

For Calendar Year January 1 - December 31, 2022 Print in BLACK ink only and DO NOT STAPLE. Amended Return **Composite** Return (For use by S corporations or Partnerships) Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868). If filing a fiscal year return enter the beginning and ending dates here. **Vendor Code Department Use Only** Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) 0 0 Filing Status Claimed as a Married Filing Single Married Filing Head of Qualifying Dependent Combined Separately Household Widow(er) Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spouse Spouse Yourself Yourself Spouse Spouse Deceased Deceased Social Security Number in 2022 Spouse's Social Security Number in 2022 M.I. First Name Last Name Suffix Name M.I. Spouse's First Name Spouse's Last Name Suffix In Care Of Name (Attorney, Executor, Personal Representative, etc.) Present Address (Include Apartment Number or Rural Route) Address City, Town, or Post Office State ZIP Code County of Residence

You may contribute to any one or all of the trust funds on Line 50. See pages 11-12 of the instructions for more trust fund information.











Trust Fund

















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Deductions Continued	22.	First time home buyers deduction.	В.		22	. 00
	23.	Long term dignity savings account deduction			23	. 00
	24.	Foster parent tax deduction			24	
	25.	Total deductions - Add Lines 8 and 13 through 24			25	. 00
ductio	26.	Subtotal - Subtract Line 25 from Line 6			26	. 00
Dec	27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y .	00	278	. 00
	28.	Enterprise zone or rural empowerment zone income modification	28Y .	00	28\$	. 00
	29.	Taxable income - Subtract Line 28 from Line 27	29Y .	00	298	. 00
	30.	Tax (see tax chart on page 26 of the instructions)	30Y	00	30S	. 00
	31.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y .	00	31S	. 00
×	32.	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%	32Y	%	328	%
Тах	33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y .	00	33S	. 00
	34. Other taxes - Select box and attach federal form indicated.					
		Lump sum distribution (Form 4972)				
		Recapture of low income housing credit (Form 8611)	34Y .	00	34\$	00
	35.	Subtotal - Add Lines 33 and 34	35Y	00	35S	. 00
	36.	36. Total Tax - Add Lines 35Y and 35S				. 00
	37.	MISSOURI tax withheld - Attach Forms W-2 and 1099			37	. 00
	38.	3. 2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022			38	. 00
Credits	39.	. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP			39	. 00
ts and	40.	. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT			40	. 00
Payments and	41.	. Amount paid with Missouri extension of time to file (Form MO-60)			41	. 00
		2. Miscellaneous tax credits (from Form MO-TC, Line 13) - Attach Form MO-TC			42	. 00
	43.	Property tax credit - Attach Form MO-PTS			43	. 00
	44.	Total payments and credits - Add Lines 37 through 43			44	. 00

	Sk	ip Lines 45 through 47 if you are not filing an amended return.					
	45.	Amount paid on original return.					
	46.	Overpayment as shown (or adjusted) on original return					
		Indicate Reason for Amending					
		Enter date of IRS report (MM/DD/YY)					
Amended Return		A. Federal audit					
		B. Net Operating Loss carryback Enter year of credit (YY)					
		C. Investment tax credit carryback					
		D. Correction other than A, B, or C					
	47.	Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46.  Enter on Line 47					
	48.	If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference.  Amount of OVERPAYMENT					
	49.	Amount of Line 48 to be applied to your 2023 estimated tax					
Refund	50.	Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.					
	508	Children's a. Trust Fund					
	506	Workers' e. Memorial Fund					
	50i	Regional Law Military Milssouri Memorial OO - N Memorial OO -					
	50r	Additional Fund Fund Amount Son. Code Additional Fund Amount Son. Code Son. Code Fund Amount Fund Fund Amount Fund Amount Fund Fund Amount Fund Amount Fund Fund Amount Fund Fund Fund Fund Fund Fund Fund Fund					
		Total Donation - Add amounts from Boxes 50a through 50n and enter here					
	51.	Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from Form 5632					
	52.	REFUND - Subtract Lines 49, 50, and 51 from Line 48 and enter here					

## Reserved



	53.	If Line 36 is larger than Line 44 or Line Amount of UNDERPAYMENT			53			00	
	54.	Underpayment of estimated tax penalty	- Attach Form MO-2210. Enter penal	ty amount here .	54			00	
Amount Due		Select this box if you are a farme	er exempt from the underpayment of e	stimated tax pena	alty.				
	55.	<b>AMOUNT DUE</b> - Add Lines 53 and 54. If you pay by check, you authorize the Delectronically. Any returned check may			. 55			00	
	of methe bas impuna	er penalties of perjury, I declare that I have you knowledge and belief it is true, correct, as Department of Revenue with my signature ed on all information of which he or she cosed on any individual who files a friuthorized aliens as defined under federal as. I am aware of any applicable reporting to.	and complete. By signing or entering my to as required under Section 143.561, RS to has knowledge. As provided in Chartivolous return. I also declare under law and that I am not eligible for any tax	name in the "Signa SMo. Declaration of oter 143, RSMo., penalties of per ax exemption, cred	ature" field of prepare a penalt jury that dit, or aba	d(s) below, I are or (other than to y of up to \$50 I employ no atement if I er	m provio axpaye 00 shal illega mploy s	ding r) is I be I or uch	
	Sigi	ature		Date	e (MM/DD/	YY)			
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ē	E-m	ail Address		Day	time Telep	hone			
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Sig	Pre	parer's Signature		Date	e (MM/DD/	YY)			
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	Pre	parer's Address		Stat	e	ZIP Code			
		thorize the Director of Revenue or dele	<del>-</del>	-		. Yes		No	
Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above								No	
			22322050001  Department Use Only						
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	А	☐ FA ☐ E10	□ DE □ F						
Mail	to:	Balance Due:	Refund or No Amount Due:	<b>Fax: (</b> 573) 522	-1762	Form MO-1040 (Re	evised 12-2	2022)	
widil	ιυ.	Missouri Department of Revenue	Missouri Department of Revenue	Email: income	taxproce				
		P.O. Box 329 Jefferson City, MO 65105-0329	P.O. Box 500 Submissio			ial Income Ta	ax Retu	urns	
		<b>Phone:</b> (573) 751-7200	<b>Phone:</b> (573) 751-3505		: <u>income@dor.mo.gov</u> y and correspondence				

Ever served on active duty in the United States Armed Forces? If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/

