MISSOURI



Form **MO-1040**

Individual Income Tax Long Form

201

File Electronically!

Last year, more than 1.8 million Missouri Individual Income Tax Returns were filed electronically.

See page 2 for details.

Tax Deadline April 18

See page 4 for extensions.

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 providers can be found at http://dor.mo.gov/personal/individual/.
- 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 http://dor.mo.gov/personal/individual/.

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 13 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 http://dor.mo.gov/personal

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 <u>MUST</u> 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;
- Net operating loss carryback/carryforward; or
- j. Combat pay included in federal adjusted gross income.
- You and/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 a nonresident military service member 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, 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 http://dor.mo.gov/personal/individual/ to select the easiest form.

To Obtain Forms:

- Access http://dor.mo.gov/personal/individual/
- 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.**

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 18, 2011**. 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 17, 2011.

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 http://dor.mo.gov/personal/individual/. 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 http://dor.mo.gov/personal/individual/ for your payment options. If you are mailing a partial payment, please use the form MO-1040V found on page 40.

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 anamended 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 http://dor.mo.gov/personal/individual/ 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: **http://dor.mo.gov/personal/individual/** 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 36 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 the Frequently Asked Questions at http://dor.mo.gov/personal/individual/.

Federal Tax Deduction

Enter on Form MO-1040, Line 10 the amount from Federal Form 1040NR, Line 52 minus Line 43 and any amounts from Forms 8801, 8839 and 8885 included on Line 66; or the amount from Federal Form 1040NR-EZ, Line 15.

Enter on Form MO-1040, Line 11 the amount from Federal Form 1040NR, Lines 43, 45, and 56.

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

All income earned while living in Missouri is taxable to Missouri. A part-year resident may determine to be taxed as a resident for the entire year by using Form MO-CR to claim a credit for taxes paid to another state on the income earned while living in Missouri. Or a part-year resident may use Form MO-NRI to determine their income percentage based on the income earned while living in Missouri.

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 prevents income earned by servicemembers' 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: http://dor.mo.gov/personal/individual/.

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 2010 state income tax return filed in your state of residence, 2010 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/personal/individual/.

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/personal/individual/.

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. You may complete our online address change form at the following address: http://dor.mo.gov/personal/individual/.

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 http://dor.mo.gov/forms/Composite Return_2010.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 39. The due date for Form 4340 is April 18, 2011.

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 2010, 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.

AGE 62 THROUGH 64

If you or your spouse were ages **62**, **63**, **or 64 by December 31**, **2010**, 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 2010 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 http://dor.mo.gov/personal 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:

Yourself	
Line 5Y	divided by
Line 6	=
Spouse	
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 Forms W-2 and 1099. 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 2009 Missouri tax withheld, less each spouse's 2009 tax liability. The result should be each spouse's portion of the 2009 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 1040A Line Number		Y — Yourself		S — Spouse
1. Wages, salaries, tips, etc.	1	7	7	00	1	00
2. Taxable interest income	2	8a	8a	00	2	00
3. Dividend income	none	9a	9a	00	3	00
4. State and local income tax refunds	none	none	10	00	4	00
5. Alimony received	none	none	11	00	5	00
6. Business income or (loss)	none	none	12	00	6	00
7. Capital gain or (loss)	none	10	13	00	7	00
8. Other gains or (losses)	none	none	14	00	8	00
9. Taxable IRA distributions	none	11b	15b	00	9	00
10. Taxable pensions and annuities	none	12b	16b	00	10	00
11. Rents, royalties, partnerships, S corporations, trusts, etc	none	none	17	00	11	00
12. Farm income or (loss)	none	none	18	00	12	00
13. Unemployment compensation	3	13	19	00	13	00
14. Taxable social security benefits	none	14b	20b	00	14	00
15. Other income	none	none	21	00	15	00
16. Total (add Lines 1 through 15)	4	15	22	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, private, or military 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), Forms 1099-R, Form W-2P, and/or SSA-1099. 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 Forms W-2 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". If you used a method other than the federal tax table to determine your federal tax, attach appropriate schedule.

Federal Form	Line Numbers					
1040	Line 55 minus Lines 45, 63, 64a, 66, 67, and amounts from Forms 8801, 8839 and 8885 on Line 71.					
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, 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 40
1040A	Line 24
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.

LINES 15 AND 16 — TOTAL NUMBER OF DEPENDENTS

Do not include yourself or your spouse as dependents.

<u>Line 15</u> - 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 2010, 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 themself 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 2010. 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
	If you itemized on your federal return and your federal itemized deductions included medical expenses, go to Line B. If not, skip to H.
В.	Enter the amount from Federal Schedule A, Line 4 B) \$
C.	Enter the amount from Federal Schedule A, Line 1 C) \$
D.	Enter the amount of qualified long-term care included on Line C D) \$
E.	Subtract Line D from Line C E) \$
F.	Subtract Line E from Line B. If amount is less than zero, enter "0" F) \$
G.	Subtract Line F from Line A G) \$
	Francisco C (antico A if you did not be you to consider the Daharanh C) on Found

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

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

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 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 http://dor.mo.gov/personal/individual/for more information and examples.

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

<u>Line 26</u> - 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.

<u>Line 27</u> - 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. All income earned while living in Missouri is taxable to Missouri.

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 2010.

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 Forms W-2, 1099, or 1099-R.

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 and 1099. See Diagram 1, Form W-2, on page 44.

LINE 33 — ESTIMATED TAX PAYMENTS

Include any estimated tax payments made on your 2010 return and any overpayment applied from your 2009 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 and MO-NRP. Attach Forms MO-2NR and MO-NRP.

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 36-38.

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 for Amending Your Return:

Check the box 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 nine trust funds listed on Form MO-1040 and/or any two additional trust funds.



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 communitybased 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 veteran's 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 nextof-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-ofkin. 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

Missouri Military

married filing combined)

Military Family Relief 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 http://dor.mo.gov/personal/individual/.

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

<u>Trust Funds</u>	Code.
American Cancer Society High Plains	
Division, Inc., Fund	01
American Diabetes Association	
Gateway Area Fund	02
American Heart Association Fund	
American Lung Association of	
Missouri Fund	04
Amyotrophic Lateral Sclerosis (ALS—Lo	ou
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 .	
National Multiple Sclerosis Society Fund	
- International Control of the Contr	



American Cancer Society Heartland Division, Inc., Fund (01) — For more information

anytime, call toll free 1-800-ACS-2345 or visit 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 Associ-American Diabetes Association Gateway Area Fund (02) — Requests for infor-

mation 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 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 ASSOCIATION 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 Arthritis Foundation Fund (09) - Call 1-800-402-2491 and/ or visit 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/ (No minimum contribution; irrevocable trust fund)



March of Dimes Fund (08) of Dimes 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 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 pages 31-34. 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 18, 2011, 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 40.

Electronic Bank Draft (E-Check): By entering your bank routing number, checking account number, and your next check number, you can pay online at http://dor.mo.gov/personal/individual/, 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 http://dor.mo.gov/ personal/individual/, 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.

Amount of Tax Paid	Convenience Fee
\$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.

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 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. For a list of states that allow a subtraction for Missouri property taxes, visit http://dor.mo.gov/fag/personal/nonresident.php.

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 Forms 1099**. 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:

Exempt income X Expense = 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.
- Accumulation Distribution. If during 2010, 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 2010, 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 2010 Missouri return may subtract the military income received from their federal adjusted gross income. Nonresident servicemembers' 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.
- 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 Instructions continued on page 35

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 \$10,000,000 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.

2010 FORM MO-1040

FC	FOR CALENDAR YEAR JAN. 1–DEC. 31, 2010, OR FISCAL YEAR BEGINNING 20, ENDING 20										
Д	ME	NDED RETURN — CHECK HERE								(.	SOFTWARE VENDOR CODE Assigned by DOR) 000
S		CIAL SECURITY NUMBER	8	SPOUSE'S SOCIA	L SECURIT	ΓY NUMBER	_				
ADDRESS	LAST NAME			1E			M. INITIA	NITIAL SUFFIX (JR, SR, etc.) DECE			
E AND AD	SPC	SPOUSE'S LAST NAME FIRST NAME M. INITIA						ITIAL SUFFIX (JR, SR, etc.) DEC			
AE A	IN C	CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRES	ENTATIVE, ETC.)				COUNTY	OF RESIDE	NCE		·
NAM	PRE	ESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL	ROUTE)	(CITY, TOW	N, OR POST C	I OFFICE, ST	ATE, AND Z	IP CODE		
Yo tru a tru	ust fui	nds on Line 45. See pages 9–10 for ription of each trust fund, as well as nd codes to enter on Line 45.	Veterans Trust Fund Elderly Home Delive Meals Trust Fun	red National Guard Trust Fund	Workers	Fund	Childhood Lead Testing Trust Fund	Milli Fan Reli Trust F	ary nily ef und	General Revenue Revenue Trust Fund	After School Retreat Trust Fund
A		PLEASE CHECK THE APPROPRIATE BOXE 62 THROUGH 64 AGE 65 OR OLDER	S THAT APPLY BLIND	TO YOURS		R YOUR S <u>% DISABL</u>				EMBER 31, LIGATED SF	
	_	URSELF	YOURSE SPOUSE			OURSELF POUSE			YOURSE SPOUSE		
H	350	57005E	L 3P003E	:	5		Yourself		SPOUSE	Spous	e
	1.	Federal adjusted gross income from your 2010 fed	eral return (See wo	rksheet on pag	ge 6.)	1Y		00	1S	0,000.0	00
ш		Total additions (from Form MO-A, Part 1, Line 6)				2Y		00			00
	3.	Total income — Add Lines 1 and 2				3Y		00	_		00
INCOM	4. 5	Total subtractions (from Form MO-A, Part 1, Line 1 Missouri adjusted gross income — Subtract Line 4				4Y 5Y		00			00
=		Total Missouri adjusted gross income — Add column						6	55	0(
		Income percentages — Divide columns 5Y and 5S t				7Y		%	78		%
Н	-	Pension and Social Security/Social Security Disabi				Section F)		8		0(<u> </u>
		Mark your filing status box below and enter the app A. Single — \$2,100 (See Box B before chec B. Claimed as a dependent on another person tax return — \$0.00 C. Married filing joint federal & combined Missou D. Married filing separate — \$2,100	ropriate exemption king.) 's federal	amount on Lir E. Married to NOT filin F. Head of G. Qualifyin	ne 9. illing sepa g) — \$4, househo g widow	arate (spous 200 old — \$3,50	e 0	9		0(
60		Tax from federal return (Do not enter federal income • Federal Form 1040, Line 55 minus Lines 45, 63, 64a, 6 • Federal Form 1040A, Line 35 minus Lines 40, 41a, 43 • Federal Form 1040EZ, Line 11 minus Line 8 and 9a	6, 67, and amounts frand any alternative n	rom Forms 8801 ninimum tax incl	, 8839 ar uded on I	nd 8885 on Li	ine 71				
ONS	11.	Other tax from federal return — Attach copy of your fe			1.0		00				
EDUCTIONS	12.	Total tax from federal return — Add Lines 10 and					00				
DEDU	13.	Federal tax deduction — Enter amount from Line 1 \$10,000 for combined filers.	2 not to exceed \$5	,000 for individ	ual filer;			13		0	0
EXEMPTIONS AND D	14. Missouri standard deduction OR itemized deductions. Single or Married Filing Separate — \$5,700; Head of Household— \$8,400; 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							14		0	0
EMPT	15.	Number of dependents from Federal Form 1040 O (DO NOT INCLUDE YOURSELF OR SPOUSE.)	R 1040A, Line 6c			X \$1,200		15			Do not include
â	16.	Number of dependents on Line 15 who are 65 year receive Medicaid or state funding (DO NOT INCLU	55 years of age or older and do not					16		00	spouse.
		17. Long-term care insurance deduction						17		00	_
	18. Health care sharing ministry deduction					18		0			
	19. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and 18.						19		00		
		Subtotal — Subtract Line 19 from Line 6					2	20	0.0	0	
		Multiply Line 20 by appropriate percentages (%) or							21S 22S		00
	22. Enterprise zone or rural empowerment zone income modification							238		00	

