MISSOURI

Form MO-1040

Individual Income Tax Long Form



File Electronically

Electronic filing is fast and easy. Last year, 82 percent of Missouri Individual Income Tax Returns were filed electronically. See page 2 for details about how you can file electronically this year.

Tax Deadline is April 18. See page 4 for extensions.

Electronic Filing Options for Federal and State E-File - Missouri, in

cooperation with the Internal Revenue Service (IRS), offers a joint federal and 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 websites 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. If you electronically file **DO NOT** mail a copy of your return.

Security: Your tax return information is encrypted and transmitted over secure lines to ensure confidentiality.

Accuracy: Electronically filed returns have fewer errors than paper returns.

Direct Deposit: You can have your refund directly deposited into your bank account.

Proof of Filing: An acknowledgment is issued when your return is received and accepted.

Assistance with Preparing Your Tax Return

There are a large number of volunteer groups around Missouri providing tax assistance to elderly or lower income taxpayers. To locate a volunteer group near you that offers return preparation assistance:

- Call 800-906-9887 or 888-227-7669,
- or visit: https://www.irs.gov/filing/free-file-do-your-federal-taxes-for-free

You will find a larger volume of volunteer centers open during the filing season, which is typically January through April.

2-D Barcode Returns - If you plan to file 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 with fewer errors compared to traditional paper returns. If you use software to prepare your return, check our website for approved 2-D barcode software companies. Also, check out the Department's fill-in forms that calculate and have a 2-D barcode. You can have your refund directly deposited into your bank account when you use the Department's fill-in forms.

If your form has a 2-D barcode, mail your return to the Department of Revenue address as indicated below:

Refund returns: P.O. Box 3222, Jefferson City, MO 65105-3222

- Refund returns claiming a property tax credit: P.O. Box 3385, Jefferson City, MO 65105-3385
- Balance due returns: P.O. Box 3370, Jefferson City, MO 65105-3370
- Balance due returns claiming a property tax credit: P.O. Box 3395, Jefferson City, MO 65105-3395

What's Inside

Ashining a Detter Life
Achieving a Better Life
Experience (ABLE)11, 35
Address Change5
Adjusted Gross Income
Address Change
Missouri6
Worksheet6
Agriculture Disaster Relief
Agriculture Disaster Relief35 Amended Return4, 9
Amount Due
Bring Jobs Home Deduction8
Bring Jobs Home Deduction
Consumer's Use Tax5, 39
Credit Card Payment10
Dependent Deduction7
Dependent Deduction7 Domicile
Depreciation Adjustment
Disabled, 100 Percent
Depreciation Adjustment
Enterprise or Rural Empowerment
Zone Income Modification
Estimated Tax
Declaration of5
Underpayment Penalty 10, 31-34
Extension
Federal Income Tax7
Filing Requirements 3
Filing Requirements
Fiscal Year Filers
Fiscal Year Filers When to File
Form MO-1040 Completion 5-10
Forms - To Obtain
Healthcare Sharing Ministry
Income Tax State8, 35
Individual Medical Accounts
inuiviuuai meuicai Accounts

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 AT LEAST ONE OF THE FOLLOWING APPLIES:

• You or your spouse claim or file:

- a pension or social security/social security disability or military exemption 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);
- c. a credit for payment made with the filing of a Form MO-60, Application for Extension of Time to File;
- d. income from another state;
- e. a deduction for dependent(s) age 65 or older;
- f. an amended return;
- g. a nonresident entertainer or a professional athlete;
- h. a fiscal year return;
- i. a nonresident military service member stationed in Missouri and you or your spouse earned non-military income while in Missouri;

Interest

Event Ecdoral Obligations 11 12
Exempt Federal Obligations
State and Local Obligations
Lete Filing and Decount
Late Filing and Payment
Addition4
Interest4
Payment Options4, 10
1040V4, 10, 40
Local Earnings Tax35
Long-term Care Insurance7
Lump Sum Distribution8
Mailing Addresses2. 4. 36
Military Income Deduction7
Military Personnel
Military Income Deduction7 Military Personnel5, 7, 12, 36 Missouri Taxpayer Bill of Rights44
Miccouri M/ithholding
Form 10998
Form W-28, 34
Modifications to Income11, 12, 35
MOST, Missouri Higher Education Deposit
Program, other qualified 529
plans 10, 11, 12, 35
Name, Address, etc.
Deceased Taxpayer
Net Operating Loss
Non-obligated Spouse
Nonresident
Definition4
Income Percentage8
Bartnor or S Corp Sharoholdor
Partner or S Corp Shareholder
Nonresident Alien
Part-year Resident
Pension Exemption7, 35, 36
Personal Exemption
Property Tax Credit
Property Tax Credit Chart 41-43

- j. a deduction for other federal tax (from Federal Form 1040, Lines 45, 46, 48, 59, 60b, and any recapture taxes on Line 63);
- k. a Health Care Sharing Ministry deduction;
- I. any military income earned while on active duty; or
- m. the Bring Jobs Home tax deduction.
- 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, or other qualified 529 plan;
- c. nonqualified distribution received from or exempt contributions made to Achieving a Better Life Experience (ABLE) program;
- d. interest on federal exempt obligations;
- e. interest on state and local obligations;
- f. capital gain exclusion;
- g. exempt contributions made to or earnings from the Missouri Savings for Tuition Program (MOST), Missouri Higher Education Deposit Program, or other qualified 529 plans;
- h. enterprise zone or rural empowerment zone modification;
- i. negative adjustments related to bonus depreciation;
- j. net operating loss carryback/carryforward;
- k. combat pay included in federal adjusted gross income; or
- I. agriculture disaster relief income.

Qualified Health Insurance Premium
Railroad Retirement
Benefits11, 12, 37
Tax35
Tier I and Tier II11, 12, 35
Recapture Tax8
Refund
Return Inquiry Website4, 44
Resident (definition)4
Resident Credit8
Self-employment Tax35
Signing Your Return10
Standard Deduction7
Tax Credits8
Tax Computation Worksheet25
Tax Chart
Telephone Numbers44
Trust Funds9, 10
When to File4

Forms

MO-1040	, 17-18
MO-A15-16	, 19-20
MO-CR	. 21-22
MO-NRI	. 23-24
MO-HEA	25
2016 Tax Chart	25
Qualified Health Insurance Worksheet	26
MO-PTS	27
MO-CRP	
MO-TC	. 29-30
MO-2210	. 31-34
Consumers Use Tax	
MO-1040V	40

- You owe a penalty for underpayment of estimated tax.
- You owe tax on a lump sum distribution included on Federal Form 1040, Line 44.
- You owe recapture tax on low income housing credit.

To Obtain Forms:

To use the Department's form selector or to obtain specific tax forms visit our website at http://dor.mo.gov/personal/individual/.

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, 2017**. Late filing will subject taxpayers to charges for interest and addition 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 16, 2017.

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 addition to tax will apply if the tax is not paid by the original return's due 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 website at **http://dor.mo.gov/personal/individual/**. For timely filed returns, an addition to tax 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 addition to tax of 5 percent per month (of the unpaid tax) is added for each month the return is not filed. The addition 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 website 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 an amended federal income tax return, you must report such change by filing an amended Missouri income tax return with the Department of Revenue within 90 days of the change. Failure to notify the Department of Revenue within the 90 day period extends the statute of limitations to one year after the Department of Revenue becomes aware of such determination. You will be subject to interest and addition to tax 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

Go to 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 website: **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, 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 or her permanent home; a place that he or she intends to return to when absent. A domicile, once established, continues until the individual moves to a new location with the true intention of making his or 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, 4, or 5, and did not claim your spouse as an exemption on Federal Form 1040NR, or if you marked Box 2 on Federal Form 1040NR-EZ, check Box D on Form MO-1040.

If you marked Box 3, 4, or 5 and claimed your spouse as an exemption on Federal Form 1040NR, check Box E 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 our website for 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 53 minus Line 43, 44, 65, and any amount from Form 8885 included in Line 69; 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, 44, 46, 57, and 59b.

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 their state of residence. If you are a member of any active duty component of the Armed Forces of the United States you may be eligible for an income deduction. See Line 19 instructions for more information.

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 living 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 nonmilitary 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 from your state of residence: a copy of your 2016 state income tax return, 2016 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 10, 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 27 of the return are computed as if you are a full-year resident. Tax (Line 27) is computed on all your income, and may then be reduced by a resident credit (Line 28), or by a Missouri income percentage (Line 29). The result is a prorated Missouri tax liability (Line 30) based only on the income earned in Missouri. See page 8, Lines 28 and 29.

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 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**.

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 percent. 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 on which tax was not paid to the state exceeds \$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 17, 2017.



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.

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 2016, 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**, **2016**, check the appropriate box.

AGE 65 OR OLDER OR BLIND

If you or your spouse were age **65 or older** or **blind** and qualified for these deductions on your 2016 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. Debts owed to the Internal Revenue Service (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, pages 11, 12 and 35.

LINE 2 — TOTAL ADDITIONS

Enter the total additions amount from Form MO-A, Part 1, Line 7.

LINE 4 — TOTAL SUBTRACTIONS

Enter the total subtractions amount from Form MO-A, Part 1, Line 17.

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
<u>Spouse</u>	Line 5S =	divided by

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

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 zero percent on Line 7Y and 100 percent on Line 7S. If nothing is entered, the Department will consider this to be 100 percent.

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

Missouri law requires a combined return for married couples 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 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 2015 Missouri tax withheld, less each spouse's 2015 tax liability. The result should be each spouse's portion of the 2015 refund. Taxable social security benefits must be allocated by each spouse's share of the benefits received for the year.

The worksheet below lists income that is included on your federal return, along with federal line references. Find the lines that apply to your federal return, split the income between you and your spouse, and enter the amounts on the worksheet. When you have completed the worksheet, transfer the amounts from Line 18 to Form MO-1040, Lines 1Y and 1S. Note: Remember, the incomes listed separately on Line 18 of this worksheet must equal your total federal adjusted gross income when added together.

Adjusted Gross Income Worksheet for Combined Return	Federal Form 1040EZ Line No.	Federal Form 1040A Line No.	Federal Form 1040 Line No.	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/MILITARY EXEMPTION

If you or your spouse received a public, private, or military pension, social security 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, W-2P, and SSA-1099.

LINE 9 — FILING STATUS AND EXEMPTION AMOUNT

Enter on Line 9 the amount of exemption claimed for 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. Attach a copy of your federal return. Only one box may be checked on Line 9, Boxes A through G.

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 the appropriate schedule.

FEDERAL FORM	LINE NUMBERS					
1040	Line 56 minus Lines 45, 46, 66a, 68,					
	69, and any amount from Form 8885 on Line 73.					
1040A	Line 37 minus Lines 29, 42a, 44, 45,					
	and any alternative minimum tax					
	included on Line 28.					
1040EZ	Line 10 minus Line 8a.					
1040X	Line 8 minus Lines 14 and 15, except					
	amounts from Forms 2439 and 4136.					

Note: At the time the Department printed their tax booklets, the Internal Revenue Service had not finalized the federal income tax forms.

LINE 11 — OTHER FEDERAL TAX

Enter the total amount of Lines 45, 46, 48, 59, 60b, and any recapture taxes included on Line 63 of Federal Form 1040. Enter the total amount of any alternative minimum tax included on Line 28 plus Line 29 of Federal Form 1040A. For amended returns enter the other taxes reported on Line 10 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.*

	/
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 Federal Standard Deduction Worksheet for Dependents. If you did not check either box on Federal Form 1040EZ, Line 5, enter \$6,300 if single or \$12,600 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.

Line 15 - Multiply by \$1,200 the total number of dependents you claimed on Line 6c of your federal return. You may claim a stillborn dependent deduction that occurred during the 2016 tax year. Check the box on Line 15, and include it in the total number of dependents. Attach a copy of the stillbirth certificate.

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 gualified long-term care insurance in 2016, you may be eligible for a deduction on your Missouri income tax return. Qualified long-term care insurance is defined as insurance coverage for at least 12 months for long-term care expenses should such care become necessary because of a chronic health condition or physical disability, including cognitive impairment or the loss of functional capacity, thus rendering an individual unable to care for themselves without the help of another person. Complete the worksheet below only if you paid premiums for a qualified long-term care insurance policy; and the policy is for at least 12 months coverage.

Note: You can not claim a deduction for amounts paid toward death benefits or extended riders.

LINE 18 — HEALTH CARE SHARING MINISTRY

If you made contributions to a qualifying health care sharing ministry, enter the amounts you paid in 2016 on Line 18. Do not include amounts excluded from your federal taxable income.

