint federal D. Married filing separate Tax from federal return (Donot e Federal Form 1040, Line 55 min | w and enter the app Box B before chec it on another person & combined Misson — \$2,100 enter federal incom us Lines 45, 63, 64a | ropriate exemption (king.) i's federal uri — \$4,200 e tax withheld.) , 66, 67, and amou | on amount on L E. Married NOT fili F. Head o G. Qualifyi depend | ne 9. filing sepang) — \$2 f househing widowent child | parate (spous 1,200 lold — \$3,50 v(er) with — \$3,500 d 8885 on Lin | se 00 | 9 | | | 0 | | |
| (0 | Federal Form 1040A, Line 35 minus Lines 40, 41a, 43 and any Federal Form 1040EZ, Line 11 minus Line 8 and 9a | | | 3 and any alternati | ive minimum tax | on Line 28 | | | | | | | | |
| ON8 | 11. | Other tax from federal return — Attach copy of your federal | | | | | | 00 | 00 | | | | | |
| CTI | | Total tax from federal return — | | | | | | 00 | | | | | | |
| DEDU | | Federal tax deduction — Ente \$10,000 for combined filers. | | e 12 not to exce | ed \$5,000 for i | ndividu | al filer; | | 13 | | | 0 | 0 | |
| EXEMPTIONS AND DEDUCTIONS | 14. | 14. Missouri standard deduction OR itemized deductions. Single or Married Filing Separate — \$5,700; Head of Household— \$8,350; Married Filing a Combined Return or Qualifying Widow(er) — \$11,400; If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you claimed an additional standard deduction or you are itemizing, see Form MO-A, Part 2, or Form MO-L | | | | | 65 or dard | | | | | | | |
| PTI(| 45 | | | | | | | • • • • • | 14 | | | 0 | | |
| EXEM | | Number of dependents from Fed (DO NOT INCLUDE YOURSEL Number of dependents on Line | F OR SPOUSE.) | | | | X \$1,200 | = | 15 | | | 0 | 0 ^{[A} ind | o not clude urself or |
| | | receive Medicaid or state funding | g (DO NOT INCLU | DE YOURSELF (| OR SPOUSE.) | | X \$1,000 | - | 16 | | | 0 | 0 ^{rv} sp | ouse. |
| | | Long-term care insurance deduc | | | | | | | 17 | | | 0 | _ | |
| | | Health care sharing ministry dec | | | | | | | 18 | | | 0 | | |
| | | Total deductions — Add Lines 8 | | | | | | | 19 | | | 0 | _ | |
| | 20. | Subtotal — Subtract Line 19 from | m Line 6 | | | | | | 20 | 00 | | 0 | U | 00 |
| | 21. | Multiply Line 20 by appropriate | percentages (%) or | Lines 7Y and 7S | i | | 21Y | | | 00 2 | | | | 00 |
| | | Enterprise zone or rural empowersubtract Line 22 from Line 21. | | | | | | | | 00 2 00 2 | | | | 00 |
| | 40. | Jubilati Lilie ZZ IIVIII LIIIE ZI. | Linter Here allu Oll I | -IIIU 44 | | | 1201 | | | UU 4 | | | | ; 00 |

| | | | Yourself | | | | Spouse | | | | | |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------|---------------------------|---------------------------------------------------------------|----------------------|-------|------------|--------------|-------------|-----------------------------------|
| | 24. | Taxable income amount from Lines 23Y and 23S | 24Y | | | 00 | 24S | | • | 00 | | |
| | | Tax. (See tax table on page 26 of the instructions | 25Y | 00 | | | | | | 00 | | |
| | | 6. Resident credit — Attach Form MO-CR and other states' income tax return(s). OR | | | | | 00 | | | | | 00 |
| TAX | | 27. Missouri income percentage — Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100%. Check the box if you or your spouse is a professional entertainer or a member of a professional athletic team. YOURSELF SPOUSE | | | | | | % | 26S 27S | | | % |
| - | 28. | 28. Balance — Subtract Line 26 from Line 25; OR | | | | | | | | | | |
| | | Multiply Line 25 by percentage on Line | | | 28Y | | | 00 | 28S | | | 00 |
| | 29. | Other taxes (Check box and attach federal form | ndicated.) | | | | | | | | | |
| | | Lump sum distribution (Form 4972) | (F 0044) | | 00)/ | | | 00 | | | | 00 |