							Yourself				Spouse	
	24.	Taxable income amount from Lines 23Y and 23S				24			00	24S		00
	25.	Tax (See tax table on page 26 of the instructions	.)			25	Υ		00	25S		00
	26.	Resident credit — Attach Form MO-CR and other s	rates' incon	ne tax return	s)	26	Υ		00	26S		00
AX		Missouri income percentage — Enter 100% unless Attach Form MO-NRI and a copy of your federal re if you or your spouse is a professional entertainer	s you are co eturn if less to or a membe	mpleting For than 100%. (er of a profes	m MO-NRI. Check the box sional athletic tean	n.		,				0/
1						27	Y		%	27S		%
		Balance — Subtract Line 26 from Line 25; OR Multiply Line 25 by percentage on Line				28	Υ		00	28S		00
	29.	Other taxes (Check box and attach federal form i	ndicated.)									
		Lump sum distribution (Form 4972)										
		Recapture of low income housing credit	(Form 8611)		29	Υ		00			00
	30.	Subtotal — Add Lines 28 and 29				30	Υ		00	30S		00
	31.	Total Tax — Add Lines 30Y and 30S						31			00	
ည	32.	MISSOURI tax withheld — Attach Forms W-2 and	l/or 1099					32			00	
늡	33.	2010 Missouri estimated tax payments (include over	rpayment fr	om 2009 app	lied to 2010)			33			00	
뿚		Missouri tax payments for nonresident partners or S c						34			00	
0		Missouri tax payments for nonresident entertaine						35			00	
E S		Amount paid with Missouri extension of time to fi						36			00	
EN		Miscellaneous tax credits (from Form MO-TC, Lin						37			00	
PAYM		Property tax credit — Attach Form MO-PTS						38			00	
P		Total payments and credits — Add Lines 32 thro						39			00	
		p Lines 40-42 if you are not filing an amende										
Z		Amount paid on original return						40			00	
TURN		Overpayment as shown (or adjusted) on original						41			00	
H		INDICATE REASON FOR AMENDING.					$M_1D_1D_1Y_1Y_1$					
		A. Federal audit		Fnter	date of IRS repor							
造												
AMENDED	B. Net operating loss carrybackEnter year of loss. C. Investment tax credit carrybackEnter year of credit.											
¥		D. Correction other than A, B, or C En										
	42.	Amended Return — total payments and credits.					Line 39	42			00	
	_	If Line 39, or if amended return, Line 42, is larger										
	70.	(amount of OVERPAYMENT) here.						43			00	
	4.4	Amount of Line 40 to be applied to your 2011 est	imated toy					44			00	
		Amount of Line 43 to be applied to your 2011 est				> Childho	ood w Missouri	Genera	al s	After After	1 1	d Truot
3	45.	Fund	Elderly Home Delivered	National (Workers' Memorial Trust Fund	Lead	Military	Reven	ue 🚄	School	Fund Code Fu	dl. Trust nd Code
RE		your donation in the trust fund boxes to the	Meals Trust Fund	Trust Fund	Fund	Testing Trust Fun	g Family Revenue nd Relief Trust Fund	Func		Retreat Trust Fund		e Instr.)
ä		right. See instructions	1							1		
		for trust fund codes. 45 00 00	00	00	00	(00 00	0	0	00	00	00
	46.	Overpayment to be refunded to you. Subtract Lin									00	
		mail return to: Department of Revenue, PO Box 5	500, Jeffers	on City, MO	65106-0500		REFUND	46			00	
		If Line 31 is larger than Line 39 or Line 42, enter		•		•		47			00	
AMOUNT DUE		Underpayment of estimated tax penalty — Attach						48			00	
F	49.	Total amount due — Add Lines 47 and 48 and en Department of Revenue, PO Box 329, Jefferson		•	nd mail return and	d paym	ent to:					
亘					u w ahaalt ar manay		(IIC fundo only)					
₹		Please write your social security number(s) and day				•	*	10			00	
		Make payable to Missouri Department of Revenu										
	,.	If you pay by check, you authorize the Departmen										
		er penalties of perjury, I declare that I have examined this return, i parer (other than taxpayer) is based on all information of which he										
ш		rn. I also declare under penalties of perjury that I employ no illegal of										
Ë		ithorize the Director of Revenue or delegate to discus to the preparer or any member of the preparer's firm.			ents E-MAIL ADDRES	S	P	REPAF	RER'S 1	TELEPHONE		
A	_	NATURE	DATE YE	S NO	DDEDADEDIO CICALAT	TIDE	()	EEIN CON	I OD DTIN	
SIGNATUR	SIGI	VATURE	DATE		PREPARER'S SIGNAT	UNE				FEIN, SSN	I, OR PTIN	
	SPC	USE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TEL	EPHONE	PREPARER'S ADDRES	SS AND Z	IP CODE				DATE	
			()									



2010FORM

MO-A

Attachment Sequence No. 1040-01

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

AST NAME	FIRST NAME	·9 ·····	INITIAL		SOCIAL	SECURITY NO.	
POUSE'S LAST NAME	FIRST NAME		INITIAL		SPOUSE	S'S SOCIAL SECURITY NO.	.
PART 1 — MISSOURI MODIFICATIONS TO FEDE	RAL ADJUSTED GROSS INCO	ME (SEE PAGE 11).				
ADDITIONS			Y - YOURSELF			S - SPOUSE	
1. Interest on state and local obligations other than Missouri so	ource	1Y		00	1S		00
2. ☐ Partnership; ☐ Fiduciary; ☐ S corporation; ☐ Net Ope ☐ Other (description)	erating Loss (Carryback/Carryforward);	2Y		00	28		00
Nonqualified distribution received from a qualified 529 plan (higher education expenses		3Y		00	38		00
4. Food Pantry contributions included on federal Schedule A		4Y		00	48		00
5. Nonresident Property Tax		5Y		00	5S		00
6. TOTAL ADDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter he	ere and on Form MO-1040, Line 2	6Y		00	6S		00
UBTRACTIONS							
Interest from exempt federal obligations included in federal a related expenses if expenses were over \$500). Attach a det		7Y		00	7S		00
8. Any state income tax refund included in federal adjusted gro	ss income	8Y		00	8S		00
Net Operating Loss; ☐ Military (nonresident); ☐ Build Am☐ Combat pay included in federal adjusted gross income; ☐	MO Public-Private Transportation Act attach supporting documentation	9Y		00	98		00
0. Exempt contributions made to a qualified 529 plan (higher ed	ducation savings program)	10Y		00	10S		00
Qualified Health Insurance Premiums		11Y		00	11S		00
 Missouri depreciation adjustment (Section 143.121, RSMo) Sold or disposed property previously taken as addition m 	odification	12Y		00	128		00
3. Home Energy Audit Expenses		13Y		00	13S		00
4. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. I	Enter here and on Form MO-1040, Line 4	14Y		00	148		00
PART 2 — MISSOURI ITEMIZED DEDUCTIONS				duct	tions	on your fede	ral
return. Attach a copy of your federal Form 1040	(pages 1 and 2) and federal Sc	hed	ule A.				
1. Total federal itemized deductions from federal Form 1040,	Line 40			. 1	1		00
2. 2010 (FICA) — yourself — Social security \$	+ Medicare \$. 2	2		00
3. 2010 (FICA) — spouse — Social security \$	+ Medicare \$. 3	3		00
4. 2010 Railroad retirement tax — yourself (Tier I and Tier II)	\$ + Medicare \$.			. 4	1		00
5. 2010 Railroad retirement tax — spouse (Tier I and Tier II)	\$ + Medicare \$. 5	5		00
6. 2010 Self-employment tax — Amount from federal Form 10-	40, Line 27			. 6	6		00
7. TOTAL — Add Lines 1 through 6				. 7	7		00
8. State and local income taxes — from federal Schedule A,	Line 5	8	00)			
9. Earnings taxes included in Line 8			00)			
Net state income taxes — Subtract Line 9 from Line 8				10	0		00
MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 ft					1		00
NOTE: IF LINE 11 IS LESS THAN YOUR F						N PAGE 7.	

PART 3 - PENSION EXEMPTION

	PUE	BLIC PENSION CALCULATION — Pensions received from any federal, state, or local governmen	t.				
	1.	Missouri adjusted gross income from Form MO-1040, Line 6	1				00
	2.	Taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	2				00
		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
		Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5				00
4		· ·		Y - YOURSELF		S - SPOUSE	1
6		Taxable pension for each spouse from public sources from federal Form 1040A, Line 12b or 1040, Line 16b	6Y 7Y	1	6S 7S		00
Ē				00			00
SECTION		Amount from Line 7 or \$33,703 (maximum social security benefit), whichever is less.	8Y	00			00
S		Amount from Line 6 or \$6,000, whichever is less	9Y 10Y	00	9S 10S		00
		Amount from Line 8 or Line 9, whichever is greater	101	00	105		100
		If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s) 6y and 6s. See instructions if Line 3 of Section C is more than \$0.	11Y		118		00
		Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter \$0	12Y	00	128		00
		Add amounts on Lines 12y and 12s	13				00
		Total public pension, subtract Line 5, from Line 13. If Line 5 is greater than Line 13, enter \$0	14				00
		VATE PENSION CALCULATION — Annuities, pensions, IRA'S, and 401(k) plans funded by a pri	vate	source.			1
		Missouri adjusted gross income from Form MO-1040, Line 6	1				00
	2.	Taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	2				00
m		Subtract Line 2 from Line 1	3				00
ECTION E	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
Ĕ	5.	Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5	V. VOUDOSI S		0.000005	00
SEC	6.	Taxable pension for each spouse from private sources from federal Form 1040A, Lines 11b and 12b, or federal Form 1040, Lines 15b and 16b.	6Y	Y - YOURSELF 00	6S	S - SPOUSE	00
	7.	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.	Total private pension , subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0	9				00
		CIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social sec					ge
		ecember 31 and have marked the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to	soci	al security disability	/ deduct	tion.	00
		Missouri adjusted gross income from Form MO-1040, Line 6	1				00
ပ	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	Y - YOURSELF		S - SPOUSE	00
은	4.	Taxable social security benefits for each spouse from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	4Y	00		3-3F003E	00
SECTION		Taxable social security disability benefits for each spouse from federal Form 1040A, Line 14b or 1040, Line 20b	5Y	00	5S		00
SE		Multiply Line 4 or Line 5 by 65%.	6Y	00			00
		Add Lines 6Y and 6S	7	, 00	00		
		Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0					00
_		ITARY PENSION CALCULATION	8				00
		Military retirement benefits included on federal Form 1040A, Line 12b or federal Form 1040, Line 16b	1				00
		Taxable public pension from federal Form 1040A, Line 12b or federal Form 1040, Line 16b.	2				00
O		Divide Line 1 by Line 2 (Round to whole number)	3				%
E		Multiply Line 3 by Line 14 of Section A. If you are not claiming a public pension exemption, enter \$0	4				00
SECTION		Subtract Line 4 from Line 1	5				00
S		Total military pension, multiply Line 5 by 15%	6				00
		AL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY EXEMPTION	0				00
		Add Line 14 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D).		TOTAL			
SECTION E		Enter total amount here and on Form MO-1040, Line 8.		TOTAL EXEMPTION			00