Line 19 - Military Income Deduction

Enter the amount of military income earned as a member of any active duty component of the Armed Forces of the United States. This amount must be included in your federal adjusted gross income and not previously taken as a deduction. If you are claiming this deduction, you should submit appropriate documentation to verify vour active duty status. Please attach a copy of your Leave and Earnings Statement and any other official document, such as your Military Orders, which validates how long you were in active duty status and the amount you earned in active duty status during 2016. Failure to attach the requested documentation may result in the disallowance of this deduction. If you have additional questions about this deduction, you may contact the Department's military liaison át military@dor.mo.gov.

01 0	ne sunsiti certificate.						
	Worksheet for Long-Term Care Insurance Deduction						
Α.	Enter the amount paid for qualified long-term care insurance policy A) \$						
	If you itemized on your federal return and your federal itemized						
	deductions included medical expenses, go to Line B. If not, skip to H.						
Β.	Enter the amount from Federal Schedule A, Line 4						
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						
Н.	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 y	you itemized your deductions).						

LINE 20 - BRING JOBS HOME DEDUCTION

If you or your spouse accrued expenses associated with relocating a business to Missouri, you may be eligible for this deduction (if approved by the Department of Economic Development). The deduction is equal to 50% of the eligible insourcing expenses and cannot exceed your Missouri adjusted gross income. For additional information please visit **http://ded.mo.gov** or contact the Missouri Department of Economic Development at P.O. Box 118, Jefferson City, MO 65102-0118.

LINE 22 — SUBTOTAL

Subtract Line 21 from Line 6. If less than zero, enter "0". **Do not enter a negative amount.**

LINE 24 — 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 24.

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 on Line 24.

Visit **http://ded.mo.gov** for additional information on either modification, or contact the Department of Economic Development, Incentives Section, P.O. Box 118, Jefferson City, MO 65102-0118.

FIGURE YOUR TAX

LINE 27 — MISSOURI TAX

If your Missouri taxable income is less than \$9,000, use the tax chart on page 25 to locate your tax. If greater than \$9,000, use the worksheet below the tax chart to calculate the tax.

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

LINES 28 AND 29 — 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 28 and 29. Visit http://dor.mo.gov/personal/individual/ for more information and examples.

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

Line 28 — Missouri Resident(s)

You should take the resident credit (Form MO-CR) if:

- you are a full-year Missouri resident; and
- you paid income tax to other state(s) or political subdivisions.

LINE 29 — 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 29 should be 100 percent unless you use Form MO-NRI and determine a lesser percentage. If you do not enter a percentage on Line 29, your tax will be based on all of your income, regardless of where it was earned.

Line 28 or 29— 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 31 — 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 2016.

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 31, would be \$100. Check the Lump Sum Distribution box on Line 31. **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 34 — 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 34.

LINE 35 — ESTIMATED TAX PAYMENTS

Include any estimated tax payments made on your 2016 return and any overpayment applied from your 2015 Missouri return.

LINE 36 — 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 37 — 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 38 — EXTENSION OF TIME TO FILE

If you filed for an extension of time to file, enter on Line 38 the amount you paid to the Department of Revenue with Form MO-60.

LINE 39 — 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 39. Attach Form MO-TC, along with any applicable schedules, certificates, and 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 on page 30.

LINE 40 — 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 42 — AMENDED RETURN ONLY: PAYMENT ON ORIGINAL RETURN

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

LINE 43 — 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 credit 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 45 — OVERPAYMENT

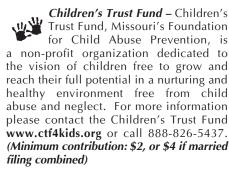
If Line 41 is larger than Line 33, or on an amended return, Line 44 is larger than Line 33, enter the difference (overpayment) on Line 45. All or a portion of an overpayment can be refunded to you.

LINE 46 — APPLY OVERPAYMENT TO NEXT YEAR'S TAXES

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

LINE 47 — 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 or any two additional trust funds.



Veterans Trust Fund – The Missouri Veterans Commission's Veterans Trust Fund is a means by which individuals and corporations may donate money to expand and improve services to veterans in Missouri. 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 Fund -

Elderly Home Delivered Meals Trust Fund – The Elderly Home Delivered

Meals Trust Fund supports the home delivered meals program for Missouri's home-bound senior citizens, helping them to continue to 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: http://health.mo.gov/ seniors/aaa/index.php. (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. 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 Fund – This 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. Requests for information and contributions may be made at any time 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 – 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. For more information please contact the Missouri State Public Health Laboratory at (573) 751-3334, or email labweb1@health.mo.gov. (Minimum contribution: \$1, or \$2 if married filing combined)

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

General Revenue Fund – Requests for information and contributions may be made at any time directly to General Revenue Fund, ATTN: Department of Revenue, P.O. Box 3022, Jefferson City,

MO 65105-3022. (*Minimum contribution:* **\$1, or \$2 if married filing combined**)

Organ Donor Program Fund – Contributions support organ and tissue donation education and registry operation. For more information, please contact: Missouri Department of Health and Senior Services, Organ and Tissue Donor Program, P.O. Box 570, Jefferson City, MO 65102-0570,

If you choose to give to additional funds, enter the two-digit additional fund code in the spaces provided on Line 47. If you want to give to more than two additional 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.

Funds	<u>Codes</u>
American Cancer Society Heartlaı Division, Inc., Fund	
American Diabetes Association Gateway Area Fund	02
American Heart Association Fund	03
American Red Cross Trust Fund	15
Amyotrophic Lateral Sclerosis (AL Gehrig's Disease) Fund	S—Lou 05
Arthritis Foundation Fund	
Developmental Disabilities Waitin Equity Trust Fund	
Foster Care and Adoptive Parents Recruitment and Retention Fur	nd 14
March of Dimes Fund	
Missouri National Guard Foundation	n Fund19
Muscular Dystrophy Association F	und07
National Multiple Sclerosis Society	Fund10
Pediatric Cancer Research Trust F	und 18
Puppy Protection Trust Fund	17
American Cancer Socie	tv Heartland



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 Association Gateway Area Fund (02) – Requests for information may be made by calling (314) 822-5490 or contacting Gateway Area Diabetes Association Fund, 425 South Woods Mill Road #110, Town and Country, MO 63017. (Minimum irrevocable contribution: \$1, not to exceed \$200)

American Heart Association Fund (03) – For more information, please contact: American Heart Association, 460 N. Lindbergh Blvd., St. Louis, MO 63141-7808, or call (314) 692-5600. (Minimum irrevocable contribution: \$1, not to exceed \$200) American Red Cross Trust Fund (15) – For more information please contact your local American Red Cross at www.redcross.org or call 866-206-0256. (Minimum contribution: \$1, or \$2 if married filing combined)

ALS Lou Gehrig's Disease Fund (05) – Call 1-888-873-8539 for patient services in Eastern Missouri and 1-800-878-2062 for patient services in Western Missouri. (Minimum irrevocable contribution: \$1, not to exceed \$200)

Arthritis Foundation Fund Take Control. (09) – Call (314) 991-9333 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)

Developmental Disabilities Waiting List Equity Trust Fund (16) – For more information please contact the Division of Developmental Disabilities at www.dmh.mo.gov/dd/ or call 1-800-207-9329. (*Minimum contribution: \$1, or \$2 if married filing combined*)

Foster Care and Adoptive Parents Recruitment and Retention Fund (14) – For more information please contact: Missouri Children's Division, P.O. Box 88, Jefferson City, MO 65103-0088 or call (573)522-8024. (Minimum contribution: \$1, or \$2 if married filing combined)

March of Dimes Fund (08) – Send requests for information and contributions directly to the March of Dimes Fund, 11829 Dorsett Road, Maryland Heights, MO 63043. (Minimum irrevocable contribution: \$1, not to exceed \$200)

Missouri National Guard Foundation Fund (19) – The foundation assists Missouri National Guard Members and all veterans and their families by providing services that enable them to improve their financial, physical, mental and social well-being. The Foundation is a 501 (c)(3) tax exempt, charitable organization. For more information call (573) 632-4240, or visit our website at **www.mongf.org**. Donations can be made directly on the website, or mailed to Missouri National Guard Foundation, 2302 Militia Drive, Jefferson City, Missouri 65101. (Minimum contribution: \$1, or \$2 if married filing combined)

Muscular Dystrophy Association Fund (07) – Requests for information and contributions may be made at any time directly to: Muscular Dystrophy Association, 222 South Riverside Plaza, Suite 1500, Chicago, IL 60606; (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 website at **www.nationalmssociety.org** or contact National Multiple Sclerosis Society Fund, 1867 Lackland Hill Parkway, St. Louis, MO 63146. (*Minimum irrevocable contribution: \$1, not to exceed \$200*)

CureSearch Children's Cancer Pediatric Cancer Research Trust Fund (18) - CureSearch for Children's Cancer raises funds to support children's cancer research. For more information, or to donate directly to the fund, visit www.curesearch.org or call (800) 458-6223. (*Minimum contribution:* **\$1, or \$2 if married filing combined**)

Puppy Protection Trust Fund (17) - For more information, please contact the Puppy Protection Trust Fund at http://mda.mo.gov or call (573) 751-3076. (Minimum contribution: \$1, or \$2 if married filing combined)

LINE 48 - MISSOURI 529 COLLEGE SAVINGS PLAN DEPOSIT

You can deposit all or a portion of your refund into a Missouri 529 College Savings Plan (MOST) account. To make this choice, there must be an open account and the total deposit must be a minimum of \$25. Please complete and attach Form 5632. For more information, see Form 5632 at http://dor.mo.gov/forms.

LINE 49 — REFUND

Subtract Lines 46, 47, and 48 from Line 45 and enter on Line 49.

If your refund is \$100,000 or more, please consider filing electronically and receiving your refund by direct deposit to your bank account. For security purposes, all refunds over this amount must be electronically deposited. If you do not file electronically with direct deposit, the Department will contact you for your banking information, which may delay your refund.

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 credit 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 51 — UNDERPAYMENT OF ESTIMATED TAX PENALTY

If the total payments and credits amount on Line 41 less Line 38 or Line 44 less Line 38 is less than 90 percent (66-2/3 percent for farmers) of the amount on Line 33, 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 51.

If you have an overpayment on Line 45, the Department of Revenue will reduce your overpayment by the amount of the penalty.

LINE 52 — AMOUNT DUE

Payments must be postmarked by April 18, 2017, 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.

Draft Electronic Bank (E-Check): entering your bank routing By number and checking account number, you can pay online at http://dor.mo.gov/personal/individual/ or by calling (888) 929-0513. There will be a convenience fee to use this service.

Credit Card: The Department accepts MasterCard, Discover, Visa, and American Express. To pay online visit our website or call (888) 929-0513. A convenience fee of 2.0% + \$0.25 will be charged for each credit or debit card transaction.

Note: The convenience fees for credit card transactions are 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 website and connecting to the website of thethird party vendor, which is a secure and confidential website.

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 to release information regarding your tax account to your preparer or any member of your preparer's firm, indicate by checking the "yes" box above the signature line.

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 through 6 **include income** that is exempt from federal tax, but taxable for state tax purposes. Modifications on Lines 8 through 16 **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 (NOL), enter on Form MO-A, Part 1, Line 2 the amount of your eligible NOL to be carried back or carried forward from the loss year. Enter the sum of the current year's NOL (as a positive number), plus any unused NOL from prior years. If your NÓL carries forward from the carryback year, enter the unused portion of your NOL as computed on Federal Form 1045, Schedule B, Line 10. Please attach Federal Form 1045, Schedules A and B, or the calculation of your NOL carryback/carryforward. Amended returns only: If your federal adjusted gross income includes an NOL (other than a farming loss) of more than two years, enter the loss amount as a positive number.

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. The amount subject to tax is reported on a 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 federal adjusted gross income of the taxpayer who made contributions to the plan. The amount of the distribution that must be added includes contributions previously exempt from state tax and earnings generated from the program (if the earnings are not already included in federal adjusted gross income). If the taxpayer who made the contribution is deceased, the beneficiary of the savings program must add the nonqualified taxable distribution 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, enter 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. Visit **http://dor.mo.gov/faq/personal/nonresident.php** for a list of states that allow a subtraction for Missouri property taxes.

Line 6 — Nonqualified Distribution from a Qualified Achieving a Better Life Experience (Able) Program

Any distribution made by the ABLE program administered by the Missouri Achieving a Better Life Experience board, no used for qualified disability expenses are not held for the minimum length of the established by the board must be arded to the federal adjusted gross income of the taxpa (e) who made the contributions to the plan. The arrount of the distribution that must be obted includes contribution previously exempt from state tax and earnings generated from the program (if the earnings are not are do included in federal adjusted gross in come). If the taxpayer who made the contribution is deceased, the beneficiary must **add** the non-qualified distribution to federal adjusted gross income on the Missouri income tax return.