| | | Recapture of low income housing credit | | | | | - | 00 | | | | 00 |
| | | Subtotal — Add Lines 28 and 29 | | | - | | 1 04 | 00 | 30S | | : 00 | 00 |
| | | Total Tax — Add Lines 30Y and 30S | | | | | 31 | | | | 00 | |
| REDITS | | MISSOURI tax withheld — Attach Form W-2(s) ar | | | | | 32 | _ | | | 00 | |
| | | 33. 2009 Missouri estimated tax payments (include overpayment from 2008 applied to 2009) | | | | | | | | | 00 | |
| 5 | | 34. Missouri tax payments for nonresident partners or S corporation shareholders — $\bf Attach\ Form\ MO-2NR.\ \dots$ | | | | | | - | | | 00 | |
| S. | | 35. Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT. | | | | | | | 00 | | | |
| | | 36. Amount paid with Missouri extension of time to file (Form MO-60) | | | | | | | | | | |
| YMENTS | | 37. Miscellaneous tax credits (from Form MO-TC, Line 13) — Attach Form MO-TC. | | | | | | | | | 00 | |
| PA | | Property tax credit — Attach Form MO-PTS | | | | | | | | | 00 | |
| Ë | | Total payments and credits — Add Lines 32 thro | | | | | 39 | | | | 00 | |
| | | ip Lines 40–42 if you are not filing an ame | | | | | 10 | | | | 00 | |
| 增 | | Amount paid on original return | | | | | 40 | | | | 00 | |
| | 41. | Overpayment as shown (or adjusted) on original | return | | | I ₁ D ₁ D ₁ Y ₁ Y | 41 | | | | ; 00 | |
|) R | INDICATE REASON(S) FOR AMENDING. A. Federal audit | | | | | | - | | | | | |
| 岡 | | B. Net operating loss carryback | | • | - | | 1 | | | | | |
| | | C. Investment tax credit carryback | | | | | 1 | | | | | |
| AMENDED RETURN | | D. Correction other than A, B, or C Er | | | | | 1 | | | | | |
| | 42 | Amended Return — total payments and credits. | | | rom I i | ne 39 | 42 | П | | | 00 | |
| | | If Line 39, or if amended return, Line 42, is larger | | | OIII EI | 10 00 | | | | | | |
| | 43. | (amount of OVERPAYMENT) here | | | | | 43 | | | | 00 | |
| | | | | | | | | | | | | |
| | 44. | 4. Amount of Line 43 to be applied to your 2010 estimated tax | | | | | | 4 | | | 00 | |
| T DUE | 45. | Enter the amount of your donation in the trust fund boxes to the right. See instructions | Elderly Home Delivered Meals Missouri National Guard | Workers' Memorial L | hildhood ead esting | Missouri Military Family Relief | Gene Reve | | O 3 | | nd Code Fun | II. Trust Id Code e Instr.) |
| | | for trust fund codes. 45 00 00 | 00 00 | 00 | 00 | 00 | - 1 | 00 | | 00 | 00 | 00 |
| REFUND OR AMOUNT DUE | 46. Overpayment to be refunded to you. Subtract Lines 44 and 45 from Line 43 and enter here. Sign below and mail return to: Department of Revenue, PO Box 500, Jefferson City, MO 65106-0500. | | | | | | 46 | | | | 00 | |
| Ĭ | 47. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here | | | | | | 47 | 7 00 | | | | |
| Ш | 48. | 48. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here | | | | | | | | | | |
| ۳ | 49. Total amount due — Add Lines 47 and 48 and enter here. Sign below and mail return and payment to: | | | | | | | | | | | |
| | Department of Revenue, PO Box 329, Jefferson City, MO 65107-0329. 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. AMOUNT YOU OWE | | | | | | 40 | | | | 00 | |
| | | If you pay by check, you authorize the Department | | | | | | he ni | ocont | ad again e | | lv |
| | 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. | | | | | | | | | | | |
| ATURE | I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. YES NO E-MAIL ADDRESS (| | | | | | PREPARER'S TELEPHONE | | | | | |
| SIGNA | SIGNATURE DATE PREPARER'S SIGNATURE | | | | i. | | | | F | EIN, SSN, OF | R PTIN | |
| | SPO | USE'S SIGNATURE (If filing combined, BOTH must sign) | DAYTIME TELEPHONE | PREPARER'S ADDRESS A | ND ZIP (| CODE | | | - | | DATE | |