2010 FORM MO-1040

FC	FOR CALENDAR YEAR JAN. 1–DEC. 31, 2010, OR FISCAL YEAR BEGINNING 20, ENDING 20											
Д	ME	NDED RETURN — CHECK HERE									SOFTWARE VENDOR CODE Assigned by DOR) 000	
S		CIAL SECURITY NUMBER	SPOUSE'S	S SOCIAL S	ECURIT	Y NUMBER						
ADDRESS	LAS	T NAME	FIRST NAME				M. INITIA	ıL	S	UFFIX (JR, SR, et	c.) DECEASED 2010	
E AND AD	SPC	USE'S LAST NAME	FIRST NAME				M. INITIA	NITIAL SUFFIX (JR, SR, etc.)				
IE A	IN C	ARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRES	ENTATIVE, ETC.)				COUNTY	OF RESID	ENCE		·	
NAM	PRE	SENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL	ROUTE)	CIT	Y, TOWI	N, OR POST O	I PFFICE, ST	ICE, STATE, AND ZIP CODE				
Yo tru a tru	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 Trust Fund	After School Retreat Trust Fund	
A		PLEASE CHECK THE APPROPRIATE BOXE 62 THROUGH 64 AGE 65 OR OLDER	S THAT APPLY TO Y	OURSE		R YOUR S <u>6 DISABLE</u>				EMBER 31, <u>LIGATED SF</u>		
		URSELF ☐ YOURSELF DUSE ☐ SPOUSE	☐ YOURSELF☐ SPOUSE			OURSELF			YOURSE			
		- 0.3332					Yourself		0.000	Spous	e	
	1.	Federal adjusted gross income from your 2010 federal	eral return (See worksheet	t on page	6.)	1Y		0			00	
ш		Total additions (from Form MO-A, Part 1, Line 6)				2Y		0			00	
∑	3.	Total income — Add Lines 1 and 2 Total subtractions (from Form MO-A, Part 1, Line 1				3Y 4Y		00			00	
INCOM	5.	Missouri adjusted gross income — Subtract Line 4				5Y		0			00	
		Total Missouri adjusted gross income — Add column						6		00		
	7.	Income percentages — Divide columns 5Y and 5S b	y total on Line 6. (Must eq	qual 100%	5.)	7Y		%	7S		%	
Т	8.	Pension and Social Security/Social Security Disabil	ity exemption (from Form I	MO-A, Pa	art 3, S	ection E.)		8		00)	
		Mark your filing status box below and enter the app ☐ A. Single — \$2,100 (See Box B before chect ☐ B. Claimed as a dependent on another persor tax return — \$0.00 ☐ C. Married filing joint federal & combined Missou ☐ D. Married filing separate — \$2,100	ropriate exemption amount (king.)	nt on Line Married filir NOT filing)	9. ng sepa — \$4,2 ouseho widow(arate (spouse 200 Ild — \$3,500 er) with	e 0	9		00		
	10.	Tax from federal return (Do not enter federal income to Federal Form 1040, Line 55 minus Lines 45, 63, 64a, 60 Federal Form 1040A, Line 35 minus Lines 40, 41a, 43	ax withheld.) 5, 67, and amounts from Forr and any alternative minimum	ms 8801, 8 n tax includ	3839 an	d 8885 on Li	ne 71					
S		• Federal Form 1040EZ, Line 11 minus Line 8 and 9a			10		00					
EDUCTIONS	11.	Other tax from federal return — Attach copy of your fe			11		00					
DO:	12.	Total tax from federal return — Add Lines 10 and			12		00			:		
E E	13.	Federal tax deduction — Enter amount from Line 1 \$10,000 for combined filers						13		00	0	
EXEMPTIONS AND D	14.	Missouri standard deduction OR itemized deduction Household— \$8,400; Married Filing a Combined Ret older, blind, or claimed as a dependent, see your fed deduction or you are itemizing, see Form MO-A, Part	urn or Qualifying Widow(er) eral return or page 7. If you	— \$11,40 u claimed :	00; If yo an addi	ou are age 6 itional standa	5 or ard	14		00	0	
EMPT	15.	Number of dependents from Federal Form 1040 OI (DO NOT INCLUDE YOURSELF OR SPOUSE.)	R 1040A, Line 6c			X \$1,200 =		15			Do not include	
ă	16.	Number of dependents on Line 15 who are 65 year receive Medicaid or state funding (DO NOT INCLU	s of age or older and do no	ot		X \$1,000 =	=	16		00	spouse.	
		Long-term care insurance deduction						17		00	_	
		Health care sharing ministry deduction						18		00	_	
		Total deductions — Add Lines 8, 9, 13, 14, 15, 16,						19		00	_	
		Subtotal — Subtract Line 19 from Line 6						20) 010			
		Multiply Line 20 by appropriate percentages (%) or Enterprise zone or rural empowerment zone incom) 21S) 22S		00	
	23.	Subtract Line 22 from Line 21. Enter here and on I	_ine 24			23Y			238		00	

						Yourself			Spot	100	
	21	Taxable income amount from Lines 23Y and 23S			24Y	10015611	: 00	24S	<u> Ο</u> μυι	JOC	00
		Tax (See tax table on page 26 of the instructions.					00				00
			•				00				00
	20.	Resident credit — Attach Form MO-CR and other s	tates income tax return(s	5)	201		100	203			100
	27.	Missouri income percentage — Enter 100% unless									
		Attach Form MO-NRI and a copy of your federal re	turn if less than 100%. C	heck the box							
\times		if you or your spouse is a professional entertainer of									
<u> </u>		☐ YOURSELF ☐ 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 i	ndicated.)								
		Lump sum distribution (Form 4972)									
		Recapture of low income housing credit (Form 8611)		. 29Y		00	29S			00
	30.	Subtotal — Add Lines 28 and 29.					00	30S			00
	31.	Total Tax — Add Lines 30Y and 30S					31			00	
		MISSOURI tax withheld — Attach Forms W-2 and					32			00	
		2010 Missouri estimated tax payments (include ove				The state of the s	33			00	
띭							34			00	
\smile		Missouri tax payments for nonresident partners or S co	•							00	
လ		Missouri tax payments for nonresident entertaine					35				
		Amount paid with Missouri extension of time to fil					36			00	
₹		Miscellaneous tax credits (from Form MO-TC, Lin	the state of the s				37			00	
		Property tax credit — Attach Form MO-PTS					38			00	
		Total payments and credits — Add Lines 32 through					39			00	
		o Lines 40-42 if you are not filing an amende									
딞	40.	Amount paid on original return					40			00	
RETURN	41.	Overpayment as shown (or adjusted) on original	return				41			00	
끮		INDICATE REASON FOR AMENDING.			M, N	$I_1D_1D_1Y_1Y_1$					
		A. Federal audit	Enter	date of IRS report.							
ᆿ		☐ B. Net operating loss carryback									
AMENDED		C. Investment tax credit carryback									
₹		D. Correction other than A, B, or C En									
	42.	Amended Return — total payments and credits.				ne 39	42			00	
	43.	If Line 39, or if amended return, Line 42, is larger t (amount of OVERPAYMENT) here.					43			00	
		(unloant of OVERTATIVE IVI) Hold					70				
	44.	Amount of Line 43 to be applied to your 2011 est	mated tax				44			00	
물	45	Enter the amount of Veterans Trust	Elderly Home Delivered Missouri National Guard	Workers' Memorial Trust	Childhood	A 1000 13 1	General Revenue	(D)	After Addl. Tr		. Trust
띪		your donation in the		/ ITUOL	recuiring	Family Reverse	Trust	3	Retreat (See Ins		Instr.)
쀭		trust fund boxes to the	Trust Fund Trust Fund	Fund Tr	ust Fund	Relief Trust Fund	Fund	Ir	rust Fund		
		right. See instructions for trust fund codes 45 00	00 00	00	00	00	00		00	00	00
		Tot trust furid codes.					100		iuu	00	100
		Overpayment to be refunded to you. Subtract Line					40			00	
		mail return to: Department of Revenue, PO Box 5	ου, Jeπerson City, MO (05106-0500		REFUND	46			00	
	47.	If Line 31 is larger than Line 39 or Line 42, enter	the difference (amount o	of UNDERPAYMEN	NT) here	e	47			00	
		Underpayment of estimated tax penalty — Attach	`		,	-	48			00	
ᅵ							40			00	
	49.	Total amount due — Add Lines 47 and 48 and er	•	nd mail return and p	paymer	t to:					
AMOUNT		Department of Revenue, PO Box 329, Jefferson	***								
Ĭ		Please write your social security number(s) and days	ime phone number on yo	ur check or money of	order (U	.S. funds only).					
٩		Make payable to Missouri Department of Revenu	e	A	MOUN	IT YOU OWE	49			00	
		If you pay by check, you authorize the Department	t of Revenue to process th	ne check electronica	ally. Any	returned check m	ay be pr	esented	d again electr	onically.	
	Unde	er penalties of perjury, I declare that I have examined this return, in	· · · · · · · · · · · · · · · · · · ·								ation of
	prep	arer (other than taxpayer) is based on all information of which he/	she has any knowledge. As pro	vided in Chapter 143, R	SMo, a pe	nalty of up to \$500 sh	all be impo	osed on a	ny individual wh	o files a f	rivolous
Ш		n. I also declare under penalties of perjury that I employ no illegal o			at I am not					loy such a	liens.
<u> </u>		thorize the Director of Revenue or delegate to discus-	· — —	nts E-MAIL ADDRESS		PI	REPARER'S	S TELEPH	ONE		
A	_	the preparer or any member of the preparer's firm.	☐ YES ☐ NO			[())			
g S	SIGN	ATURE	DATE	PREPARER'S SIGNATUR	RE			FI	EIN, SSN, OR PTI	N	
တ											
	SPO	JSE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE	PREPARER'S ADDRESS	AND ZIP (CODE			DATE		
			()	l							



2010 FORM MO-A Attachment Sequence No. 1040-01

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

AST NAME	FIRST NAME	·9 ·····	INITIAL		SOCIAL	SECURITY NO.	
POUSE'S LAST NAME	FIRST NAME		INITIAL		SPOUSE	S'S SOCIAL SECURITY NO.	.
PART 1 — MISSOURI MODIFICATIONS TO FEDE	RAL ADJUSTED GROSS INCO	ME (SEE PAGE 11).				
ADDITIONS			Y - YOURSELF			S - SPOUSE	
1. Interest on state and local obligations other than Missouri so	ource	1Y		00	1S		00
2. ☐ Partnership; ☐ Fiduciary; ☐ S corporation; ☐ Net Ope ☐ Other (description)	erating Loss (Carryback/Carryforward);	2Y		00	28		00
Nonqualified distribution received from a qualified 529 plan (higher education expenses		3Y		00	38		00
4. Food Pantry contributions included on federal Schedule A		4Y		00	48		00
5. Nonresident Property Tax		5Y		00	5S		00
6. TOTAL ADDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter he	ere and on Form MO-1040, Line 2	6Y		00	6S		00
UBTRACTIONS							
Interest from exempt federal obligations included in federal a related expenses if expenses were over \$500). Attach a det		7Y		00	7S		00
8. Any state income tax refund included in federal adjusted gro	ss income	8Y		00	8S		00
Net Operating Loss; ☐ Military (nonresident); ☐ Build Am☐ Combat pay included in federal adjusted gross income; ☐	MO Public-Private Transportation Act attach supporting documentation	9Y		00	98		00
0. Exempt contributions made to a qualified 529 plan (higher ed	ducation savings program)	10Y		00	10S		00
Qualified Health Insurance Premiums		11Y		00	11S		00
 Missouri depreciation adjustment (Section 143.121, RSMo) Sold or disposed property previously taken as addition m 	odification	12Y		00	128		00
3. Home Energy Audit Expenses		13Y		00	13S		00
4. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. I	Enter here and on Form MO-1040, Line 4	14Y		00	148		00
PART 2 — MISSOURI ITEMIZED DEDUCTIONS				duct	tions	on your fede	ral
return. Attach a copy of your federal Form 1040	(pages 1 and 2) and federal Sc	hed	ule A.				
1. Total federal itemized deductions from federal Form 1040,	Line 40			. 1	1		00
2. 2010 (FICA) — yourself — Social security \$	+ Medicare \$. 2	2		00
3. 2010 (FICA) — spouse — Social security \$	+ Medicare \$. 3	3		00
4. 2010 Railroad retirement tax — yourself (Tier I and Tier II)	\$ + Medicare \$.			. 4	1		00
5. 2010 Railroad retirement tax — spouse (Tier I and Tier II)	\$ + Medicare \$. 5	5		00
6. 2010 Self-employment tax — Amount from federal Form 10-	40, Line 27			. 6	6		00
7. TOTAL — Add Lines 1 through 6				. 7	7		00
8. State and local income taxes — from federal Schedule A,	Line 5	8	00)			
9. Earnings taxes included in Line 8			00)			
Net state income taxes — Subtract Line 9 from Line 8				10	0		00
MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 ft					1		00
NOTE: IF LINE 11 IS LESS THAN YOUR F						N PAGE 7.	