LINE 7 — TOTAL ADDITIONS

Add Lines 1 through 6. Enter the totals on Form MO-A, Part 1, Line 7 and on Form MO-1040, Line 2.

LINE 8 — 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 money 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 available. If sufficient information is not 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 Total Income x Items = Reduction to

Total Income Items 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 9 — 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 10 — PARTNERSHIP, FIDUCIARY, S CORPORATION, RAILROAD RETIREMENT BENEFITS, OTHER

Enter subtractions, reported from partnerships, fiduciaries, and S corporations. The partnership, fiduciary, and S corporation must notify you of the amount of any such subtraction to which you are entitled. Check the boxes applicable on Line 10 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 subtraction.** **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. Enter any such benefits received on Line 10.

If you have other subtractions, indicate the source on Line 10. Other subtractions include:

- 1. Contributions into a Missouri Individual Medical Account (IMA). Contributions that were made by your employer into an Individual Medical Account (IMA) and used to pay your health care expenses are exempt from Missouri income tax. The interest income earned on the IMA account is also exempt from Missouri income tax. The IMA contribution is identified in Box 14 of your Form W-2, Wage and Tax Statement. Reduce the amount of contributions by the amount of medical and dental expenses deducted on Federal Form 1040, Schedule A, Line 4, but paid for by the IMA and included in Missouri itemized deductions.
- 2. Additional Capital Gain Deduction Due to Difference in Basis. If during the taxable year you realized a gain from the sale of property or other capital assets that had a higher tax basis for Missouri tax purposes than for federal tax purposes, you may exclude the gain or the difference in the basis of the property so disposed, whichever is smaller. If the gain was considered a long-term capital gain for federal income tax purposes, the exclusion is limited to the gain or 50 percent of the difference, whichever is smaller. No difference in basis can be claimed for any property obtained after December 31, 1972. If your basis for Missouri purposes is less than the basis for federal income tax purposes, no adjustment is required.
- 3. Accumulation Distribution. If during the taxable year, 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 of the distribution 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 the taxable year, 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 25 percent of the capital gain reported on

your Federal Form 1040. Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Form 4797.

- 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. Income from 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. Enter the amount of such income included in federal adjusted gross income on Line 10.
- 7. Military Income of Nonresident Military Personnel. Enter the amount of any military income received by nonresident military personnel stationed in Missouri. Nonresident active duty military servicemembers who are required to file a Missouri return may subtract the military income received from their federal adjusted gross income. Non-resident 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 that 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, may be carried forward and taken against any income on the Missouri income tax return for a period of up to 20 years from the year of the initial loss. Attach Federal Form 1045, Schedule A and B, and the calculation of your net operating loss carryback/ carry forward.
- **11.Missouri Public-Private Transportation Act.** Enter any income received in connection with the Missouri Public-Private Transportation Act, that is included in your federal adjusted gross income.
- 12. Condemnation of Property. If you included in your Federal Adjusted Gross Income any gain 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 11 — 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.

Instructions continued on page 35



MISSOURI DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX RETURN—LONG FORM

2016 FORM MO-1040

FOR CALENDAR YEAR JAN. 1–DEC. 31, 2016, OR FISCAL YEAR BEGINNING				20	/	NDING			2	.0		TWARE OR CODE	
AMENDED RETURN - CHECK HERE				SPOUS	E'S SOCIA	L SECUF		MBER 			Assigne 0	ed by DOR) 00	
RESS	LAST NAME FIRST NAME M. INF					IAL		SU	FFIX (JR, SR, et	c.) DE	CEASED 2016		
NAME AND ADDRESS	SPO	USE'S LAST NAME	FIRST NAME M. INITIAL			IAL		SU	FFIX (JR, SR, et	c.) DE	CEASED 2016		
AND:	IN C	ARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE	, ETC.)				COUNT	ly of R	ESIDEN	ICE		•	
NAME	PRE	SENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)		CIT	Y, TOWN, (OR POST (DFFICE, S	STATE, A	AND ZIF	CODE			
Line	e 47	y contribute to any one or all of the trust funds on . See pages 9–10 for a description of each trust well as trust fund codes to enter on Line 47.	Elderly Home Delivered d Meals Trust Fund	Missouri National Guard Trust Fund	Workers	Workers' Memorial Fund	(LEAD)	Childhood Lead Testing Fund	Fam	Missouri Military illy Relief	General Revenue Revenue Func	ue d Org	gan Donor gram Fund
	Р	LEASE CHECK THE APPROPRIATE BOXES THA	T APPLY TO Y	OURSE	LF OR	YOURS	SPOUS	SE AS	OFI	DECE	MBER 31,	2016	δ.
A	GE	62 THROUGH 64 AGE 65 OR OLDER	BLIND		<u>100</u>	% DISA	BLED		N	ON-OI	BLIGATED	SPOL	<u>USE</u>
	YOL	JRSELF SPOUSE JOURSELF SPOUSE	YOURSELF S	POUSE	Ωyou	RSELF	SPOL	JSE		Ο γοι		SPOUS	SE
				•			Yourse	lf			Spous	е	
		Federal adjusted gross income from your 2016 federal retur				Y			00	1S			00
ш		Total additions (from Form MO-A, Part 1, Line 7)							00	2S			00
Σ		Total income — Add Lines 1 and 2.							00	3S			00
NCOM		Total subtractions (from Form MO-A, Part 1, Line 17) Missouri adjusted gross income — Subtract Line 4 from Line							00	4S 5S			00
\leq		Total Missouri adjusted gross income — Add columns 5Y and						6	00	55	00)	100
		Income percentages — Divide columns 5Y and 5S by total or							%	7S			%
		Pension and Social Security/Social Security Disability/Military					-)				00		
		 Mark your filing status box below and enter the appropriate A. Single — \$2,100 (See Box B before checking.) B. Claimed as a dependent on another person's federa tax return — \$0.00 C. Married filing joint federal & combined Missouri — \$4,2 D. Married filing separate — \$2,100 	exemption amour E. M al F. H 200 G. C	nt on Line	9. ng separa — \$4,200 ousehold widow(er)	te (spous) — \$3,50 with	e	8			00		
	10.	Tax from federal return (Do not enter federal income tax with • Federal Form 1040, Line 56 minus Lines 45, 46, 66a, 68, 6 • Federal Form 1040A, Line 37, minus Lines 29, 42a, 44, 45, a • Federal Form 1040EZ, Line 10 minus Line 8a	nheld.) 9, and any amour and any alternative	nt from Fo	orm 8885 tax inclu	on Line [·]							
	11.	Other tax from federal return — Attach copy of your federal	return (pages 1 a	nd 2)	11		00						
	12.	Total tax from federal return — Add Lines 10 and 11			12		00						
EDUC	13.	Federal tax deduction — Enter amount from Line 12 not to e \$10,000 for combined filers	exceed \$5,000 for	r individua	l filer;			13			0	0	
EXEMPTIONS AND DEDUCTIO	14.	 Missouri standard deduction or itemized deductions. Single or Married Filing Separate - \$6,300; Head of Household - \$9,300; Married Filing Combined or Qualifying Widow(er) - \$12,600. If age 65 or older, blind, claimed as a dependent, see page 7. If itemizing, see Form MO-A, Part 2. 									0	0	
TION	15.	Number of dependents from Federal Form 1040 or 1040A,	Line 6c age 7			X \$1,	200 =	15			0		Do not
XEMP		Number of dependents on Line 15 who are 65 years of age receive Medicaid or state funding (DO NOT INCLUDE YOU	RSELF OR SPO	USE.)			000 =	16			0	ر <u>0</u>	include yourself or
		17. Long-term care insurance deduction						17			0	-	spouse.
		3. Health care sharing ministry deduction					18			0	_		
					19			0	_				
					20			0	_				
					21			0	-				
	22.	Subtotal — Subtract Line 21 from Line 6.						22	!	, I	0	0	
	23.	Multiply Line 22 by appropriate percentages (%) on Lines 7	Y and 7S		2	3Y			1	23S			00
	24.	Enterprise zone or rural empowerment zone income modifie	ation		24	4Y			00	24S			00
	25. Subtract Line 24 from Line 23. Enter here and on Line 26						00	25S			00		

For Privacy Notice, see Instructions.

					Yourself				Spouse	
	26.	Taxable income amount from Lines 25Y and 25S			26Y		00 26		00	
		Tax (See tax chart on page 25 of the instructions			27Y		00 27			00
		Resident credit — Attach Form MO-CR and other s			28Y	1	00 28			00
		Missouri income percentage — Enter 100% unless	. ,					-		
	-0.	Attach Form MO-NRI and a copy of your federal re			29Y		% 29	s		%
AX	30.	Balance — Subtract Line 28 from Line 27; OR								
		Multiply Line 27 by percentage on Line	29.		30Y		00 30	s		00
	31	Other taxes (Check box and attach federal form i								
	•	Lump sum distribution (Form 4972)								
		Recapture of low income housing credit ((Form 8611)		31Y	1	00 31	s		00
	32.	Subtotal — Add Lines 30 and 31.	· /		32Y	1	00 32	S		00
		Total Tax — Add Lines 32Y and 32S			·	33			0	0
6	24	MISSOURI tax withheld — Attach Forms W-2 and	11000			34			0	0
Ĕ		2016 Missouri estimated tax payments (include ov				35			0	
Ë		Missouri tax payments for nonresident partners or S				36			0	-
G						30			0	-
ENTS / (Missouri tax payments for nonresident entertaine				\vdash			0	-
Z		Amount paid with Missouri extension of time to fil								_
Z		Miscellaneous tax credits (from Form MO-TC, Lir	,						0	
PA		Property tax credit — Attach Form MO-PTS							0	-
		Total payments and credits — Add Lines 34 throu				41			0	0
		p Lines 42–44 if you are not filing an ame								
R		Amount paid on original return				42			0	-
RETUI	43.	Overpayment as shown (or adjusted) on original	return			43			0	0
뿝		INDICATE REASON FOR AMENDING.			M, M, D, D, Y, Y					
E		A. Federal audit				-				
ENDI		B. Net operating loss carryback				-				
AME		C. Investment tax credit carryback								
A		D. Correction other than A, B, or C En								_
	44.	Amended Return — total payments and credits.	Add Line 42 to Line 41 or	subtract Line 43 f	rom Line 41	44			0	0
	45.	If Line 41, or if amended return, Line 44, is larger t	han Line 33, enter differen	ice						
		(amount of OVERPAYMENT) here				45			0	0
	46.	Amount of Line 45 to be applied to your 2017 est	imated tax			46			0	0
Δ	47.	Enter the amount of your Children's Vetera	ans Elderly Home Missouri	Workers' Childho	ood Lead Missouri Military Gene	ral	Organ	Donor Ac	dditional	Additional
EFUND		donation in the trust fund boxes	ans Elderly Home t Delivered Meals d Trust Fund	Memorial Fund	Fund Fund Fund	Revenue Fund	e Organ I Prograi Fund	m UFE (Se	nd Code ee Instr.)	Fund Code (See Instr.)
曲						0		00		
	18	trust fund codes	00 00 00 00) 00 an (MOST) accour	00 00	0	U	100	00	00
	-0.	Enter amount from Line E of Form 5632				48			0	0
	49.	REFUND - Subtract Lines 46, 47, and 48 from Lin			return to:					
		Department of Revenue, PO Box 500, Jefferson (49			0	0
	50.	If Line 33 is larger than Line 41 or Line 44, enter	the difference (amount of	UNDERPAYMEN	T) here and go to					
		instructions for Line 51	·			50			0	0
B	51	Underpayment of estimated tax penalty — Attach	Earm MO 2210 Entorin	analty amount has	~	51			0	0
AMOUNT DUE	51.	Onderpayment of estimated tax penalty — Attach	r Form MO-2210. Enter p	enally amount her		51			0	
N	52.	AMOUNT DUE - Add Lines 50 and 51 and enter								
B		Department of Revenue, PO Box 329, Jefferson	City, MO 65107-0329. Se	e instructions for L	_ine 52	52			0	0
A		If you pay by check, you	authorize the Departme	ent of Revenue t	o process the check	elec	tronica	llv		
			eturned check may be		•	0100	ci officia			
		· · ·								
		er penalties of perjury, I declare that I have examined this retu								
		aration of preparer (other than taxpayer) is based on all inform idual who files a frivolous return. I also declare under penalties								
credit or abatement if I employ such aliens.										
1 authorize the Director of Revenue or delegate to discuss my return and attachments E-MAIL ADDRESS								PREPARER	'S TELEPHO	NE
GNATURE	with	the preparer or any member of the preparer's firm.	YES NO					()		
SIGN	SIGN	ATURE	DATE (MMDDYYYY)	PREPARER'S SIGNATU	RE			FEIN, SSN, O	OR PTIN	
S			//							
	SPO	JSE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE	PREPARER'S ADDRESS	S AND ZIP CODE				DATE (MMD	DYYYY)
			()						//	/
				1						-

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



LAST NAME

MISSOURI DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX ADJUSTMENTS



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.

