



FOR CALENDAR YEAR JAN. 1—DEC. 31, 2016, OR FISCAL YEAR BEGINNING 20 , ENDING 20

AMENDED RETURN - CHECK HERE SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER SOFTWARE VENDOR CODE (Assigned by DOR) 000

Name and Address section including fields for Last Name, First Name, M. Initial, Suffix, Spouse's Last Name, Spouse's First Name, Spouse's M. Initial, Spouse's Suffix, In Care of Name, County of Residence, Present Address, and City/Town/Post Office/State/Zip Code.

Trust funds and donation options including Children's Trust Fund, Veterans Trust Fund, Meals Trust Fund, Missouri National Guard Trust Fund, Workers' Memorial Fund, Childhood Lead Testing Fund, Missouri Military Family Relief Fund, General Revenue Fund, and Organ Donor Program Fund.

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2016. AGE 62 THROUGH 64, AGE 65 OR OLDER, BLIND, 100% DISABLED, NON-OBLIGATED SPOUSE.

INCOME table with columns for Yourself and Spouse, and rows for Federal adjusted gross income, total additions, total income, total subtractions, Missouri adjusted gross income, total Missouri adjusted gross income, and income percentages.

EXEMPTIONS AND DEDUCTIONS table with rows for Pension and Social Security/Military exemption, filing status and exemption amount, tax from federal return, other tax from federal return, federal tax deduction, Missouri standard deduction, number of dependents, long-term care insurance deduction, health care sharing ministry deduction, military income deduction, bring jobs home deduction, total deductions, subtotal, enterprise zone or rural empowerment zone income modification, and final subtraction.

		Yourself		Spouse																								
TAX	26. Taxable income amount from Lines 25Y and 25S	26Y	00	26S	00																							
	27. Tax (See tax chart on page 25 of the instructions.)	27Y	00	27S	00																							
	28. Resident credit — Attach Form MO-CR and other states' income tax return(s)	28Y	00	28S	00																							
	29. 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%	29Y	%	29S	%																							
	30. Balance — Subtract Line 28 from Line 27; OR Multiply Line 27 by percentage on Line 29.	30Y	00	30S	00																							
	31. 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)	31Y	00	31S	00																							
	32. Subtotal — Add Lines 30 and 31.	32Y	00	32S	00																							
	33. Total Tax — Add Lines 32Y and 32S	33			00																							
PAYMENTS / CREDITS	34. MISSOURI tax withheld — Attach Forms W-2 and 1099	34			00																							
	35. 2016 Missouri estimated tax payments (include overpayment from 2015 applied to 2016)	35			00																							
	36. Missouri tax payments for nonresident partners or S corporation shareholders — Attach Forms MO-2NR and MO-NRP ..	36			00																							
	37. Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT	37			00																							
	38. Amount paid with Missouri extension of time to file (Form MO-60)	38			00																							
	39. Miscellaneous tax credits (from Form MO-TC, Line 13) — Attach Form MO-TC	39			00																							
	40. Property tax credit — Attach Form MO-PTS	40			00																							
41. Total payments and credits — Add Lines 34 through 40.	41			00																								
Skip Lines 42–44 if you are not filing an amended return.																												
AMENDED RETURN	42. Amount paid on original return	42			00																							
	43. Overpayment as shown (or adjusted) on original return	43			00																							
	INDICATE REASON 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.																										
44. Amended Return — total payments and credits. Add Line 42 to Line 41 or subtract Line 43 from Line 41	44				00																							
REFUND	45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter difference (amount of OVERPAYMENT) here.	45			00																							
	46. Amount of Line 45 to be applied to your 2017 estimated tax	46			00																							
	47. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes	47	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td> Children's Trust Fund</td> <td> Veterans Trust Fund</td> <td> Elderly Home Delivered Meals Trust Fund</td> <td> Missouri National Guard Trust Fund</td> <td> Workers' Memorial Fund</td> <td> Childhood Lead Testing Fund</td> <td> Missouri Military Family Relief Fund</td> <td> General Revenue Fund</td> <td> Organ Donor Program Fund</td> <td> Additional Fund Code (See Instr.)</td> <td> Additional Fund Code (See Instr.)</td> </tr> <tr> <td>00</td> </tr> </table>	Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund	Additional Fund Code (See Instr.)	Additional Fund Code (See Instr.)	00	00	00	00	00	00	00	00	00	00				
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	00	00	00	00	00	00	00	00	00	00																		
48. Amount of Line 45 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from Line E of Form 5632	48				00																							
49. REFUND - Subtract Lines 46, 47, and 48 from Line 45 and enter here. Sign below and mail return to: Department of Revenue, PO Box 500, Jefferson City, MO 65106-0500	49				00																							
AMOUNT DUE	50. If Line 33 is larger than Line 41 or Line 44, enter the difference (amount of UNDERPAYMENT) here and go to instructions for Line 51	50			00																							
	51. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here.	51			00																							
	52. AMOUNT DUE - Add Lines 50 and 51 and enter here. Sign below and mail return and payment to: Department of Revenue, PO Box 329, Jefferson City, MO 65107-0329. See instructions for Line 52.	52				00																						
	<p>If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.</p>																											
SIGNATURE	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.																											
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO			E-MAIL ADDRESS		PREPARER'S TELEPHONE																						
	SIGNATURE		DATE (MMDDYYYY)	PREPARER'S SIGNATURE		FEIN, SSN, OR PTIN																						
	SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)		DAYTIME TELEPHONE	PREPARER'S ADDRESS AND ZIP CODE		DATE (MMDDYYYY)																						