PART 3 - PENSION EXEMPTION

	PUE	BLIC PENSION CALCULATION — Pensions received from any federal, state, or local governmen	t.				
	1.	Missouri adjusted gross income from Form MO-1040, Line 6	1				00
		Taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	2				00
		Subtract Line 2 from Line 1	3				00
		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
4			0)/	Y - YOURSELF	00	S - SPOUSE	100
ECTION		Taxable pension for each spouse from public sources from federal Form 1040A, Line 12b or 1040, Line 16b	6Y 7Y	00	6S 7S		00
Ē		Multiply Line 6 by 65%	-	00			00
Ш		Amount from Line 7 or \$33,703 (maximum social security benefit), whichever is less.	8Y	00	88		00
S		Amount from Line 6 or \$6,000, whichever is less	9Y	00	98		00
		Amount from Line 8 or Line 9, whichever is greater	10Y	00	10S		00
	11.	If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s) 6y and 6s. See instructions if Line 3 of Section C is more than \$0.	11Y		118		00
	12.	Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter \$0	12Y	00	128		00
		Add amounts on Lines 12y and 12s	13				00
		Total public pension , subtract Line 5, from Line 13. If Line 5 is greater than Line 13, enter \$0	14				00
	PRI	VATE PENSION CALCULATION — Annuities, pensions, IRA'S, and 401(k) plans funded by a pri	vate	source.			
	1.	Missouri adjusted gross income from MO-1040, Line 6	1				00
	2.	Taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	2				00
	3.	Subtract Line 2 from Line 1	3				00
N B	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
Ĕ	5.	Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5				00
ECTION	6.	Taxable pension for each spouse from private sources from federal Form 1040A, Lines 11b and 12b, or federal	6Y	Y - YOURSELF	6S	S - SPOUSE	00
S		Form 1040, Lines 15b and 16b.	7Y				00
	7.	Amounts from Line 6Y and 6S or \$6,000, whichever is less		00	7S		00
		Add Lines 7Y and 7S	8				00
		Total private pension , subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0	9				00
		CIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social sec becember 31 and have marked the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to					ge
		Missouri adjusted gross income from Form MO-1040, Line 6	1	ar security disability	ucuu	otion.	00
		Select the appropriate filing status and enter the amount on Line 2. Married filing combined - \$100,000					
	۷.	Single, Head of Household, Married Filing Separate, and Qualifying Widower - \$85,000	2				00
7	3	Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0	3				00
SECTION C				Y - YOURSELF	_	S - SPOUSE	
E		Taxable social security benefits for each spouse from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	4Y	00			00
)E		Taxable social security disability benefits for each spouse from federal Form 1040A, Line 14b or 1040, Line 20b	5Y	00	5S		00
()	6.	Multiply Line 4 or Line 5 by 65%	6Y	00	6S		00
	7.	Add Lines 6Y and 6S	7				00
	8.	Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0	8				00
	MIL	ITARY PENSION CALCULATION					
	1.	Military retirement benefits included on federal Form 1040A, Line 12b or federal Form 1040, Line 16b	1				00
z		Taxable public pension from federal Form 1040A, Line 12b or federal Form 1040, Line 16b	2				00
9		Divide Line 1 by Line 2 (Round to whole number)	3				%
CI	4.	Multiply Line 3 by Line 14 of Section A. If you are not claiming a public pension exemption, enter \$0	4				00
SECTION D		Subtract Line 4 from Line 1	5				00
		Total military pension, multiply Line 5 by 15%	6				00
	TOT	TAL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY EXEMPTION					
SECTION E		Add Line 14 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D). Enter total amount here and on Form MO-1040, Line 8.		TOTAL EXEMPTION			00

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

MISSOURI DEPARTMENT OF REVENUE

CREDIT FOR INCOME TAXES PAID TO

OTHER STATES OF POLITICAL SURDIVISIONS

2010 FORM **MO-CR** Attachment Sequence No. 1040-03

Attachment Sequence No. 1040-03

Complete this form 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 SPOUSE'S NAME YOUR NAME SPOUSE'S SOCIAL SECURITY NO. YOUR SOCIAL SECURITY NO. **YOURSELF SPOUSE** 1. Claimant's total adjusted gross income 00 00 (Form MO-1040, Line 5Y and/or Line 5S)..... 1 1 2. Claimant's Missouri income tax 00 00 (Form MO-1040, Line 25Y and/or Line 25S) 2 2 USE TWO LETTER ABBREVIATION FOR STATE OR STATE OF: STATE OF: NAME OF POLITICAL SUBDIVISION. See table on back..... 00 00 3 3 3. Wages and commissions 00 00 4 4. Other (describe nature) 00 5. Total — Add Lines 3 and 4..... 5 00 5 00 6. Less: related adjustments (from Federal Form 1040A, Line 20, OR Federal Form 1040, Line 36)... 00 6 6 00 00 7 7. Net amounts — Subtract Line 6 from Line 5. % % 8. Percentage of your income taxed — Divide Line 7 by Line 1. 8 8 00 00 9. Maximum credit — Multiply Line 2 by percentage on Line 8..... 9 10. Income tax you paid to another state or political subdivision. This is not tax withheld. 00 00 The income tax is reduced by all credits, except withholding and estimated tax..... 10 10 11. Credit — Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 26Y or Line 26S. (If you have multiple credits, add the amounts on Line 11 from 00 00 each Form MO-CR before entering on Form MO-1040 11 11

MO 860-1095 (12-2010)

For Privacy Notice see instructions

2010

FORM MO-CR

LITICAL SUBDIVISIONS	IVIO-CK										
Complete this form 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.						
•		• A	ttach Form MO-CR to	o Fo	rm MO-1040.						
YOUR SOCIAL SECURITY NO.	YOUR SPOUSE'S NAM	ME		SP	OUSE'S SOCIAL SECURITY NO.						
	•		YOURSELF		SPOUSE						
		1	00	1	00						
.		0	00	0	00						
)		2	00		100						
		STA	TE OF:		STATE OF:						
on back											
		3	00	3	00						
		4	00	4	00						
		5	00	5	00						
m 1040A, Line 20, OR Federal Fe	orm 1040, Line 36)	6	00	6	00						
5		7	00	7	00						
e Line 7 by Line 1		8	%	8	%						
entage on Line 8		9	00	9	00						
cept withholding and estimated to	ax	10	00	10	00						
	*										
		11	00	11	00						
	witiple credits, complete a YOUR SOCIAL SECURITY NO. SOCIAL SECURITY NO.	r spouse have income from another state ultiple credits, complete a separate form Your Social Security No. Your Spouse's NAI	spouse have income from another state ultiple credits, complete a separate form YOUR SOCIAL SECURITY NO. YOUR SPOUSE'S NAME 1 2 E OR on back	**Attach a copy of all is state or political substate or political	**Spouse have income from another state ultiple credits, complete a separate form **. Attach a copy of all incorstate or political subdivision. This is not tax withheld. cept withholding and estimated tax. **Attach a copy of all incorstate or political subdivision. This is not tax withheld. cept withholding and estimated tax. **Attach a copy of all incorstate or political subdivision. This is not tax withheld. cept withholding and estimated tax. **Attach a copy of all incorstate or political subdivision. This is not tax withheld. cept withholding and estimated tax. **Attach a copy of all incorstate or political subdivision. This is not tax withheld. cept withholding and estimated tax. **Attach a copy of all incorstate or political subdivision. This is not tax witheld. cept withholding and estimated tax. **Attach a copy of all incorstate or political subdivision. This is not tax withheld. cept withholding and estimated tax. **Attach a copy of all incorstate or political subdivision. This is not tax witheld. Cept withholding and estimated tax. **Attach a copy of all incorstate or political subdivision. This is not tax witheld. Cept withholding and estimated tax. **Attach a copy of all incorstate or political subdivision. This is not tax witheld. Cept withholding and estimated tax. **Attach a copy of all incorstate or political subdivision. This is not tax witheld. Cept withholding and estimated tax. **Attach a copy of all incorstate or political subdivision. This is not tax witheld. Cept withholding and estimated tax. **Attach a copy of all incorstate or political subdivision. This is not tax witheld. Cept withholding and estimated tax. **Attach a copy of all incorstate or political subdivision. This is not tax witheld. Cept withholding and estimated tax. **Attach a copy of all incorstate or political subdivision. This is not tax witheld. Cept withholding and estimated tax. **Attach a copy of all incorstate or political subdivision. This is not tax withholding and estimated tax. **Attach a copy of						

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	ID—Idaho	LA-Louisiana	MS-Mississippi	NM-New Mexico	OR—Oregon	TX—Texas	WI-Wisconsin
AZ—Arizona	Columbia	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—lowa	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	

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

MO 860-1095 (12-2010)

INFORMATION TO COMPLETE FORM MO-CR

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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