INITIAL

SOCIAL SECURITY NO.

SPOUSE'S LAST NAME FIRST NAME		INITIAL		DCIAL SECURITY NO.	
PART 1 — MISSOURI MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (S					
ADDITIONS	Y - YC	OURSELF		S - SPOUSE	
1. Interest on state and local obligations other than Missouri source	1Y	00	1S	00	
2. Partnership; Fiduciary; S corporation; Net Operating Loss (Carryback/Carryforward)					
Other (description)	2Y	00	2S	00	
 Nonqualified distribution received from a qualified 529 plan (higher education savings program not used for qualified higher education expenses	31	00	3S	00	
4. Food Pantry contributions included on Federal Schedule A	4Y	00	4S	00	
5. Nonresident Property Tax	5Y	00	5S	00	
 Nonqualified distribution received from a qualified Achieving a Better Life Experience Program (ABLE) not used for qualified expenses 	<u>6</u> Y	00	6S	00	
7. TOTAL ADDITIONS — Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2		00	7S	00	
SUBTRACTIONS					
8. Interest from exempt federal obligations included in federal adjusted gross income (reduced by					
related expenses if expenses were over \$500). Attach a detailed list or all Federal Forms 109		00		00	
9. Any state income tax refund included in federal adjusted gross income	<u>9Y</u>	00	9S	00	
10. Partnership; Fiduciary; Scorporation; Railroad retirement benefits;					
Net Operating Loss; Military (nonresident); Build America and Recovery Zone Bond Intere					
Combat pay included in federal adjusted gross income; MO Public-Private Transportation A					
Other (description) Attach supporting documentation		00		00	
11. Exempt contributions made to a qualified 529 plan (higher education savings program)		00		00	
12. Qualified Health Insurance Premiums. Attach supporting documentation	<u>12Y</u>	00	12S	00	
13. Missouri depreciation adjustment (Section 143.121, RSMo)	13Y	00	13S	00	
□ Sold or disposed property previously taken as addition modification		00	135	00	
14. Home Energy Audit Expenses		00		00	
15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) .	<u>15Y</u>	00	15S	00	
16. Agriculture Disaster Relief	16Y	00	16S	00	
17. TOTAL SUBTRACTIONS - Add Lines 8 through 16. Enter here and on Form MO-1040, Line 4		00	17S	00	
PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete this section only Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal So	if you itemize chedule A.	deductions o	n your	federal return.	
1. Total federal itemized deductions from Federal Form 1040, Line 40				00	
 2016 Social security tax — (Yourself) 				00	
				00	
3. 2016 Social security tax — (Spouse)			_		
4. 2016 Railroad retirement tax — Tier I and Tier II (Yourself)				00	
5. 2016 Railroad retirement tax — Tier I and Tier II (Spouse)			<u> </u>	00	
6. 2016 Medicare tax — Yourself and Spouse. See instructions on Page 35			_	00	
7. 2016 Self-employment tax - See instructions on Page 35				00	
8. TOTAL — Add Lines 1 through 7				00	
9. State and local income taxes — from Federal Schedule A, Line 5 or see the worksheet below.	9	00			
10. Earnings taxes included in Line 9	10	00			
11. Net state income taxes — Subtract Line 10 from Line 9 or enter Line 8 from worksheet below.		1	1	00	
12. MISSOURI ITEMIZED DEDUCTIONS - Subtract Line 11 from Line 8. Enter here and on Fo	orm MO-1040, Line	14 12	2	00	
Complete this worksheet only if your federal adjusted gross income from federal Form 1040, Line 37 is \$285,350 if head of household, \$259,400 if single or claimed as a dependent, or \$155,650 if marrie equal to these amounts, do not complete this worksheet. Attach a copy of your Federal Itemized Dedu	s more than \$311,300 ed filing separate. If y uction Worksheet (Pa) if married filing co our federal adjust ge A-13 of Federal	ombined or ed gross ir Schedule	r qualifying widow(er), ncome is less than or A instructions).	
있음 1. Enter amount from Federal Itemized Deduction Worksheet, Line 3					
 (See page A-13 of Federal Schedule A instructions.) If \$0 or less, enter "0" 2. Enter amount from Federal Itemized Deduction Worksheet, Line 9 (See Federal Schedule) 			00		
3. State and local income taxes from Federal Form 1040, Schedule A, Line 5			00		
4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5			00		
5. Subtract Line 4 from Line 3.			00		
6. Divide Line 5 by Line 1			<u>; 00</u> %		
7. Multiply Line 2 by Line 6.				00	
8. Subtract Line 7 from Line 5. Enter here and on Form MO-A, Part 2, Line 11			00		

For Privacy Notice, see instructions.

PART 3 - PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION

	PU	BLIC PENSION CALCULATION — Pensions received from any federal, state, or local governme	nen	t.					
	1.	Missouri adjusted gross income from Form MO-1040, Line 6							
	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		
	4.	Select the appropriate filing status and enter amount on Line 4. Married filing combined - \$100,000; Single, Head of							
A		Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000	4				00		
N	5.	Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5	Y - YOURSELF		S - SPOUSE	00		
CH	6	Taxable pension for each spouse from public sources from Federal Form 1040A, Line 12b or 1040, Line 16b	6Y	00	65	3-3-003L	00		
Ш		Amount from Line 6 or \$36,976 (maximum social security benefit), whichever is less.		00			00		
S		If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s)			10				
	0.		8Y	00	8S		00		
	9.	Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0	9Y	00	9S		00		
	10.	Add amounts on Lines 9Y and 9S	10				00		
	11.	Total public pension, subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0	11				00		
		IVATE PENSION CALCULATION — Annuities, pensions, IRAs, and 401(k) plans funded by a	priv	ate source.			i		
	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	3.	Subtract Line 2 from Line 1.	3				00		
SECTION E		Select the appropriate filing status and enter the amount on Line 4: Married filing combined: \$32,000;							
		Single, Head of Household and Qualifying Widow(er): \$25,000; Married Filing Separate: \$16,000	4				00		
		Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5	Y - YOURSELF		S - SPOUSE	00		
		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	00	65	5-5P005E	00		
			7Y	00			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		
	SC	CIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social set					of		
		e by December 31 and have marked the 62 and older box on page 1 of Form MO-1040. Age limit does not ap	ply t	o social security d	lisabi	ility deducti	1		
		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 Widow(er) - \$85,000	2				00		
Z	3.	Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0	3				00		
ECTION				Y - YOURSELF		S - SPOUSE	:		
О Ш		······································	4Y	00			00		
S		Taxable social security disability benefits for each spouse from Federal Form 1040A, Line 14b or 1040, Line 20b	5Y	00	5S		00		
		Amount from Line(s) 4Y or 5Y, and 4S or 5S.	6Y	00	6S		00		
		Add Lines 6Y and 6S	7				00		
		Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0	8				00		
D		LITARY PENSION CALCULATION					-		
Z		Military retirement benefits included on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b	1				00		
0		Taxable public pension from Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b.	2				00		
SECTION		Divide Line 1 by Line 2 (Round to whole number)	3				%		
SE		Multiply Line 3 by Line 11 of Section A. If you are not claiming a public pension exemption, enter \$0	4				00		
		Total military pension, subtract Line 4 from Line 1	5			. <u></u>	00		
ION E		TAL PENSION AND SOCIAL SECURITY/SOCIAL CURITY DISABILITY/MILITARY EXEMPTION							
SECTION		Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 5 (Section D).		TOTAL					
S		Enter total amount here and on Form MO-1040, Line 8.		EXEMPTION			00		

Form MO-A (Revised 12-2016)



MISSOURI DEPARTMENT OF REVENUE

2016 FORM MO-1040

FC	OR CA	ALENDAR YEAR JAN. 1–DEC. 31, 20				20	, ENDING			2	20		WARE R CODE
۸N	AMENDED RETURN - CHECK HERE SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER								MBER 			Assigned	d by DOR)
ESS	LAS	TNAME		FIRST NAME			M. INI	TIAL		SU	FFIX (JR, SR, etc	.) DEC	CEASED
E AND ADDRESS	SPO	USE'S LAST NAME		FIRST NAME			M. INI	TIAL		SU	FFIX (JR, SR, etc	.) DEC	CEASED
ND	IN C	ARE OF NAME (ATTORNEY, EXECUTOR, PE	RSONAL REPRESENTA	ATIVE, ETC.)			COUN	ITY OF R	ESIDEN	ICE			
AE A	DDE	SENT ADDRESS (INCLUDE APARTMENT NU					POST OFFICE,	STATE /	מוק מא				
NAN	THE					TOWN, ON		UTAIL, 7		OODL			
		y contribute to any one or all of the trust fu See pages 9–10 for a description of eac	ch trust	Elderly Home	Missouri National Guard	(Workers) Me	emorial (LEAD)	Childhood Lead		Missouri Military	General General Revenu	ie n	LIFE
fur	Program Fund												
		LEASE CHECK THE APPROP			YOURSEL								
_	_			BLIND	I I		DISABLED		<u>NC</u> I		BLIGATED S		
			F SPOUSE	YOURSELF	SPOUSE							POUS	Ē
	1	Federal adjusted gross income from	vour 2016 federal	return (See workshe	et on nage 6) 1Y	Yours	ell	00	1S	Spouse	;	00
		Total additions (from Form MO-A, P				/			00	2S			00
ME	3.	Total income — Add Lines 1 and 2.				<u>3</u> Y			00	3S			00
COM		Total subtractions (from Form MO-A							00	4S			00
Ζ		Missouri adjusted gross income — S Total Missouri adjusted gross income						6	00	5S	00		00
		Income percentages — Divide colum							%	7S	; 00	<u> </u>	%
	8.	Pension and Social Security/Social S	Security Disability/Mi	ilitary exemption (fror	n Form MO-A.	Part 3. S	ection E.)	8		II	00		
	9.	Mark your filing status box below ar A. Single — \$2,100 (See Box B. Claimed as a dependent on tax return — \$0.00 C. Married filing joint federal & c	B before checking another person's for ombined Missouri —	g.)	Married filing NOT filing) — Head of hous Qualifying wid	separate - \$4,200 sehold —	\$3,500	9			00		
S		D. Married filing separate — \$2 Tax from federal return (Do not ente • Federal Form 1040, Line 56 minus • Federal Form 1040A, Line 37, minu • Federal Form 1040EZ, Line 10 min	r federal income tax Lines 45, 46, 66a, (s Lines 29, 42a, 44, us Line 8a	68, 69, and any amo 45, and any alternati	ive minimum ta	n 8885 or ax include	n Line 73. d on Line 28. 00						
		Other tax from federal return — Atta					00	-					
EDUCT		Total tax from federal return — Add Federal tax deduction — Enter amo \$10,000 for combined filers	unt from Line 12 nd	ot to exceed \$5,000	for individual f	iler;	,	13			00)	
EXEMPTIONS AND DEDUCTIOI	14.	Missouri standard deduction or item Head of Household - \$9,300; Marrie If age 65 or older, blind, claimed as	ized deductions. Si ed Filing Combined	ingle or Married Filin or Qualifying Widow	g Separate - S (er) - \$12,600	\$6,300;).		14			00		
ONS	15.	Number of dependents from Federa	al Form 1040 or 104	10A, Line 6c]				00		
MPTI	16.	Check box if claiming a stillborn ch Number of dependents on Line 15 v		•			X \$1,200 =	15				$\langle \hat{\gamma} \rangle_{ii}$	Do not nclude ourself
EXE	17	receive Medicaid or state funding (L Long-term care insurance deduction					X \$1,000 =	16			00	Ŕ	or pouse.
		Health care sharing ministry deduction						18			00	_	
		Military income deduction						19			00	-	
		Bring jobs home deduction						20			00	_	
		Total deductions — Add Lines 8, 9,						21			00	-	
		Subtotal — Subtract Line 21 from L						22			00	_	
		Multiply Line 22 by appropriate perc					1		00	23S	i		00
		Enterprise zone or rural empowerm							1	24S			00
		Subtract Line 24 from Line 23. Ente							1	25S			00
				For Privacy Notice,						Fc	orm MO-1040 (Re	evised	12-2016)