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

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



2010 FORM

Attachment Sequence No. 1040-04

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

					— Check your status in the appropriate box below.										
NAME	NAME (YOURSELF)					NAME (SPOUSE)									
ADDR	ESS			ADI	DRESS										
CITY,	STATE, ZIP CODE SO	CIAL SECURITY	NUMBER	CIT	Y, STAT	E, ZIP CODE		SOCIAL SECURIT	TY NUMBER						
	NONRESIDENT OF MISSOURI What was your sta	ate of residenc	e during 2	010?] 1.	NONRESIDENT OF MISSOUR	What was y	your state of residence	e during 2010?						
	2. PART-YEAR MISSOURI RESIDENT			П	2.	PART-YEAR MISSOURI RES	DENT								
	a. Indicate the date you were a Missouri resident in 2010.	Date From:	Date To	:	a.	Indicate the date you were a Missouri re	sident in 2010	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:										
be	Based on the Military Spouse's Residency Relief Act, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. Do not complete Form MO-NRI. You must report 100% on Line 27 of MO-1040.														
	3. MILITARY/NONRESIDENT TAX STATUS - status below and complete Part C—Missouri a. Missouri Home of Record I did not at any time during the 2010 tax year maintain abode in Missouri nor did I spend more than 30 days ir year. I did maintain a permanent place of abode in the b. Non-Missouri Home of Record I resided in Missouri during 2010 solely because my spat on militirecord is in the state of	a permanent in Missouri dure state of	place of ring the	e	a.	MILITARY/NONRESIDENT status below and complete F Missouri Home of Record	art C—Mis O tax year manore than 30 lace of abode	aintain a permanent days in Missouri dur le in the state ofe my spouse or I was	place of ring the						
	record is in the state of		<u> </u>			record is in the state of									
			PART B — WORKSHEET FO												
	PART B —	- WORK			MIS		OME	OBOUGE (ON	•						
	ADJUSTED GROSS INCOME	- WORK	FEDERAL FORM 1040A	FEDERAL FORM 1040	MIS	SSOURI SOURCE INCO YOURSELF OR ONE INCOME FILER		SPOUSE (ON COMBINED RET							
	ADJUSTED GROSS INCOME COMPUTATIONS		FEDERAL FORM 1040A LINE NO.	FEDERAL FORM 1040 LINE NO.		YOURSELF OR ONE INCOME FILER MISSOURI SOURCES	C		URN) CES						
	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7	FEDERAL FORM 1040 LINE NO. 7	A	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES	C C	OMBINED RET	URN) CES 00						
В.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7	FEDERAL FORM 1040 LINE NO. 7	A B	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0	C C C C C C C C C C	OMBINED RET	URN) CES 00 00						
В. С.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a	FEDERAL FORM 1040 LINE NO. 7 8a 9a	A B C	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0	C C C C C C C C C C	OMBINED RET	URN) CES 00 00 00						
B. C. D.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10	A B C	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0	C I	OMBINED RET	URN) CES 00 00 00 00 00						
B. C. D. E.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10	A B C D	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0 0	C II	OMBINED RET	URN) CES 00 00 00 00 00 00						
B. C. D. E. F.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a none none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12	A B C D E	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0 0 0	C C C C C C C C C C	OMBINED RET	URN) CES 00 00 00 00 00 00 00						
B. C. D. E. F.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13	A B C D E F	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0 0 0 0 0	C	OMBINED RET	URN) CES 00 00 00 00 00 00 00 00						
B. C. D. E. F.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a none none none 10 none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14	A B C D E	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0 0 0 0 0 0	C	OMBINED RET	URN) CES 00 00 00 00 00 00 00 00 00						
B. C. D. E. F. G. H. I.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a none none none 10 none 11b	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b	A B C D E F G	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0 0 0 0 0 0 0	C	OMBINED RET	URN) CES 00 00 00 00 00 00 00 00 00						
B. C. D. E. F. G. H. J.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a none none none 10 none 11b 12b	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b	A B C D E F G H I	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C	OMBINED RET	URN) CES 00 00 00 00 00 00 00 00 00 00 00						
B. C. D. E. F. G. H. J.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc	s, etc	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none none 10 none 11b 12b none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17	A B C D E F G	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C C C C C C C C C C	OMBINED RET	URN) CES 00 00 00 00 00 00 00 00 00 00 00 00 0						
B.C.D.E.F.G.H.J.K.L.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc	s, etc	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none none none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18	A B C D E F G H I J K L	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C C C C C C C C C C	OMBINED RET	URN) CES 00 00 00 00 00 00 00 00 00 00 00 00 0						
B.C.D.E.F.G.H.J.K.L.M.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc	s, etc	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none none 13	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19	A B C D E F G H I J K L	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C C C C C C C C C C	OMBINED RET	URN) CES 00 00 00 00 00 00 00 00 00						
B. C. D. E. F. G. H. J. K. L. M. N.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc	s, etc	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none none 13 14b	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b	A B C D E F G H I J K L	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C C C C C C C C C C	OMBINED RET	URN) CES 00 00 00 00 00 00 00 00 00						
B. C. D. E. F. G. H. J. K. L. M. N. O.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc	s, etc	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none 13 14b none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21	A B C D E F G H I J K L M N O	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C C C C C C C C C C	OMBINED RET	URN) CES 00 00 00 00 00 00 00 00 00						
B. C. D. E. F. G. H. J. K. L. M. N. O. P.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc	s, etc	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none none 13 14b none 15	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22	A B C D E F G H I J K L M N O P	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C C C C C C C C C C	OMBINED RET	URN) CES 00 00 00 00 00 00 00 00 00						
B. C. D. E. F. G. H. J. K. L. M. N. O. P. Q.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc. Taxable interest income. Dividend income. State and local income tax refunds. Alimony received. Business income or (loss). Capital gain or (loss). Other gains or (losses). Taxable IRA distributions. Taxable pensions and annuities. Rents, royalties, partnerships, S corporations, trusts Farm income or (loss). Unemployment compensation. Taxable social security benefits. Other income. Total — Add Lines A through O. Less: federal adjustments to income. SUBTOTAL (Line P – Line Q) If no modifications to income.	s, etc	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none none 13 14b none 15 20	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22 36	A B C D E F G H I J K L M N O P Q	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C C C C C C C C C C	OMBINED RET	URN) CES 00 00 00 00 00 00 00 00 00 00 00 00 0						
B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc	income,	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none 13 14b none 15 20 21 come	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22 36 37	A B C D E F G H I J K L M N O P Q R	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C C C C C C C C C C	OMBINED RET	URN) CES 00 00 00 00 00 00 00 00 00						
B. C. D. E. F. G. H. J. K. L. M. N. O. P. Q. R. S.	ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc	s, etc	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none 13 14b none 15 20 21 come ss income	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22 36 37	A B C D E F G H I J K L M N O P Q	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C C C C C C C C C C	OMBINED RET	URN) CES 00 00 00 00 00 00 00 00 00 00 00 00 0						

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

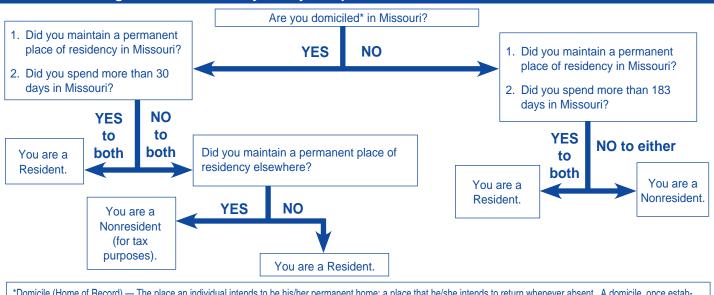
- a) Did not have any Missouri income other than military income, were not in Missouri for more than 30 days, did not maintain a home in Missouri during the year, but did maintain living quarters elsewhere, you qualify as a nonresident for tax purposes. Complete Part A, Line 3 and enter "0" on Part C,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

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

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



*Domicile (Home of Record) — The place an individual intends to be his/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

2010 **FORM** MO-L

You must complete Form MO-L if you are increasing your standard deduction by a net disaster loss and/ or new motor vehicle tax. Be sure to attach your federal return and federal Schedule L when you file.

YOUR NAME	YOUR SOCIAL SECURITY NO.							
SPOUSE'S NAME	SPOL	JSE'S	SOCIA	L SEC	URITY	' NO.		
 1. Enter the standard deduction for your filing status: Single or Married Filing Separately - \$5,700 Married Filing Combined or Qualifying Widow(er) - \$11,400 Head of Household - \$8,400 								
Claimed as a dependent - enter amount from Line 4 of federal Schedule L	1.							00
If you are over 65 or blind, enter the amount reported on Line 5 of federal Schedule L	2.							00
Enter the amount of any net disaster loss included in your standard deduction and reported on Line 6 of federal Schedule L	3.							00
Enter the amount of any new motor vehicle taxes included in your standard deduction and reported on Line 17 of federal Schedule L	4.							00
5. Add the amounts shown on Lines 1 through 4 and report the total here and on Form MO-1040 Line 14, MO-1040A Line 6 or MO-1040P Line 8	5.							00

MO-L (12-2010)

Section 19	
	MISSOURI DEPARTMENT OF REVENUE
	HOME ENERGY AUDIT EXPENSE

2010 **FORM MO-HEA**

ADDRESS CITY STATE

QUALIFICATIONS

NAME OF TAXPAYER

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. The maximum total lifetime subtraction you may claim is \$2,000. To qualify for the deduction, you must have incurred expenses in the taxable year for which you are filing a claim, and the expenses incurred must not have been excluded from your federal adjusted gross income or reimbursed through any other state or federal program.

INSTRUCTIONS - IN THE SPACES PROVIDED BELOW:

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

• Enter the amount paid for the audit on Line A NAME OF AUDITOR AUDITOR CERTIFICATION NUMBER **SUMMARY OF RECOMMENDATIONS** 1. 3. 4. 5. 00 A. A. Amount paid for audit..... B. Amount paid to implement recommendations 00 В. Total Paid - Add Lines A and B and enter here. Enter Line C or \$1,000, whichever is less, on Line 13 of Form 00 MO-A. If you are filing a combined return, you may split the amount reported on Line 13 between both taxpayers ..

2010 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 http://dor.mo.gov/personal/individual/. If Line 24 is But But But But Your At less Your Αt Your At Your Αt less Your Αt Your At less less less less least than <u>tax is</u> least <u>than</u> tax is <u>least</u> <u>than</u> tax is least <u>than</u> <u>tax is</u> least <u>than</u> tax is <u>least</u> <u>than</u> <u>tax is</u> 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 \$238 200 2 1,700 3,200 4,600 4,700 6,200 7,600 7,700 100 1,600 28 3,100 65 113 6,100 172 243 6,200 300 1,700 30 3,200 68 4,800 6,300 200 4 1,800 3,300 4,700 116 176 7,700 7,800 248 71 300 400 5 1.800 1.900 32 3.300 3.400 4.800 4.900 120 6.300 6.400 181 7.800 7.900 253 400 500 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 8 5,000 36 500 600 2.000 2,100 3,500 3.600 77 5,100 127 6,500 6,600 190 8.000 8,100 263 700 39 8.200 600 10 2.100 2.200 3.600 3.700 80 5.100 5.200 131 6.600 6.700 194 8.100 268 700 800 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 5,400 800 900 13 2,300 2,400 44 3,800 3,900 86 5,300 139 6,800 6,900 203 8,300 8,400 279 900 1,000 2,400 2,500 3,900 4,000 5,400 5,500 6,900 8,400 8,500 14 46 89 143 7,000 208 285 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 7,200 1,100 1,200 18 2,600 2 700 51 4,100 4,200 95 5,600 5,700 151 7,100 218 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 9.000 315 **Yourself Spouse Example** If more than \$9,000, \$ \$ Missouri taxable income (Line 24) tax is \$315 PLUS 6% of \$ 12,000 **FIGURING TAX** OVER \$9,000 Subtract \$9,000 \$ 9,000 \$ 9,000 excess over \$9,000. \$ 9,000 Round to nearest whole Difference \$ 3.000 dollar and enter on Form Multiply by 6%..... 6% 6% Χ 6% MO-1040, Page 2, Line 25 Х = \$ \$ Tax on income over \$9,000 = \$ 180 = Add \$315 (tax on first \$9,000) \$ 315 \$ 315 \$ + 315 TOTAL MISSOURI TAX = \$ = \$ 495

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

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

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 your total health insurance premiums paid.		
2. Enter amount from Line 14b (federal Form 1040A) or 20b (federal Form 1040).	2	
3. Divide Line 2 by Line 1	3	%
	Yourself	Spouse
4. Enter the health insurance premiums withheld from your social security income.	4Y	4S
5. Multiply the amounts on Line 4Y and 4S by the percentage on Line 3.	5Y	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.



2010FORM **MO-PTS**

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

-dill	PROPERTY TAX CREDIT MO-P1S							
	THIS FORM MUST BE ATTACHED TO FORM MO-1040 <u>OR</u> FORM MO-1040P.							
NAME	LAST NAME FIRST NAME INITIAL BIRTHDATE//	SOCIAL SECU						
	SPOUSE'S LAST NAME FIRST NAME INITIAL BIRTHDATE / / / / /	SPOUSE'S SO	OCIAL SECURITY NO.					
S	You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc.	, must be incl	uded with claim.					
QUALIFICATIONS	A. 65 years of age or older (Attach a copy of Form SSA-1099.) C. 100% Disabled (Attach a copy of Form Security Administration or Security Administration							
QUALIF	B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) D. 60 years of age or older and re spouse benefits (Attach a copy of the letter from Department of Veterans Affairs.)							
FII	LING STATUS Single Married — Filing Combined Married — Living Separate for Entire Yea	r If married you must re	filing combined, port both incomes.					
	Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), Forms 1099, W-2, etc.) will result in denial or delay o	of your claim.						
1	I. 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	B. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 7 (if filing Form MO-1040). Attach Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc.	3	00					
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. 		00					
5	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 Forms SSA-1099, 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.		00					
7	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	B. TOTAL household income — Add Lines 1 through 7. Enter total here	8	00					
9	 Mark the box that applies and enter the appropriate amount. a. Enter \$0 if filing status is Single or Married Living Separate; If married and filing combined; 							
	 □ b. Enter \$2,000 if you rented or did not own your home for the entire year; □ c. Enter \$4,000 if you owned and occupied your home for the entire year; 	9 -	00					
10	 Net household income — Subtract Line 9 from Line 8 and enter the amount; mark the box that applies. a. If you rented or did not own and occupy your home for the entire year, Line 10 cannot exceed \$27,500 If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. 	ı.						
	□ 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, enter amount from Form MO-CRP, Line 9. Attach rent receipts and/or a statement from your landlord. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit. 	12	00					
	3. 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.		00					
14	4. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 41-43 or MO-1040P, pages 29-31 to figure your Property Tax Credit. You must use the chart to see how much credit you are allowed. 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.		00					
	THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-	1040P.	·					

2010 FORM MO-CRP FAILURE TO PROVIDE LANDLORD
INFORMATION WILL RESULT IN DENI-

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Vinn	CERTIFICATION OF RENT PAID FOR 2010 MO-CRP AL OR DELAY OF YOUR C				CLAIM.				
1. \$	SOCIAL SECURITY NUMB	ER	SPOUSE'S SO	CIAL SECURITY	NUMBER	ARE YOU REI	LATED TO YOUR LAN	NDLORD? YES	□ NO
2.	NAME				3. LANDLORD'S	NAME, LAST 4 DIGITS	OF SSN, OR FEIN (MUST BE COMPLETED	D)
PH	YSICAL ADDRESS OF REN	ITAL UNIT (P.O. BOX NOT A	LLOWED)	APT. NUMBER	LANDLORD'S	ADDRESS, CITY, STA	ATE, AND ZIP CODE	(MUST BE COMPLETE	APT. NUMBER
СІТ	Y, STATE, AND ZIP CODE						4. LANDLORD'S PH	HONE NUMBER (MUST	BE COMPLETED)
5.	RENTAL PERIOD DURING YEAR	FROM: MONTH		DAY	YEAR 2010	TO: MOI	NTH	DAY	- YEAR 2010
6.	and/or copies of cance	paid. Attach rent receipt elled checks (front and ba om a facility that does r	ack). If you red	ceived housing	assistance, enter	the amount of rent	YOU paid.	6	00
7.	A. APARTMEN' B. MOBILE HOI C. BOARDING D. SKILLED OF E. HOTEL If me F. LOW INCOM G. SHARED RE OR CHILDR	te box and enter the cor T, HOUSE, MOBILE HO ME LOT — 100% HOME / RESIDENTIAL R INTERMEDIATE CAR tals are included, enter THE HOUSING — 100% (ESIDENCE — If you sha TEN UNDER 18), check	CARE — 50% E NURSING I — 50%; Othe (RENT CANN ared your rent the appropria	PLEX — 100% HOME — 45% erwise, enter — OT EXCEED 4 with relatives at the box and ent	- 100% 10% OF TOTAL and/or friends (O er percentage.	THER THAN YO	,		
	<u>Additional</u>	persons sharing rent/	percentage to	be entered:	1 (50%)	2 (33%)	3 (25%)	7	%
8.	Net rent paid — Mult	iply Line 6 by the perce	ntage on Line	7				8	00
9.	Multiply Line 8 by 20	%. Enter amount here a	and on Line 10	of Form MO-F	PTC or Line 12 o	f Form MO-PTS		9	00
МО	KSZW 318	DEPARTMENT OF CATION OF RE		Í	Notice, see instr	2010 FORM MO-CRP	INFORMATI	O PROVIDE LA ON WILL RESI AY OF YOUR (ULT IN DENI-
1. \$	SOCIAL SECURITY NUMB	ER	SPOUSE'S SO	CIAL SECURITY	NUMBER	ARE YOU RE	LATED TO YOUR LAN	NDLORD? YES [□ NO
2. NAME 3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)					D)				
					0. 2.11.5201.50		, or only one in the		-,
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					ED) APT. NUMBER				
СІТ	Y, STATE, AND ZIP CODE						4. LANDLORD'S PH	HONE NUMBER (MUST	BE COMPLETED)
5.	RENTAL PERIOD DURING YEAR	FROM: MONTH		DAY	YEAR 2010	TO: MOI	NTH	DAY	- 2010

Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a statement from your landlord, and/or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid.

F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.)

G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (OTHER THAN YOUR SPOUSE)

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

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

Additional persons sharing rent/percentage to be entered: 1 (50%) 2 (33%) 3 (25%)

OR CHILDREN UNDER 18), check the appropriate box and enter percentage.

7. Check the appropriate box and enter the corresponding percentage on Line 7.

A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%

□ D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%
 □ E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100%

☐ C. BOARDING HOME / RESIDENTIAL CARE — **50**%

☐ B. MOBILE HOME LOT — 100%

NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit......



2010FORM

MO-TC

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

NAME (LAST, FIRST)					SOC	IAL SE	CURI	ITY NU	MBER/	FEDE	RAL I.I	D. NUN	MBER
								1	1	1	1	1	1
SPOUSE'S NAME (LAST, FIRST)					SPO	USE'S	SOCI	IAL SE	CURIT	Y NUN	/BER		
							ı	1	1	1	ı	1	1
CORPORATION NAME	MO TAX I.D. NUMBER	1		CHAR	TER N	NUMBI	ER						
		1 1	1 1	Ι,		ı	ı				1		

- 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.

IVIC)-1120, MO-11205	, OR MO-1041.						
	BENEFIT NUMBER (Assigned by	ALPHA CODE (3 Characters)	CREDIT NAME		YOURSELF (one income) Corporation Inc Fiduciary	ome	SPOUSE (on a combined re- Corporation France)	
	DED only)	from back			Column	1	Column 2	
1.				1.		00		00
2.				2.		00		00
3.				3.		00		00
4.				4.		00		00
5.				5.		00		00
6.				6.		00		00
7.				7.		00		00
8.				8.		00		00
9.				9.		00		00
10.				10.		00		00
11.	SUBTOTALS — a	dd Lines 1 throu	igh 10.	11.		00		00
12.	for your spouse, o	r from Form MO-	r from Form MO-1040, Line 30Y for yourself and Line 30S 1120, Line 13 plus Line 14 for income or Line 15 for for franchise tax; or Form MO-1041, Line 18.	12.		00		00
13.		ine 16; Form MC	Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 17; 0-1040, Line 37; or Form MO-1041, Line 19.) Line 13 cannot exceed the dit is refundable.		13.			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.mdfb.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 LHC	Affordable Housing Assistance — (816) 759-6662 Missouri Low Income Housing — (816) 759-6668	Certificate* 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 <u>Form MO-TC</u>
ATC	Special Needs Adoption	Form ATC
BFT	Bank Franchise Tax	Form INT-2, INT-2-1
BTC	Bank Tax Credit for S Corporation	Form BTC, and Form
	Shareholders	INT-3, 2823, INT-2,
		Fed. K-1
CIC	Children In Crisis	Contribution Verification
		from IssuingAgency
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** Attach to Code Name of Credit 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

PART I — REQUIRED ANNUAL PAYMENT

2010 FORM **MO-2210**

Attachment Sequence No. 1040-06	
DLN	

13

ATTACH THIS FORM TO FORM MO-1040		
LAST NAME, FIRST NAME, INITIAL		SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME, FIRST NAME, INITIAL		SPOUSE'S SOCIAL SECURITY NO.
PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE	
If you want to calculate your penalty, you may qualify for the Sho	ort Method below. You may use the Short Meth	od if:
a. You qualify to use the Short Method on the Federal Form	2210 or	
b. All withholding and estimated tax payments were made ed	ually throughout the year and	
c. You do not annualize your income.		
If (a) or (b and c) apply to you, complete Part I, Required Annual	Payment and Part II, Short Method. If none of	f these apply to you,
complete Part I, Required Annual Payment and Part III, Regular		

1.	Enter your 2010 tax after credits (Form MO-1040, Line 31 less APPROVED Credits from Line 37; Property Tax Credit from Line 38.)	1	
2.	Multiply Line 1 by 90% (66 2/3% for qualified farmers)		
3.	Withholding taxes. Do not include any estimated tax payments on this line	3	
4.	Subtract Line 3 from Line 1. If less than \$500, stop here; do not complete or file this form. You do not owe the penalty	4	
5.	Enter the tax shown on your 2009 tax return. If you did not file a 2009 Missouri return or only filed a Property Tax Credit Claim skip line 5 and enter the amount from Line 2 on Line 6		
6.	Required annual payment. Enter the smaller of Line 2 or Line 5 (Note: If Line 3 is equal to or more than Line 6, stop here; you do not owe the penalty. Do not file Form MO-2210.)	6	
P	ART II — SHORT METHOD	•	
7.	Enter the amount, if any, from Line 3 above		
8.	Enter the total amount, if any, of estimated tax payments you made		
9.	Add Lines 7 and 8	9	
10.	not owe the penalty. Do not file Form MO-2210	10	
11.		11	
12.	If the amount on Line 10 was paid on or after 04/18/11, enter 0 (zero). If the amount on Line 10 was paid before 04/18/11, make the following computation to find the amount to enter on Line 12.		
	Amount on Number of days paid Line 10 X before 04/18/11 X .0000822	12	

PART II INSTRUCTIONS — SHORT METHOD

13. Penalty. Subtract Line 12 from Line 11. Enter result here and on Form MO-1040, Line 48

- A. **Purpose of the Form** Use this form to determine whether your income tax was sufficiently paid throughout the year by withholding or by estimated tax payments. If it is not, you may owe additions to tax on the underpaid amount.
- B. **Short Method** You may use the Short Method if you qualify to use the Short Method on the federal Form 2210 or, all withholding and estimated tax payments were made equally throughout the year and you do not annualize your income.

If you do not qualify to use the Short Method, you must use the Regular Method on page 2.



IF THIS FORM IS NOT ATTACHED TO FORM MO-1040, ATTACH CHECK OR MONEY ORDER PAYABLE TO "DEPARTMENT OF REVENUE" AND MAIL TO P.O. BOX 329, JEFFERSON CITY, MO 65107-0329.