					Yourself			Spous	se
	26	Taxable income amount from Lines 25Y and 25S			26Y	(DO 26S		00
		Tax (See tax chart on page 25 of the instructions.			27Y		0 275		00
			,		28Y	1	0 273 0 28S		00
		Resident credit — Attach Form MO-CR and other s	• •		281		10 285		100
	29.	Missouri income percentage — Enter 100% unless							0/
×		Attach Form MO-NRI and a copy of your federal re	turn if less than 100%		29Y		<u>% 295</u>		%
T	30.	Balance — Subtract Line 28 from Line 27; OR							00
		Multiply Line 27 by percentage on Line			30Y	(<u>)0 305</u>		00
	31.	Other taxes (Check box and attach federal form in	ndicated.)						
		Lump sum distribution (Form 4972)							
		Recapture of low income housing credit ((Form 8611)				<u>)0 318</u>		00
	32.	Subtotal — Add Lines 30 and 31.			32Y	(0 328		00
	33.	Total Tax — Add Lines 32Y and 32S				33			00
6	24	MISSOURI tax withheld — Attach Forms W-2 and	1000			34			00
Ë						35			00
뵤		2016 Missouri estimated tax payments (include ov							
E		Missouri tax payments for nonresident partners or S	•			36			00
ENTS / (Missouri tax payments for nonresident entertained				37			00
Ę	38.	Amount paid with Missouri extension of time to file	e (Form MO-60)			38			00
Ш	39.	Miscellaneous tax credits (from Form MO-TC, Lin	ne 13) — Attach Form MC	-TC		39			00
X	40.	Property tax credit — Attach Form MO-PTS				40			00
Р	41.	Total payments and credits — Add Lines 34 throu	ugh 40			41			00
	_	ip Lines 42–44 if you are not filing an amer	<u>.</u>			<u> </u>			
						42			00
Æ		Amount paid on original return				\vdash			
RETUI	43.	Overpayment as shown (or adjusted) on original i	return			43			00
		INDICATE REASON FOR AMENDING.			M, M, D, D, Y, Y	-			
E		A. Federal audit							
END		B. Net operating loss carryback		•					
Ξ		C. Investment tax credit carryback	En	ter year of credit.					
AM		D. Correction other than A, B, or C Ent	ter date of federal amend	ed return, if filed.					
	44.	Amended Return — total payments and credits.	Add Line 42 to Line 41 or	subtract Line 43 f	rom Line 41	44			00
		If Line 41, or if amended return, Line 44, is larger t							
	4J.	(amount of OVERPAYMENT) here.				45			00
		· · · · · · · · · · · · · · · · · · ·							
		Amount of Line 45 to be applied to your 2017 esti	imated tax			46			00
₽	47.	Enter the amount of your	ans Elderly Home Delivered Meals Trust Fund	Workers' Workers' Childho	Testing Family Relief	ral Revenue	Organ Dono	r Additional Fund Code	Additional Fund Code
EFUN		donation in the trust fund boxes to the right. See instructions for	d Trust Fund 🎢 🖁 Trust Fund	Fund	Testing Fund Family Relief Fund Fund Reven	Revenue	Fund	(See Instr.)	(See Instr.)
Ē		trust fund codes		00	00 00	 00			00
	48	Amount of Line 45 to be deposited into a Missour							
	40.	Enter amount from Line E of Form 5632				48			00
	49.	REFUND - Subtract Lines 46, 47, and 48 from Lin			return to:				
	101	Department of Revenue, PO Box 500, Jefferson (49			00
	50	If Line 33 is larger than Line 41 or Line 44, enter t							
AMOUNT DUE	50.	instructions for Line 51				50			00
ш						50			00
Ы	51.	Underpayment of estimated tax penalty - Attach	Form MO-2210. Enter p	enalty amount her	re	51			00
F	50	AMOUNT DUE Add Lines 50 and 51 and anter	have Cian helow and m	all rations and nave	nant tai				
N	JZ.	AMOUNT DUE - Add Lines 50 and 51 and enter				52			00
M		Department of Revenue, PO Box 329, Jefferson (Gily, MO 65107-0329. Se	e instructions for L	Ine 52	52		i	00
A		If you pay by check, you a	authorize the Departme	ent of Revenue t	o process the check	elect	ronically.		
			eturned check may be		•				
		,, i		J					
		er penalties of perjury, I declare that I have examined this retu							
		laration of preparer (other than taxpayer) is based on all inforr							
individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law credit or abatement if I employ such aliens.									
GNATURE	Lau	thorize the Director of Revenue or delegate to discuss	s my return and attachment	S E-MAIL ADDRESS			PF	REPARER'S TELEP	HONE
F	with the preparer or any member of the preparer's firm. \square YES \square NO						()	
ND	SIGN	NATURE	DATE (MMDDYYYY)	PREPARER'S SIGNATU	RE		FF		
SIC	Gial		/ /				'	, oon, on rinn	
	SDO	USE'S SIGNATURE (If filing combined, BOTH must sign)	/ /	PREPARER'S ADDRESS					MDDYYYY)
	3501	SOL O GRAATORE (IT IMING CONDINED, DOTE MUSI SIGN)							(דרוטטויי
								/	/

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



LAST NAME

MISSOURI DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX ADJUSTMENTS



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.

INITIAL

SOCIAL SECURITY NO.