MO 860-1101 (12-2010) 31

Page 2 NAME AS SHOWN ON FRONT SOCIAL SECURITY NUMBER **PART III — REGULAR METHOD** SECTION A — FIGURE YOUR UNDERPAYMENT (COMPLETE LINES 14 THROUGH 19) If you meet any of the exceptions (see instruction D) to the additions to tax for ALL guarters, omit Lines 14 through 19 and go directly to Line 20. 14. Required annual payment (Enter payment as computed on Part I, Line 6)...... **DUE DATES OF INSTALLMENTS** APR. 15, 2010 JUNE 15, 2010 SEPT. 15, 2010 JAN. 18, 2011 15. Required installment payments 16. Estimated tax paid 17. Overpayment of previous installment 18. Total payments 19. Underpayment of current installment..... 19a. Overpayment of current installment 19b. Underpayment of previous installment..... 19c. Total overpayment..... 19d. Total underpayment..... **SECTION B — EXCEPTIONS TO THE ADDITIONS TO TAX** (see instruction D) (For special exceptions see instruction I for service in a "combat zone", and instruction J for farmers.) 20. Total amount paid and withheld from January 1 through the installment date indicated 25% OF 2009 TAX 50% OF 2009 TAX 75% OF 2009 TAX 100% OF 2009 TAX 21. Exception No. 1 — prior year's tax 2009 tax 25% OF TAX 50% OF TAX 75% OF TAX 100% OF TAX 22. Exception No. 2 — tax on prior year's income using 2010 rates and exemptions..... 22.5% OF TAX 45% OF TAX 67.5% OF TAX 23. Exception No. 3 — tax on annualized 2010 income..... 90% OF TAX 90% OF TAX 90% OF TAX 24. Exception No. 4 — tax on 2010 income over 3, 5 and 8-month periods SECTION C — FIGURE THE ADDITIONS TO TAX (Complete Lines 25 through 29) 25. Amount of underpayment 26. Date of payment, due date of installment, or April 18, 2011, whichever is earlier..... 27a. Number of days between the due date of installment, and either the date of payment, the due date of the next installment, or December 31, 2010, whichever is earlier 27b. Number of days from January 1, 2011 or installment date to date of payment or April 18, 2011..... 28a. Multiply the 3% annual interest rate times the amount on Line 25 for the number of days shown on Line 27a..... 28b. Multiply the 3% annual interest rate times the amount on Line 25 for the number of days shown on Line 27b..... 28c. Total additions (Line 28a plus Line 28b)..... 29. Total amounts on Line 28c. Show this amount on Line 48 of Form MO-1040 as "Underpayment of Estimated Tax Penalty". If you have an underpayment on Line 47 of Form MO-1040, enclose your check or money order for payment in the amount equal to the total of Line 47 and the penalty amount on Line 48. If you have an overpayment on Line 46, the Department of Revenue

IF THIS FORM IS NOT ATTACHED TO FORM MO-1040, ATTACH CHECK OR MONEY ORDER PAYABLE TO "DEPARTMENT OF REVENUE" AND MAIL TO P.O. BOX 329, JEFFERSON CITY, MO 65107-0329.

will reduce your overpayment by the amount of the penalty

- A. **Purpose of the Form** Use this form to determine whether your income tax was sufficiently paid throughout the year by withholding or by estimated tax payments. If it is not, you may owe additions to tax on the underpaid amount.
- B. Filing an Estimated Declaration and Paying the Tax for Calendar Year Taxpayers If you file returns on a calendar year basis and are required to file Form MO-1040ES, you are generally required to file a declaration by April 15, and to pay the tax in four installments. (If you are not required to file a declaration until later in the year because of a change in your income or exemptions, you may be required to pay fewer installments.) The chart below shows the due date for declarations and the maximum number of installments required for each.

Period Requirements First Met	Due Date of Declarations	Maximum Number of Installments Required
Between January 1 and April 1	April 15	4
Between April 2 and June 1	June 15	3
Between June 2 and Sept.1	Sept. 15	2
After Sept. 1	Jan. 18	1

When the due date falls on a Saturday, Sunday, or legal holiday, the declaration will be considered timely if filed on the next business day.

- C. **Fiscal Year Taxpayers** Fiscal year taxpayers should substitute for the due dates above, the 15th day of the first and last months of the second quarter of your fiscal year; the 15th day of the last month of the third quarter; and the 15th day of the first month of your next fiscal year.
- D. Exception to the Additions to Tax You will not be liable for additions to tax if your 2010 tax payments (amounts shown on Line 20) equal or exceed any amount determined for the same period under the following exception provisions. You may apply a different exception to each underpayment. Please enclose a separate computation page for each payment. If none of the exceptions apply, complete Lines 15 through Line 29.

The percentages shown on Lines 21, 22, and 23, for the April 18, June 15, and Sept. 15 installment dates, are for calendar year taxpayers required to pay installments on four dates.

Exception 1 — Prior Year's Tax. — This exception applies if your 2010 tax payments equal or exceed the tax shown on your 2009 tax return. The 2009 return must cover a period of 12 months and show a tax liability.

Exception 2 — Tax on Prior Year's Income using 2010 Rates and Exemptions — This exception applies if your 2010 tax withheld and estimated tax payments equal or exceed the tax that would have been due on your 2009 income if you had computed it at 2010 rates. To determine this exception use the personal exemptions allowed for 2010 but use the other facts and law applicable to your 2009 return.

Exception 3 — Tax on Annualized 2010 Income — This exception applies if your 2010 tax payments equal or exceed 90% of the tax on your annualized taxable income for periods from the first of the year to the end of the month preceding that in which an installment is due. To annualize your taxable income, follow these four steps.

- (a) Figure your adjusted gross income less itemized deductions from the first of your tax year up to and including the month prior to that in which an installment is due; or, if you use the standard deduction, figure your adjusted gross income for that period.
- (b) Divide the result of step (a) by the number of months in your computation period.
- (c) Multiply the result of step (b) by 12.

4. Annualized income (\$10,000 ÷ 3 x 12)

(d) Subtract the deduction for personal exemptions, federal tax and, if you did not itemize, subtract the standard deduction. The result is your annualized taxable income.

Example I

Exception 3 may not be used for the fourth installment period.

(combined return with one dependent)	
1. Wages, received during Jan., Feb., and Mar\$6,00	0
2. Self-employment income during Jan., Feb. and Mar \$4,00	0
3. Adjusted gross income\$10,00	0

5. Less:

(a) Standard deduction	\$11,400
(b) Exemptions (2 x \$2,100) + (1 x \$1,200)	\$5,400
(c) Federal tax (joint return)	\$1,500
6. Annualized taxable income	\$21,700
7. Income Tax (from Missouri tax table)	\$1,077

If your tax withheld and estimated tax payment for the first installment period of 2010 were at least \$242 (22.5% of \$1,077) you do not owe additions to tax for that period.

Exception 4 — Tax on 2010 Income Over Periods of 3, 5, and 8 months – This exception applies if your 2010 tax payments equal or exceed 90 percent of the tax on your taxable income for periods starting from the first of the year to the end of the month preceding that in which an installment is due. This exception does not apply to the fourth quarter. To determine if this exception applies for the first three quarters, figure your taxable income from January 1, 2010 to the end of the month preceding that in which an installment is due. Then compute your tax on that amount as though it represented your taxable income for 2010.

Example II
(combined return with one dependent, using standard deduction)

(1)	(2)	(3)	(4)	(5)
Computation Period	Income	Tax	90% of Tax	Tax Withheld
Jan. 1 to Mar. 31	\$15,000	0	0	\$275
Jan. 1 to May 31 Jan. 1 to Aug. 31	\$21,665 \$31,665	\$120 \$667	\$108 \$600	\$458 \$733

Since the amounts in column (5) are greater than those in column (4) for each of the first three computation periods, there is no additions to tax for first three installment periods.

E. **Figure the Additions to Tax** — For Line 27a, enter the number of days from the due date of the installment to the date of payment or December 31, 2010, whichever is earlier. If the payment date on Line 26 is December 31, 2010, or later and the due date of the installment is April 15, 2010, then enter 260 days; for June 15, 2010, 199 days; September 15, 2010, 107 days.

For Line 27b, enter the number of days from January 1, 2011, or the 2011 installment due date to date of payment or appropriate due date of return, whichever is earlier. If the payment date is April 18, 2011, enter 105 days for the first, second, and third quarters and 91 days for the fourth quarter.

- F. **Tax Withheld** You may consider an equal part of the income tax withheld during the year as paid on each required installment date, unless you establish the dates on which the withholding occurred and consider it paid on those dates.
- G. **Overpayment** Apply as credit against the next installment any installment overpayment shown on Line 19a that is greater than all prior underpayments.
- H. Installment Payments If you made more than one payment for any installment, enclose a separate computation for each payment. If you filed your return and paid the balance of tax due by February 1, 2011, consider the balance paid as of January 18, 2011.
- I. Exception from the Additions to Tax for Service in a Combat Zone You may be exempt from an additions to tax for underpayment of estimated tax if you served in the U.S. Armed Forces in an area designated by the President as a combat zone under conditions which qualified you for hostile fire pay. If you are exempt for this reason, write on Line 19, for the applicable installment dates, "Exempt, combat zone."
- J. Farmers If (1) your Missouri gross income from farming is at least two-thirds of your total Missouri gross income and (2) you filed a Missouri Individual Income Tax Return and paid tax on or before March 2, 2011, you are exempt from charges for underpayment of estimated tax. If so, write on Line 1, "Exempt, farmer".

If you meet this gross income test but did not file a return or paid the tax when due, complete this form with respect to the last quarter only. Qualified farmers would enter all of Line 14 in the fourth quarter and calculate the appropriate underpayment.

\$40,000

Line-by-Line Instructions

Complete Lines 15 through 19d for each installment period, then complete Lines 25 through 29.

- 14. Enter the required annual payment, as computed on Part I. Line 6.
- 15. Divide the required annual payment (Line 14) by the number of required installments. If the estimated tax was the result of a change in income or exemptions during the year, you may require fewer installments. Otherwise, divide the required annual payment by four and place the amount in each column. (See instructions for farmers.)
- 16. Enter the amount of tax paid during the installment period. (The tax withheld throughout the year may be considered as paid in four equal parts on the due date of the installment, unless a different date is established.)
- 17. Enter the amount, if any, of overpayment reported on Line 19c from the previous installment period.
- 18. Enter the sum of Line 16 and Line 17.
- 19. If the amount on Line 15 is greater than the amount on Line 18, enter the difference here. You have underpaid for the installment period. If not, skip this line and go to Line 19a.
- 19a. If the amount on Line 18 is greater than the amount on Line 15, enter the difference here. You have overpaid for the installment period.
- 19b. Enter the amount of the underpayment (if any) from Line 19d of the previous column.
- 19c. and 19d.

If you filled in Line 19 of this column, add the amount on Line 19b to the amount on Line 19 and enter that total on Line 19d. If you filled in Line 19a of this column, and the amount on Line 19a is greater than any amount on Line 19b, enter the difference on Line 19c. You are overpaid. If the amount on Line 19b is greater than the amount on Line 19a, enter the difference on Line 19d. You are underpaid.

See page 3 for instructions for Lines 20 through 24.

- 25. If you have an underpayment for the installment period and none of the exceptions on Lines 20 through 24 apply, enter on Line 25 the amount of the underpayment on Line 19d. If you do not have an underpayment, or if an exception applies, leave this blank and skip the remaining lines of the column.
- 26. Enter the date a payment was made on the installment, the due date of the following installment, or April 18, 2011, whichever is earlier. If more than one late payment was made to cover the installment, attach a separate computation for each payment during the installment period.
- 27a. Enter the number of days from the due date of the installment to the date entered on Line 26.
- 27b. Enter the number of days from January 1, 2011 (or a later date, if the installment date was after January 1) until either the date of the payment or April 18, 2011, whichever is earlier.
- 28a. Multiply the amount on Line 25 by the number of days on Line 27a. Divide this amount by 365 days and multiply the product by three percent. This is the additions to tax accruing on the underpayment during 2010.
- 28b. Multiply the amount on Line 25 by the number of days on Line 27b. Divide this amount by 365 days and multiply the product by three percent. This is the additions to tax accruing on the underpayment during 2011.
- 28c. Add the amounts on Lines 28a and 28b.
- 29. Add the sum of the amounts on Line 28c in the final column, if applicable.

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.

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 the 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 http://dor.mo.gov/pdf/ depreciation_examples.pdf.

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 per year, 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 40, 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.**

LINES 2 AND 3 — SOCIAL SECURITY TAX (FICA)

Social security tax is the amount in social security tax withheld box on your Forms W-2. **This amount cannot exceed \$6,621.60.** Medicare is the amount in the Medicare tax withheld box on your Forms W-2. 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 2010. **This amount cannot exceed \$9,710.60** (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 Forms W-2 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. The amount you paid in state income taxes included in your federal itemized deductions, must be subtracted to determine Missouri itemized deductions.

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 Forms W-2. 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 <u>disaster</u> loss and/or new motor vehicle taxes, you must complete 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 Forms 1099-R, and/or SSA-1099. 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** 2010 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 2010 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 2010 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 2010 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.

MILITARY PENSION CALCULATION

A military pension is a pension received for your service in a branch of the armed services of the United States, including the Missouri Army Reserve and Missouri National Guard. You must reduce your military pension exemption by any portion of your military pension that is included in the calculation of your public pension exemption. Therefore, if you qualify for the public pension, make sure you complete the Public Pension Calculation (Section A) before you calculate your military pension exemption.

LINE 1 — TAXABLE MILITARY RETIREMENT BENEFITS

Include your total military retirement benefits reported on federal Form 1040A, Line 12b or federal Form 1040, Line 16b. If you are filing a combined return and both spouses had military retirement, combine those amounts on Line 1.

LINE 2 — TAXABLE PUBLIC PENSION

Include your total retirement benefits from public sources (including military) reported on federal Form 1040A, Line 12b or federal Form 1040, Line 16b. If you are filing a combined return and both spouses had retirement benefits from public sources, combine those amounts on Line 2.

LINE 4 — MILITARY BENEFITS INCLUDED IN PUBLIC PENSION EXEMPTION

Multiply the percentage calculated on Line 3 by the total public pension amount reported on Line 14 of Section A. If you did not claim a public pension, enter \$0.

LINE 6 —TOTAL MILITARY PENSION

The maximum military exemption you may claim in 2010 is equal to 15 percent of your military pension. Multiply the amount on Line 5 by 15 percent.

FORM MO-PTS

INFORMATION TO COMPLETE 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**. Do not include spouse name or social security number if you marked married filing separate. (Exam ple: 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.

Workstieer For Enves 17	11 12 3	
1. Total social security - Enter amount from:	1	
• Federal Form 1040A, Line 14a		
• Federal Form 1040, Line 20a	Yourself	Spouse
2. Enter each spouse's portion of the total social security	2Y	2S
3. Divide Line 2Y and 2S by Line 1	3Y%	3S%
4. Taxable social security - Enter amount from:	4	

WORKSHEET FOR LINES 4 AND 5

- Federal Form 1040A, Line 14b
- Federal Form 1040, Line 20b
- 5. 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

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.

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 from Social Security Administration and other agencies 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, 2011 that states what your benefits were for the entire 2010 year. See the diagram on page 38.

If you are receiving railroad retirement benefits, you should get two Forms RRB-1099. 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 or W-2P Total amount before deductions not included on Form MO-1040, Line 6 (Missouri adjusted gross income).
- Forms 1099-INT— 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 Forms SSA-1099, 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.

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 for 2010 only. 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.

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.

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 2010. 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.

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

HELPFUL HINTS

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

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.

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.

If you have the same address as your landlord, please verify the number of occupants and living units.

LINE 13 — TOTAL REAL ESTATE TAX/

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 41, 42 and 43 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

If you rent from a tax exempt facility, you do not qualify.

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 2010, 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 Forms MO-CRP and enter the amount on Line 12 of MO-PTS.

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

Box 1. Name		Box 2. E	Beneficiary's Social Security Number
BETTY TAXPAYER			-66-7777
Box 3. Benefits Paid in 2013	Box 4. Benefits Repaid to SSA	A in 2013 Box 5. Net Benefits for 2013 (Box 3 minus box 4)	
*\$8,400.00	NONE		\$8,400.00
DESCRIPTION OF	AMOUNT IN BOX 3	D	ESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit Medicare premiums deducted fron Total Additions Benefits for 2013	\$7,800.00 \$600.00 \$8,400.00 \$8,400.00	0	
		Box 6. V	Voluntary Federal Income Tax Withheld
		5500	Address IY TAXPAYER TAXES LANE IOWN, MO 55555-5555
*Includes: \$12.00 Paid in 2013 fo	or 2012	1000	Claim Number (Use this number if you need to contact SSA

FORM **4340**

TAX PERIOD

Jan. – Dec. 10

04/18/2011

(201012)REV. 12-2010 LAST NAME FIRST NAME SOCIAL SECURITY NO INITIAL SPOUSE'S SOCIAL SECURITY NO. SPOUSE'S LAST NAME FIRST NAME INITIAL ADDRESS **TAXABLE PURCHASES TAX RATE CONSUMER'S USE TAX** CITY STATE ZIP CODE 4.225% B. 2. I have direct control, supervision, or responsibility for filing this return and payment of the tax **Total Individual Consumer's** due. Under penalties of perjury, I declare that this is a true, accurate, and complete return. Use Tax Due (U.S. funds only) 3. DAYTIME TELEPHONE SIGNATURE(S) DOR ONLY

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 (12-2010)

MISSOURI DEPARTMENT OF REVENUE

INDIVIDUAL CONSUMER'S USE TAX INSTRUCTIONS

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 2010, 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 \times 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.

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.

HOW TO FILE

Compile a list of purchases made during 2010 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 2010 Individual Consumer's Use Tax Return. The due date for filing the return is April 18, 2011.

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/business/sales/rates/2010/. 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 2010.

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 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/business/sales/rates/2010/. Use the "USE RATE" column to ensure correct rates.

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 18, 2011.

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.

> **NAME ENTER** John Brown **BROW** Juan De Jesus DEJE Joan A. Lee LFF Jean McCarthy **MCCA** John O'Neill ONEI Pedro Torres-Lopez TORR

Please use capital letters as shown.

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 "2010 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.

2

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

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.

MO 860-2715 (12-2010)

MISSOURI DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX	2010 FORM		Social security number	*	
PAYMENT VOUCHER	2.	Name control	*		
PLEASE PRINT. MAKE CHECK PAYABLE TO MISSOUF REVENUE. MAIL FORM MO-1040V AND PAYMENT DEPARTMENT OF REVENUE, P.O. BOX 371, JEFFERSON CIT	3.	Spouse's social security number	*		
NAME	4.	Spouse's name control	*		
SPOUSE'S NAME	5.	Amount of payment (U.S. funds only)	\$		
STREET ADDRESS					
CITY	TATE ZIP CODE				
FULL PAYMENT OF TAXES MUST BE SUBMITTED BY APR INTEREST AND ADDITIONS TO TAX FOR FAILURE TO PAY.		DOR USE ONLY	*		
authorize the Department of Revenue to process the check elect check may be presented again electronically.	tronically. Any returned		DON USE UNLT		

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

- 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.

2010 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	
то —					то —					TO				
1100	1075	1050	1025	1000	975	950	925	900	875	850	825	800	775	

		1100	1075	1050	1025	1000	975	950	925	900	875	850	825	800	775
EDOM	TO											00 (Form A			7,0
FROM 1	TO 14,300											e for a Pro			
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	968 954	943 929	918	893 879	868 854	843 829	818 804	793 779	768 754	743 729	718 704	693 679	668 654	643 629
17,601 17,901	17,900 18,200	934	929	904 891	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	712 693	687 668	662 643	637	612 593	587 568	562 543	537	512 493	487 468	462 443	437 418	412 393	387 368
22,401 22,701	22,700	673	648	623	618 598	573	548	523	518 498	493	448	443	398	373	348
23,001	23,000 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	385 360	360 335	335 310	310 285	285 260	260 235	235 210	210 185	185 160	160 135	135 110	110 85	85 60
26,601 26,901	26,900 27,200	361	336	311	286	261	236	211	186	161	136	111	86	61	36
27,201	27,200	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	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		41								

- 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 —				— FRC	M				- FROM	١	
		726	701	676	651	626	601	576	551	526	501	476	451	426	401
				то —				T(<u> </u>				то-		
		750	725	700	675	650	625	600	575	550	525	500	475	450	425
FROM	TO											t credit equ			
1	14,300									· ·		are not elig			
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	684 674	659	634	609	584 574	559	534	509 499	484	459	434	409	384
15,201 15,501	15,500 15,800	699 689	664	649 639	624 614	599 589	564	549	524 514	489	474 464	449	424 414	399 389	374 364
15,801	16,100	678	653	628	603	578	553	539 528	503	478	453	439 428	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 21,801	21,800 22,100	399 381	374 356	349 331	324 306	299 281	274 256	249 231	224 206	199 181	174 156	149 131	124 106	99 81	74 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	10
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 60	59 35	34 10	9							XAMPL			
26,301	26,600	35	10	10								Line 1			
26,601 26,901	26,900 27,200	11	10									ine 13			
27,201	27,200	1.1										\$ \$525,		e tax c	redit
27,501	27,800										V	ould be	\$16.		
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														
												1			

A.	Enter amount from Line 10 here	В.	Enter amount from Line 13 here
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AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE 13 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID

				- FROM					— FRC	м —					FROM -		
		376	351	326	301	276	251	226	201	176	151	126	101	76	51	26	1
				— то -					T(101	.20	101		_ то —		
		400	375	350	325	300	275	250	225	200	175	150	125	100	75	50	25
FROM	ТО														lent not to		
1	14,300														for a Prop		
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	174 164	149	124	99	74	49	24		
15,501	15,800 16,100	339 328	314 303	289 278	264 253	239 228	214 203	189 178	153	139 128	114 103	89 78	64 53	39	14		
15,801 16,101	16,100	316	291	266	241	216	191	166	141	116	91	66	41	16	3		
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	J			
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				TI :		10.00		
19,101	19,400	183	158	133	108	83	58	33	8				This	area II	ndicate	es no	
19,401	19,700	168	143	118	93	68	43	18	1				cre	dit is a	allowal	ble.	
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						V A A A I	DLE.					
21,201	21,500	67	42	17							XAMI		#10	260			
21,501	21,800	49	24											360 ar			
21,801	22,100	31 12	6											MO-P1			
22,101	22,400 22,700	12											the ta	x cred	lit		
22,401 22,701	23,000									M	vould l	oe \$8.					
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																
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27,201	27,500																
27,501	27,800																
27,801	28,100																
28,101 28,401	28,400 28,700																
28,701	29,000																
29,001	29,300																
29,301	29,600																
29,601	29,900																
29,901	30,000																
	00,000																

C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTS, Line 14.

PRSRT STD U.S. POSTAGE PAID Missouri Dept. of Revenue

Please place this label in the address area of your return.

Do not use this label if it is incorrect.

ADDRESS LABEL

Missouri Department of Revenue Tax Assistance Centers

Public Office Hours are 8:00 a.m. to 5:00 p.m. Monday through Friday

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
Jefferson City 301 West High St., Room 330	(573) 751-7191
<u>Joplin</u>	(3/3)/31/131
1110 East 7th St., Suite 400	(417) 629-3070
Kansas City	
615 East 13th St., Room B-2	(816) 889-2920
Springfield	
149 Park Central Square, Room 313	(417) 895-6474
St. Louis	

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

St. Joseph

525 Jules, Room 314 (816) 387-2230

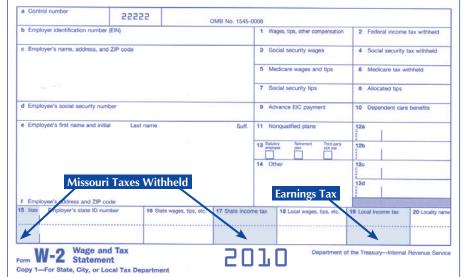
Other I	mportant	Phone	Num	bers
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Forms-by-Fax	(573) 751-4800
General Inquiry Line	(573) 751-3505
Automated IVR Refund/Balance Due / 1099G Inquiry	(573) 526-8299
Electronic Filing Information	(573) 751-3505

Download forms or check the status of your return from our web site: http://dor.mo.gov/personal/individual/.

To obtain a copy of the Taxpayer Bill of Rights, you can access our web site at http://dor.mo.gov/personal/individual/.

Diagram 1: Form W-2



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.