PROCESSUATIONS PRETAWL PRIC Procession Procession </th <th></th> <th></th> <th></th> <th></th> <th>1 1</th> <th></th>					1 1	
PART 1 — MISSOURI MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (SEE PAGE 1). S - SPOUSE ADDITIONS ADITIONS S - SPOUSE Y - YOURSELF S - SPOUSE Interest on sale and local obligations other than Missouri source Y 00 15 00 Comparity of the second on a guilled Second on a guilled Second on sevings program Y 00 28 00 And used for qualified typing education express Interest on sale and local obligations included a field ablewing a Better LIFE Expreince Y 00 25 00 Nonquelied destribution received from a quilled Ablewing a Better LIFE Expreince Y 00 7X 00 7X 00 7S 00 SUBTRACTIONS Add Lines through 6. Enter here and on Form M0-1040, Line 2. Y 00 8S 00 SUBTRACTIONS Add Lines through 6. Enter here and on Form M0-1040, Line 2. Y 00 8S 00 Understripting I Fiduatory IS contant system fideral abligations included in fideral abligation sincing and there and an Form M0-1040, Line 2. Y 00 8S 00 Lines to finance fideral abligations included in fideral abliguid goes inconne. PY Line Phate	SPO	USE'S LAST NAME FIRST NAME		INITIAL	SPOUSE'	S SOCIAL SECURITY NO.
ADDITIONS V - YOURSELF S - SPOUSE 1. Interest on state and load obligations other than Missouri source If 00 15 00 2. Partnershy: Foldainy: S corporation: Time Operating Loss: 00 15 00 3. Morecalified distribution received from a qualified 32 plan (higher education savings program) 3Y 00 3S 00 4. Food Partry contributios included on Federal Schedule A 4Y 00 4S 00 5S 00 5. Nonresider Party: Food and Schedule A 4Y 00 7S 00 5S 00 6. Nonresider Party: Food and Schedule A 4Y 00 7S						
ADDITIONS Interest on sale and local obligations other item Missouri source IV 00 15 00 0 Partnership: Fluctureship: Fluctureship: <t< td=""><td>PA</td><td>RT 1 — MISSOURI MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (SEE</td><td></td><td></td><td></td><td>0.0001105</td></t<>	PA	RT 1 — MISSOURI MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (SEE				0.0001105
2 Claratership Claratership Sciencestric 2 2 Claratership 2 V 00 2 Sciencestric 2 V 00 3 00 3. Noroquilied distribution received from a qualified 528 plan (higher education savings program) not used for program (RALE) not used for qualified Apenessa. 3 00 3 00 4. Food Parity contributions included on Federal Schedule A 4 00 45 00 6. Nonresident Property Tax. 5 00 6 00 7. TOTAL ADDITONS – Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2. 7 00 75 00 8. Interest from exempt federal obligations included in federal adjusted gross income (educed by related expresse) f express were vers \$500, Attach and Patient Strip Prolein Tamsportation Attach upporting documentation 10 00 85 00 9. Any state income tax refund included in federal adjusted gross income (educed by related expression) Attach supporting documentation 10 00 15 00 9. Any state income tax refund included in federal adjusted gross income (more starty income attach supporting documentation 10 00 15 00 15	A	DDITIONS			<u> </u>	
□ Other (description) ∠Y 0.00 ∠S 0.00 Nonquelified distribution received from a qualified 529 plan (higher education savings program) 3Y 0.0 3S 0.0 Nonquelified distribution received from a qualified Achieving a Better Life Experience 5Y 0.0 4S 0.0 Nonquelified distribution received from a qualified Achieving a Better Life Experience 6Y 0.0 6S 0.0 Nort ALEDITONS > Add Lines I through 6. Enter here and on Form MO-1040, Line 2. 7Y 0.0 7S 0.0 SUBTRACTIONS Add Lines I through 6. Enter here and on Form MO-1040, Line 2. 7Y 0.0 7S 0.0 SUBTRACTIONS Add Lines I through 6. Enter here and on Form MO-1040, Line 2. 7Y 0.0 8S 0.0 I Contant pay included in federal adjusted gross income (reduced by related expenses if expenses) 8Y 0.0 8S 0.0 I Contant pay included in federal adjusted gross income (reduced by reduced by			<u>1</u> Y	00	1S	00
3. Nonquilled dishbudon received from a qualified 528 plan (higher education savings program) not used for qualified higher education exprises 3Y 00 3S 00 4. Food Parity contributions included on Federal Schedule A 4Y 00 4S 00 6. Nonresident Property Tax. 5Y 00 6S 00 7. TOTAL ADDITIONS – Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2. 7Y 00 7S 00 8. Interest from exempt federal obligations included in federal adjusted gross income (reduced by related expresses) f express were ever \$500, Attan detailed 150 or 01 Federal Toms 1099. 9Y 00 8S 00 9. Any state income tax return included in federal adjusted gross income (module tab) 9Y 00 8S 00 9. Any state income tax return included in federal adjusted gross income (module tab) 9Y 00 8S 00 10. Partnership, II-Educiazy 10 Orbit federal adjustanti income adjus	2.					
not used for qualified higher education expenses 91 00 35 00 A Food Party contributions included on Federal Schedule A 57 00 55 00 Nonregulated distribution received from a qualified Achieving a Better Life Experience 67 00 65 00 Program (ABLE) not used for qualified Achieving a Better Life Experience 67 00 65 00 SUBTRACTIONS Add Lines and Induced in federal adjusted gross income (reduced by related expenses if expenses) were over \$500, Ntda-h detailed ist or all Federal Forms 109e. 97 00 85 00 I Departership: I Defundership: I Defundership: 97 00 85 00 I Departership: I Defundership: I Defundership: 97 00 85 00 I Demote (description) I Altach supporting documentation. 117 00 105 00 I Second for desceed property previously taken as addition modification. 134 00 135 00 1 Altach accerpt of previously taken as addition modification. 134 00 155 00 1 Second for desceed prop	0	Other (description) Josephilized distribution reactived from a qualified E20 plan (bigher adjustice against program)	2Y	00	25	00
4. Food Parity contributions included on Federal Schedule A. 4Y 00. 4S 00. 6. Noncyatified distribution received from a qualified Achieving a Better Life Experience 6Y 00. 6S 00 7. TOTAL ADDITIONS – Add Lines 1 through 6. Enter here and on Form MC-1040, Line 2. 7Y 00. 7S 00. 8. Interest from exempt federal obligations included in federal adjusted gross income (reduced by related expenses it expenses were over SSO). Attach a detailed list of all Federal Form 1099. 9Y 00. 8S 00 9. Any state income tax return included in federal adjusted gross income. 9Y 00. 8S 00 9. Net Operating Loss. Millitary (nonresident): Build merica and feacore view 2 cons Dison Interest 00. 10Y 00. 10S 00 10. Partnership: Fattach supporting documentation. 10Y 00. 11S 00. 10S 00 12. Seengt contributions made to a qualified S2p lan (higher education savings program) 11Y 00. 11S 00 13. Missouri depreciation adjustmerit (Section 143.121. R5No) 13Y 00. 14S 00 14. Home Energy Audit Expenses	3.	not used for qualified higher education expenses.	3Y	00	3S	00
5. Noresident Property Tax 57 00. 58. 00. Norqualified dishiuktion received from a qualified Achieving a Better Life Experience 67 00. 68. 00. 7. TOTAL ADDITIONS	4.			00	4S	00
Program (ABLE) not used for qualified segmenes 0 6Y 00 6S 00 7. TOTAL ADDITIONS - Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2. 7Y 00 7S 00 SUBTERACTIONS - Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2. 7Y 00 7S 00 9. Any state income tax refund included in federal adjusted gross income - W 00 8S 00 0.1 Partnership (Fickucary) Comportation; Balload referement benefits; - W 00 9S 00 0.1 Partnership included in federal adjusted gross income - W Public/Phrate Transportation Ad - Once (description) - Attach supporting documentation. 10Y 00 10S 00 10 Deriver (description) - Attach supporting documentation. 11Y 00 11S 00 12S 00 12 Outlied Health Insurance Premiums. Attach supporting documentation. 13Y 00 14S 00 15S 00 13 Missouri depreciation adjustement (Section 143.121, RSMo) 15Y 00 15S	5.	Nonresident Property Tax		00	5S	00
7. TOTÄL ADDITIONS – Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2	6.		00		00	
SUBTRACTIONS A. Interest from exempt federal obligations included in federal adjusted gross income (reduced by related expenses if expenses were over \$200, Attach a detailed list or all Federal Forms 1099. 8Y 00 8S 00. 9. Any state income tax refund included in federal adjusted gross income. 9Y 00 9S 00 9. Any state income tax refund included in federal adjusted gross income. 9Y 00 9S 00 10. Partnership, Fiducation, infection adjusted gross income. 10V 00 10S 00 11. Exempt contributions made to a qualified 529 plan (higher education savings program) 11Y 00 11S 00 12. Outlide Heath Insurance Premiums. Attach supporting documentation 12Y 00 13S 00 13. Missouri deprecision adjustment (Section 143.121, RSMo) 13Y 00 13S 00 15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) 16V 00 16S 00 16. Agriculture Disaster Relief 17Y 00 15S 00 17T 00 17S 00 2. 0166 dividat entiment tax = Origo 140, Line 40	7					
B. Interest from exempt federal obligations included in federal adjusted gross income (reduced by related expenses) feveneses were over \$500. Attach a detailed list or all Federal Forms 1099. BY 00 8S 00 9. Any state income tax refund included in federal adjusted gross income. BY 00 9S 00 10. Partnership. Fiduciary. Sorporation: Raitroad retirement benefits; 0 9Y 00 9S 00 10. Detamership. Fiduciary. Sorporation: Mot Operation Recovery 200e Bond Interest. 0 0 10S 00. 11. Exempt contributions made to a qualified 529 plan (higher education savings program) 11V 00 11S 00 12. Oxalified Health Insurance Premiums. Attach supporting documentation 12Y 00 12S 00 13. Mot O 14Y 00 14S 00 14S 00 14. Hore Energy Audit Expenses. 14Y 00 14S 00 15. Sould or disposed property previously taken as addition modification 15Y 00 15S 00			··· / Y	00	/5	00
related expenses wire over \$500, Attach a detailed its' or all Federal Forms 109. BY 00 85 00. 9. Any state income tax refund included in federal adjusted gross income BY 00 95 00. 10 Partnership: Fiducary: Corporation: Raincad refirment benefits: BY 00 95 00. 10 Partnership: Fiducary: Corporation: Maincad refirment benefits: 107 00 105 00. 11 Exempt contributions made to a qualified 529 plan (higher education savings program) 111 111 00 1125 00 12. Oualified Health Insurance Premiums. Attach supporting documentation 124 00 135 00 13. Missouri depreciation adjustment (Section 143, 121, RSMo) 134 00 145 00 14. Home Energy Audit Expenses 144 00 145 00 155 00 16. Agriculture Disaster Relief 164 174 00 155 00 17. TOTAL SUBTRACTIONS - Add Lines 8 through 16. Enter here and on Form MO-1040, Line 4 174 00 175 00 2.0168 Social security tax - (Yoursel) 2 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
9. Any state income tarrefund included in federal adjusted gross income 9Y 00 9S 00 10 Partnership Fiduciary: Corporation Fiduciary: <			. 8Y	00	8S	00
10. Partnership: Fiduciary: Patricead retirement benefits: 10. Net Operating Loss: Milliary (nonresident): Build America and Recovery Zone Bond Interest 10. Combate goincluded in Indeeral adjusted gross income: MOP Dublic-Private Transportation Act 10. Other (description) Attach supporting documentation 10Y 00 10S 00 11. Exempt contributions made to a qualified 529 plan (higher education savings program) 11Y 00 12S 00 12. Outilide Health Insurance Premiums. Attach supporting documentation 12Y 00 12S 00 13. Missouri depreciation adjustment (Section 143.121, RSMo) 13Y 00 14S 00 14. Home Energy Audit Expenses 14Y 00 14S 00 15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) 15Y 00 15S 00 16. Agriculture Disaster Relief 16Y 00 16S 00 17Y 00 17S 00 17. TOTAL SUBTRACTIONS — Add Lines 8 through 16. Enter here and on Form MO-1040, Line 4				00	9S	00
□ Combat pay included in federal adjusted gross income; □ MO Public-Private Transportation Act 10Y 00 10S 00 □ Combat (description) ■ Attach supporting documentation 11Y 00 11S 00 12. Qualified Health Insurance Premiums. Attach supporting documentation 12Y 00 12S 00 13. Missouri depreciation adjustment (Section 143.121, RSMo) 13Y 00 13S 00 14. Home Energy Audit Expenses 14Y 00 14S 00 15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) 15Y 00 15S 00 16. Agriculture Disaster Relief 16Y 00 16S 00 17. TOTAL SUBTRACTIONS — Add Lines 8 through 16. Enter here and on Form MO-1040, line 40. 17Y 00 17S 00 2.016 Social security tax — (Yourself) — Complete this section only if you Itemize deductions on your federal Form 1040, line 40. 1 00 2 00 2.016 Social security tax — (Yourself) 5 00 2 00 1 00 2 00 1 00						
□ Combat pay included in federal adjusted gross income; □ MO Public-Private Transportation Act 10Y 00 10S 00 □ Combat (description) ■ Attach supporting documentation 11Y 00 11S 00 12. Qualified Health Insurance Premiums. Attach supporting documentation 12Y 00 12S 00 13. Missouri depreciation adjustment (Section 143.121, RSMo) 13Y 00 13S 00 14. Home Energy Audit Expenses 14Y 00 14S 00 15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) 15Y 00 15S 00 16. Agriculture Disaster Relief 16Y 00 16S 00 17. TOTAL SUBTRACTIONS — Add Lines 8 through 16. Enter here and on Form MO-1040, line 40. 17Y 00 17S 00 2.016 Social security tax — (Yourself) — Complete this section only if you Itemize deductions on your federal Form 1040, line 40. 1 00 2 00 2.016 Social security tax — (Yourself) 5 00 2 00 1 00 2 00 1 00		Net Operating Loss; Military (nonresident); Build America and Recovery Zone Bond Interest				
11. Exempt contributions made to a qualified 529 plan (higher education savings program) 11/1 00 11.5 00 12. Qualified Health Insurance Premiums. Attach supporting documentation 12/Y 00 12.S 00 13. Missouri depreciation adjustment (Section 143.121, RSM0) 12/Y 00 13.S 00 14. Home Energy Audit Expenses 14/Y 00 14.S 00 15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) 15Y 00 15S 00 16. Agriculture Disaster Relief 16Y 00 16S 00 17S 00 7. TOTAL SUBTRACTIONS — Add Lines 8 through 16. Enter here and on Form MO-1040, Line 4 17Y 00 17S 00 7. TotAL SUBTRACTIONS — Complete this section only if you Itemize deductions form Federal Form 1040 (pages 1 and 2) and Federal Schedule A. 1 00 2.016 Social security tax — (Yourself) 2 00 3 00 3. 2016 Bailroad retirement tax — Tier 1 and Tier II (Yourself) 4 000 5 00 5. 2016 Medicare tax — Yourself and Spouse. See instructions on Page 35. 7 00 1 00 6. 2016 Medicare tax — Yourself and Tier II (You						
12. Qualified Health Insurance Premiums. Attach supporting documentation. 12Y 00 12S 00 13. Missouri depreciation adjustment (Section 143.121, RSMo) 13Y 00 13S 00 13. Missouri depreciation adjustment (Section 143.121, RSMo) 13Y 00 13S 00 14. Home Energy Audit Expenses 14Y 00 14S 00 15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) 15Y 00 15S 00 16. Agriculture Disaster Relief 16Y 00 16S 00 17S 00 7. Total SUBTRACTIONS — Add Lines 8 through 16. Enter here and on Form MO-1040, Line 4. 17Y 00 17S 00 7. Total federal litemized deductions from Federal Form 1040 (pages 1 and 2) and Federal Schedula A. 1 10 00 2. 2016 Social security tax — (Yourself) 2 00 3 00 3. 2016 Social security tax — (Yourself) 3 00 1 00 2. 2016 Railcoad retirement tax — Tier 1 and Tier II (Yourself) 4 00 2 3. 2016 Social security tax - (Spouse) 5 00 2 00 3. 2016 S			<u>10Y</u>	00	10S	00
13. Missouri depreciation adjustment (Section 143.121, RSMo) 13Y 00 13S 00 14. Home Energy Audit Expenses 14Y 00 14S 00 15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) 16Y 00 15S 00 16. Agriculture Disaster Relief 16Y 00 15S 00 17. TOTAL SUBTRACTIONS — Add Lines 8 through 16. Enter here and on Form MO-1040, Line 4 17Y 00 17S 00 17. TOTAL SUBTRACTIONS — Add Lines 8 through 16. Enter here and on Form MO-1040, Line 4 17Y 00 17S 00 2. 2016 Social security tax — (Yourself) 1 1 00 2 00 3. 2016 Railroad retirement tax — Tier I and Tier II (Yourself) 4 00 3 00 4. 2016 Social security tax — Vourself and Spouse. See instructions on Page 35. 6 00 0 5. 2016 Self-employment tax - See instructions on Page 35. 7 00 1 00 6. 2016 Social security tax = Nourself and Spouse. See instructions on Page 35. 7 00 1 00 7. 0016 Self-employment tax - See instructions on Page 35. 6 00 1 0 </td <td>11.</td> <td>Exempt contributions made to a qualified 529 plan (higher education savings program)</td> <td></td> <td>00</td> <td></td> <td></td>	11.	Exempt contributions made to a qualified 529 plan (higher education savings program)		00		
□ Sold or disposed property previously taken as addition modification 13Y 00 13S 00 14. Home Energy Audit Expenses 14Y 00 14S 00 15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) 15Y 00 15S 00 16. Agriculture Disaster Relief 16Y 00 16S 00 17S 00 12S 00 3 3 00 3 3 00 3 3 00 3 3 00 3 3 00 3 3 00 3 3 00 3 3 00 3 3 00 3 3 00 3 3 00 3 3 00 3 3 00 3 3 <			<u>12</u> Y	00	12S	00
14. Home Energy Audit Expenses 14Y 00 14S 00 15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) 15Y 00 15S 00 16. Agriculture Disaster Relief 16Y 00 16S 00 17. TOTAL SUBTRACTIONS — Add Lines 8 through 16. Enter here and on Form MO-1040, Line 4. 17Y 00 17S 00 PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete this section only if you itemize deductions on your federal return. 1 00 17S 00 2016 Social security tax — (Yourself) 2 00 3 00 3 00 2016 Railcoad retirement tax — Tier I and Tier II (Yourself) 2 00 3 00 2016 Bailcoad retirement tax — Tier I and Tier II (Spouse) 5 00 1 00 2016 Bailcoad retirement tax — Tier I and Tier II (Spouse) 5 00 1 00 3 00 10 00 1 00 1 00 3 00 10 00 1 00 1 00 1 00 1 00 1 00 1 00 1 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) 15Y 00 15S 00 16. Agriculture Disaster Relief		Sold or disposed property previously taken as addition modification	131		135	00
16. Agriculture Disaster Relief 16Y 00 16S 00 17. TOTAL SUBTRACTIONS — Add Lines 8 through 16. Enter here and on Form MO-1040, Line 4. 17Y 00 17S 00 PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete this section only if you itemize deductions on your federal return. Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A. 1 100 2 00 1. Total federal itemized deductions from Federal Form 1040, Line 40. 1 2 00 3 00 2. 2016 Social security tax — (Yourself) 3 00 3 00 3. 2016 Railroad retirement tax — Tier I and Tier II (Yourself) 4 00 5 00 5. 2016 Railroad retirement tax — Tier I and Tier II (Spouse) 5 00 6 00 7. 2016 Self-employment tax - See instructions on Page 35 7 00 8 00 9 00 10 00 10 00 10 00 10. Earnings taxes included in Line 9 10 11 00 11 00 12 00 10. Earnings taxes included in Line 9 Subtra All Schedule A, Line 5 or see the worksheet below. 11 00 11 00 </td <td>14.</td> <td>Home Energy Audit Expenses</td> <td> 14Y</td> <td>00</td> <td>14S</td> <td>00</td>	14.	Home Energy Audit Expenses	14Y	00	14S	00
16. Agriculture Disaster Relief 16Y 00 16S 00 17. TOTAL SUBTRACTIONS — Add Lines 8 through 16. Enter here and on Form MO-1040, Line 4. 17Y 00 17S 00 PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete this section only if you itemize deductions on your federal return. Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A. 1 100 2 00 1. Total federal itemized deductions from Federal Form 1040, Line 40. 1 2 00 3 00 2. 2016 Social security tax — (Yourself) 3 00 3 00 3. 2016 Railroad retirement tax — Tier I and Tier II (Yourself) 4 00 5 00 5. 2016 Railroad retirement tax — Tier I and Tier II (Spouse) 5 00 6 00 7. 2016 Self-employment tax - See instructions on Page 35 7 00 8 00 9 00 10 00 10 00 10 00 10. Earnings taxes included in Line 9 10 11 00 11 00 12 00 10. Earnings taxes included in Line 9 Subtra All Schedule A, Line 5 or see the worksheet below. 11 00 11 00 </td <td>15.</td> <td>Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE)</td> <td> 15Y</td> <td>00</td> <td>15S</td> <td>00</td>	15.	Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE)	15Y	00	15S	00
17. TOTAL SUBTRACTIONS — Add Lines 8 through 16. Enter here and on Form MO-1040, Line 4. 177 00 17S 00 PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete this section only if you itemize deductions on your federal form 1040 (pages 1 and 2) and Federal Schedule A. 1 00 17S 00 1. Total federal itemized deductions from Federal Form 1040, Line 40. 1 00 2 000 2. 2016 Social security tax — (Yourself) 2 000 3 000 4. 2016 Railroad retirement tax — Tier I and Tier II (Spouse) 4 00 5 00 6. 2016 Medicare tax — Yourself and Spouse. See instructions on Page 35. 6 000 7 000 7. 2016 Social security tax - See instructions on Page 35. 7 000 7 000 8. 000 00 1 00 1 00 1 00 9. 100 Lines 1 through 7. 8 000 1 1 00 1 00 10. 000 10 00 1 00 1 00 1 00 10. 000 10 00 1 00 1 00 1 00 1 00				00		00
PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete this section only if you itemize deductions on your federal Form 1040 (pages 1 and 2) and Federal Schedule A. 1. Total federal itemized deductions from Federal Form 1040, Line 40		•				
Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A. 1. Total federal litemized deductions from Federal Form 1040, Line 40. 1 00 2. 2016 Social security tax — (Yourself) 2 00 3. 2016 Social security tax — (Spouse) 3 00 4. 2016 Railroad retirement tax — Tier I and Tier II (Yourself) 4 00 5. 2016 Railroad retirement tax — Tier I and Tier II (Spouse) 5 00 6. 2016 Realiroad retirement tax — Tier I and Tier II (Spouse) 6 00 7. 2016 Self-employment tax - See instructions on Page 35. 7 00 8. TOTAL — Add Lines 1 through 7. 8 00 9. 100 1 00 10. Earnings taxes included in Line 9 11 00 11. Net state income taxes — Subtract Line 10 from Line 9 or enter Line 8 from worksheet below. 11 12 00 11. Socy Jour Horderal adjusted gross income from federal Form 1040, Line 37 is more than \$311,300 if married filing combined or qualifying widow(er), \$255,350 if head of household, \$255,400 if single or claimed as a dependent or \$155,560 if married filing combined or qualifying widow(er), \$255,350 if head of household, \$255,400 if single or claimed as a dependent or \$155,560 if married filing combined or qualifying widow(er), \$255,350 if head of household, \$255,400 if single or claimed as a dependent or \$155,560 if married filing combined or						
2. 2016 Social security tax — (Yourself) 2 00 3. 2016 Social security tax — (Spouse) 3 00 4. 2016 Railroad retirement tax — Tier I and Tier II (Yourself) 4 00 5. 2016 Railroad retirement tax — Tier I and Tier II (Spouse) 5 00 6. 2016 Railroad retirement tax — Tier I and Tier II (Spouse) 5 00 7. 2016 Self-employment tax - See instructions on Page 35. 6 00 7. 2016 Self-employment tax - See instructions on Page 35. 7 00 8. 00 9 00 10 00 9. State and local income taxes — from Federal Schedule A, Line 5 or see the worksheet below. 9 00 11 00 10. 00 00 11 00 11 00 12. 00 00 11 00 11 00 13. 00 00 11 00 12 00 14. 00. 11 00 10 00 11 00 14. 00. 11 00 11 12 <td></td> <td>Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Sche</td> <td>edule A.</td> <td></td> <td>on yo</td> <td></td>		Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Sche	edule A.		on yo	
3. 2016 Social security tax — (Spouse) 3 00 4. 2016 Railroad retirement tax — Tier I and Tier II (Yourself) 4 00 5. 2016 Railroad retirement tax — Tier I and Tier II (Spouse) 5 00 6. 2016 Railroad retirement tax — Tier I and Tier II (Spouse) 5 00 7. 2016 Self-employment tax - See instructions on Page 35 6 00 7. 2016 Self-employment tax - See instructions on Page 35 7 00 8. 000 9 State and local income taxes — from Federal Schedule A, Line 5 or see the worksheet below. 9 00 10. Earnings taxes included in Line 9 00 10 00 11. 00 10 00 11 00 12. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 from Line 9 or enter Line 8 from worksheet below. 11 00 13. 000 f married filing combined or qualifying widow(er), \$285,350 if head of household, \$259,400 if single or claimed as a dependent, or \$155,650 if married filing separate. If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet, Line 3 (See page A-13 of Federal Schedule A instructions.) 1 00 2. Enter amount from Federal Itemized Deduction Worksheet, Line 3 (See page A-13 of Federal Schedule A instructions.) 1 00 3. State and local income taxes from Fede	1.	Total federal itemized deductions from Federal Form 1040, Line 40			1	00
3. 2016 Social security tax — (Spouse) 3 00 4. 2016 Railroad retirement tax — Tier I and Tier II (Yourself) 4 00 5. 2016 Railroad retirement tax — Tier I and Tier II (Spouse) 5 00 6. 2016 Railroad retirement tax — Tier I and Tier II (Spouse) 5 00 7. 2016 Self-employment tax - See instructions on Page 35 6 00 7. 2016 Self-employment tax - See instructions on Page 35 7 00 8. 000 9 State and local income taxes — from Federal Schedule A, Line 5 or see the worksheet below. 9 00 10. Earnings taxes included in Line 9 00 10 00 11. 00 10 00 11 00 12. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 from Line 9 or enter Line 8 from worksheet below. 11 00 13. 000 f married filing combined or qualifying widow(er), \$285,350 if head of household, \$259,400 if single or claimed as a dependent, or \$155,650 if married filing separate. If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet, Line 3 (See page A-13 of Federal Schedule A instructions.) 1 00 2. Enter amount from Federal Itemized Deduction Worksheet, Line 3 (See page A-13 of Federal Schedule A instructions.) 1 00 3. State and local income taxes from Fede	2.	2016 Social security tax — (Yourself)			2	00
4 00 5 00 6 00 7 00 8 00 9 00 10 00 8 00 9 00 10 00 10 00 11 00 10 00 11 00 11 00 12 00 11 00 12 00 11 00 12 00 13 00 14 00 15 00 10 00 11 00 12 00 13 00 14 00 15 00 16 00 17 00 18 00 10 00 11 00 12 00 12 00 12 00 <tr< td=""><td></td><td></td><td></td><td></td><td>3</td><td>00</td></tr<>					3	00
5 2016 Railroad retirement tax — Tier I and Tier II (Spouse) 5 00 6 00 7 00 8 00 9 00 10 00 10 00 10 00 11 00 12 00 11 00 12 00 11 00 12 00 10 00 11 00 12 00 13 00 14 00 15 00 10 00 11 00 12 00 14 00 15 00 16 00 17 00 18 00 19 00 10 00 10 00 10 00 10 00 10 00 10 00 10 </td <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>					-	
6 00 7 00 8 00 9 00 8 00 9 00 10 00 11 00 12 00 13 00 14 00 15 00 16 00 17 00 10 00 10 00 10 00 10 00 11 00 12 00 14 00 15 00 16 00 17 00 10 00 11 00 12 00 14 00 15 00 16 00 17 00 18 00 19 00 10 00 10 00 10 00 10 00 <						
7 2016 Self-employment tax - See instructions on Page 35 7 00 8 00 9 00 10 00 10 00 11 00 11 00 12 00 13 00 14 00 15 00 16 10 17 00 10 00 10 00 11 00 12 00 13 Net state income taxes — Subtract Line 10 from Line 9 or enter Line 8 from worksheet below						
8. TOTAL — Add Lines 1 through 7					-	
9. State and local income taxes — from Federal Schedule A, Line 5 or see the worksheet below. 9 00 10. Earnings taxes included in Line 9 10 00 11. Net state income taxes — Subtract Line 10 from Line 9 or enter Line 8 from worksheet below. 11 00 12. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14. 12 00 12. Complete this worksheet only if your federal adjusted gross income from federal Form 1040, Line 37 is more than \$311,300 if married filing combined or qualifying widow(er), \$285,350 if head of household, \$259,400 if single or claimed as a dependent, or \$155,650 if married filing separate. If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet, Line 3 1 00 12. Enter amount from Federal Itemized Deduction Worksheet, Line 3 1 00 1 2. Enter amount from Federal Itemized Deduction Worksheet, Line 3 1 00 2 00 3. State and local income taxes from Federal Form 1040, Schedule A, Line 5 3 00 4 00 3. State and local income taxes from Line 3 5 00 0 3 00 4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5 4 00 5 00 0 5. Subtract Line 4 from Line 3 5 00<					8	
10. Earnings taxes included in Line 9 10 00 11. Net state income taxes — Subtract Line 10 from Line 9 or enter Line 8 from worksheet below				1	-	
11. Net state income taxes — Subtract Line 10 from Line 9 or enter Line 8 from worksheet below. 11 00 12. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14. 12 00 12. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14. 12 00 12. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14. 12 00 13. Complete this worksheet only if your federal adjusted gross income from federal Form 1040, Line 37 is more than \$311,300 if married filing combined or qualifying widow(er), \$285,350 if head of household, \$259,400 if single or claimed as a dependent, or \$155,650 if married filing separate. If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet. Attach a copy of your Federal Itemized Deduction Worksheet (Page A-13 of Federal Schedule A instructions). 1 00 1 00 2 00 1 00 2 00 3 3 00 1 00 3 00 4 Earnings taxes included on Federal Form 1040, Schedule A, Line 5 3 00 4 00 5 00 5 00 1 00 1 2 00 3 5 00 0 1						
12. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14. 12 00 Complete this worksheet only if your federal adjusted gross income from federal Form 1040, Line 37 is more than \$311,300 if married filing combined or qualifying widow(er), \$285,350 if head of household, \$259,400 if single or claimed as a dependent, or \$155,650 if married filing separate. If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet. Attach a copy of your Federal Itemized Deduction Worksheet (Page A-13 of Federal Schedule A instructions). 1 00 1 Enter amount from Federal Itemized Deduction Worksheet, Line 3 (See page A-13 of Federal Schedule A instructions.) If \$0 or less, enter "0". 1 00 2 Enter amount from Federal Itemized Deduction Worksheet, Line 9 (See Federal Schedule A instructions.). 2 00 3 00 4 Earnings taxes included on Federal Form 1040, Schedule A, Line 5 3 00 4 00 5 00 5 00 6 % 6 % 7 000 7 000	-	· ·	-		1	00
Complete this worksheet only if your federal adjusted gross income from federal Form 1040, Line 37 is more than \$311,300 if married filing combined or qualifying widow(er), \$285,350 if head of household, \$259,400 if single or claimed as a dependent, or \$155,650 if married filing separate. If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet. Attach a copy of your Federal Itemized Deduction Worksheet (Page A-13 of Federal Schedule A instructions). 1. Enter amount from Federal Itemized Deduction Worksheet, Line 3 (See page A-13 of Federal Schedule A instructions.) If \$0 or less, enter "0". 1 00 2. Enter amount from Federal Itemized Deduction Worksheet, Line 9 (See Federal Schedule A instructions.). 2 00 3. State and local income taxes from Federal Form 1040, Schedule A, Line 5 3 00 4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5 4 00 5. Subtract Line 4 from Line 3 5 00 6. % 7 00						
1. Enter amount from Federal Itemized Deduction Worksheet, Line 3 (See page A-13 of Federal Schedule A instructions.) If \$0 or less, enter "0"	12.	Complete this worksheet only if your federal adjusted gross income from federal Form 1040, Line 37 is m	ore than \$31	1,300 if married filing	combine	
1. Enter amount from Federal Itemized Deduction Worksheet, Line 3 (See page A-13 of Federal Schedule A instructions.) If \$0 or less, enter "0"	<u> 7 et</u>	\$285,350 if head of household, \$259,400 if single or claimed as a dependent, or \$155,650 if married f equal to these amounts, do not complete this worksheet. Attach a copy of your Federal Itemized Deduction	iling separate on Worksheet	 If your federal adjust (Page A-13 of Federal) 	ted gros	ss income is less than or lule A instructions)
(See page A-13 of Federal Schedule A instructions.) If \$0 or less, enter "0". 1 00 2. Enter amount from Federal Itemized Deduction Worksheet, Line 9 (See Federal Schedule A instructions.) 2 00 3. State and local income taxes from Federal Form 1040, Schedule A, Line 5 3 00 4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5 4 00 5. Subtract Line 4 from Line 3 5 00 6. Divide Line 5 by Line 1 6 % 7. Multiply Line 2 by Line 6 7 00 8. Subtract Line 7 from Line 5. Enter here and on Form MO-A. Part 2 Line 11 8 00	- N	1. Enter amount from Federal Itemized Deduction Worksheet. Line 3				
2. Enter amount from Federal Itemized Deduction Worksheet, Line 9 (See Federal Schedule A instructions.)	t s	(See page A-13 of Federal Schedule A instructions.) If \$0 or less, enter "0"		1	00	
3. State and local income taxes from Federal Form 1040, Schedule A, Line 5 3 00 4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5 4 00 5. Subtract Line 4 from Line 3 5 00 6. Divide Line 5 by Line 1 6 % 7. Multiply Line 2 by Line 6 7 00 8. Subtract Line 7 from Line 5. Enter here and on Form MO-A. Part 2 Line 11 9 00	. Pa	2. Enter amount from Federal Itemized Deduction Worksheet, Line 9 (See Federal Schedule			00	
4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5 4 00 5. Subtract Line 4 from Line 3 5 00 6. Divide Line 5 by Line 1 6 % 7. Multiply Line 2 by Line 6 7 00 8. Subtract Line 7 from Line 5. Enter here and on Form MO-A. Part 2 Line 11 9 00	P E	3. State and local income taxes from Federal Form 1040, Schedule A, Line 5		-	00	
5. Subtract Line 4 from Line 3	eet Dme	4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5				
6 % 7 Multiply Line 2 by Line 6	She	5. Subtract Line 4 from Line 3.		-		
8 Subtract Line 7 from Line 5. Enter here and on Form MO-A. Part 2 Line 11	ork ate	0. DIVIGE LINE 5 DV LINE 1			-	
	Stã	 Numpry Line 2 by Line 0				

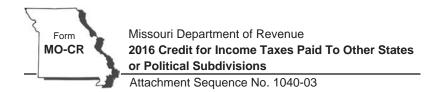
For Privacy Notice, see instructions.

Form MO-A (Revised 12-2016)

PART 3 - PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION

	PU	BLIC PENSION CALCULATION — Pensions received from any federal, state, or local governme	nen	t.					
	1.	Missouri adjusted gross income from Form MO-1040, Line 6							
	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		
	4.	Select the appropriate filing status and enter amount on Line 4. Married filing combined - \$100,000; Single, Head of							
A		Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000	4				00		
N	5.	Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5	Y - YOURSELF		S - SPOUSE	00		
CH	6	Taxable pension for each spouse from public sources from Federal Form 1040A, Line 12b or 1040, Line 16b	6Y	00	65	3-3-003L	00		
Ш		Amount from Line 6 or \$36,976 (maximum social security benefit), whichever is less.		00			00		
S		If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s)			10				
	0.		8Y	00	8S		00		
	9.	Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0	9Y	00	9S		00		
	10.	Add amounts on Lines 9Y and 9S	10				00		
	11.	Total public pension, subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0	11				00		
		IVATE PENSION CALCULATION — Annuities, pensions, IRAs, and 401(k) plans funded by a	priv	ate source.			i		
	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	3.	Subtract Line 2 from Line 1.	3				00		
SECTION E		Select the appropriate filing status and enter the amount on Line 4: Married filing combined: \$32,000;							
		Single, Head of Household and Qualifying Widow(er): \$25,000; Married Filing Separate: \$16,000	4				00		
		Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5	Y - YOURSELF		S - SPOUSE	00		
		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	00	65	5-5P005E	00		
			7Y	00			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		
	SC	CIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social set					of		
		e by December 31 and have marked the 62 and older box on page 1 of Form MO-1040. Age limit does not ap	ply t	o social security d	lisabi	ility deducti	1		
		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 Widow(er) - \$85,000	2				00		
Z	3.	Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0	3				00		
ECTION				Y - YOURSELF		S - SPOUSE	-		
О Ш		······································	4Y	00			00		
S		Taxable social security disability benefits for each spouse from Federal Form 1040A, Line 14b or 1040, Line 20b	5Y	00	5S		00		
		Amount from Line(s) 4Y or 5Y, and 4S or 5S.	6Y	00	6S		00		
		Add Lines 6Y and 6S	7				00		
		Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0	8				00		
D		LITARY PENSION CALCULATION					-		
Z		Military retirement benefits included on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b	1				00		
0		Taxable public pension from Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b.	2				00		
SECTION		Divide Line 1 by Line 2 (Round to whole number)	3				%		
SE		Multiply Line 3 by Line 11 of Section A. If you are not claiming a public pension exemption, enter \$0	4				00		
		Total military pension, subtract Line 4 from Line 1	5			. <u></u>	00		
ION E		TAL PENSION AND SOCIAL SECURITY/SOCIAL CURITY DISABILITY/MILITARY EXEMPTION							
SECTION		Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 5 (Section D).		TOTAL					
S		Enter total amount here and on Form MO-1040, Line 8.		EXEMPTION			00		

Form MO-A (Revised 12-2016)



Complete this form if you 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.

Name		Social Security		
Spouse's Name		Social Security Number		
			Y - Yourself	S - Spouse
1. Clain	nant's total adjusted gross income (Form MO-1040, Line	5Y and Line 5S)		
2. Clain	nant's Missouri income tax (Form MO-1040, Line 27Y and	d Line 27S)		. 00
See	e two letter abbreviation for state or name of political subcetable on back for the two letter abbreviation, enter the name of the political subdivision here		State of:	State of:
3. Wag	es and commissions)
4. Othe	r income (Describe nature)		
5. Tota	I - Add Lines 3 and 4		. 00	. 00
	s, related adjustments (from Federal Form 1040A, Line 20), Line 36)			
7. Net a	amounts - Subtract Line 6 from Line 5			. 00
8. Perc	entage of your income taxed - Divide Line 7 by Line 1			
9. Maxi	mum credit - Multiply Line 2 by percentage on Line 8			. 00
with	me tax you paid to another state or political subdivision. T neld. The income tax is reduced by all credits, except with nated tax	holding and)
MO-	it - Enter the smaller amount of Line 9 or Line 10 here an 1040, Line 28Y or Line 28S. If you have multiple credits, ine 11 from each Form MO-CR before entering on Form I	add the amounts)

Form MO-CR (Revised 12-2016)



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 or her tax as if he or 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 1-27).
- 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 5S.

Line 2 - Enter the amount from Form MO-1040, Line 27Y and 27S.

Lines 3 and 4 - Enter the total amount of wages, commissions, and other income you 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 percent, enter 100 percent. Round in whole percent, such as 91 percent instead of 90.5 percent. If percentage is less than 0.5 percent, 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 or 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, Line 28Y and 28S. (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 to Missouri on that part of your income.

Two Letter Abbreviations for States

MA - Massachusetts

AL - Alabama

- AK Alaska
- AZ Arizona
- AR Arkansas
- CA California
- CO Colorado
- CT Connecticut
- DC District of Columbia KY Kentucky
- DE Delaware LA Louisiana
- FL Florida
- IA Iowa KS - Kansas

GA - Georgia

HI - Hawaii

ID - Idaho

IL - Illinois

IN - Indiana

- ME Maine
- MS Mississippi

MD - Maryland

- NE Nebraska
- NV Nevada
- NH New Hampshire
- NJ New Jersey

- NM New Mexico
- NY New York
- NC North Carolina
- ND North Dakota
- OH Ohio
- OK Oklahoma
- OR Oregon
- PA Pennsylvania
- RI Rhode Island
- SC South Carolina

- SD South Dakota
- TN Tennessee
- TX Texas
- UT Utah
- VT Vermont
- VA Virginia
- WA Washington
- WV West Virginia
- WI Wisconsin
- WY Wyoming

- MI Michigan MN - Minnesota

 - MT Montana



MISSOURI DEPARTMENT OF REVENUE MISSOURI INCOME PERCENTAGE



Attachment Sequence No. 1040-04

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

PART A — RESIDENT/NONRESIDENT STATUS -				<u> S — Cl</u>	 Check your status in the appropriate box below. 								
NAME (YOURSELF)				NAM	ME (SPO	DUSE)							
ADDR	ESS			ADI	DRESS								
CITY,	STATE, ZIP CODE S	OCIAL SECURITY	/ NUMBER	CIT	CITY, STATE, ZIP CODE SOCIAL SECURITY NUMBER								
	1. NONRESIDENT OF MISSOURI] 1.	NONRESIDENT OF MISSOURI	00100						
_	What was your state of residence during 2016?				_	What was your state of residence during							
	2. PART-YEAR MISSOURI RESIDENT		1			PART-YEAR MISSOURI RESIDE							
	a. Indicate the date you were a Missouri resident in 2016.	Date From:	Date To	D:	a.	Indicate the date you were a Missouri reside	ent in 2016.	Date From:	Date To:				
	b. Indicate other state of residence and date you resided there	. Date From:	Date To	D:	b.	Indicate other state of residence and date y	ou resided there	e. Date From:	Date To:				
be	a sed on the Military Spouse's Residency R cause your spouse is there on military orders, a not complete Form MO-NRI . You must repo	nd Missour rt 100% on	i is your Line 29 (state of of MO-10	resid 040.	ence, any income you earn is ta	xable to Mis	ssouri.					
	3. MILITARY/NONRESIDENT TAX STATUS status below and complete Part C—Missour				3.	MILITARY/NONRESIDENT TA status below and complete Par							
	a. <u>Missouri Home of Record</u> I did not at any time during the 2016 tax year maintain abode in Missouri nor did I spend more than 30 days year. I did maintain a permanent place of abode in the	in Missouri du	iring the		a.	Missouri Home of Record I did not at any time during the 2016 to abode in Missouri nor did I spend mor year. I did maintain a permanent place	re than 30 day	s in Missouri du	ring the				
	b. Non-Missouri Home of Record				b.	Non-Missouri Home of Record							
	I resided in Missouri during 2016 solely because my	spouse or I wa	as statione	d		I resided in Missouri during 2016 sole							
	at on mi	litary orders, n	ny home o	f		at	on n	nilitary orders, m	y home of				
	record is in the state of					record is in the state of			·				
	PART B -	- WORK	SHEE	T FOR	MIS	SOURI SOURCE INCOM	ΛE						
			FEDERAL	FEDERAL		YOURSELF OR	s	POUSE (ON	A				
	ADJUSTED GROSS INCOME		FORM 1040A	FORM		ONE INCOME FILER		IBINED RET					
				1040									
	COMPUTATIONS		LINE	1040 LINE				SOURI SOUR	/				
Α.			LINE NO.	LINE NO.	A	MISSOURI SOURCES	MIS		CES				
1	Wages, salaries, tips, etc		LINE NO. 7	LINE NO. 7	A	MISSOURI SOURCES	MIS A		ICES 00				
1	Wages, salaries, tips, etc Taxable interest income		LINE NO. 7 8a	LINE NO. 7 8a	В	MISSOURI SOURCES 00 00	MIS A B		CES 00 00				
В. С.	Wages, salaries, tips, etc Taxable interest income Dividend income		LINE NO. 7 8a 9a	LINE NO. 7 8a 9a	B C	MISSOURI SOURCES 00 00 00 00	MIS A B C		CES 00 00 00				
В. С. D.	Wages, salaries, tips, etc Taxable interest income Dividend income State and local income tax refunds		LINE NO. 7 8a 9a none	LINE NO. 7 8a 9a 10	B C D	MISSOURI SOURCES 00 00 00 00 00 00 00 00 00 00 00 00 00	MIS A B C D		CES 00 00 00 00				
В. С. D.	Wages, salaries, tips, etc Taxable interest income Dividend income State and local income tax refunds Alimony received		LINE NO. 7 8a 9a none none	LINE NO. 7 8a 9a 10 11	B C	MISSOURI SOURCES 00 00 00 00 00 00 00 00 00 00 00 00 00	MIS A B C		CES 00 00 00 00 00 00				
B. C. D. E. F.	Wages, salaries, tips, etc Taxable interest income Dividend income State and local income tax refunds Alimony received Business income or (loss)		LINE NO. 7 8a 9a none none none	LINE NO. 7 8a 9a 10 11 12	B C D E F	MISSOURI SOURCES 00 00 00 00 00 00 00 00 00 00 00 00 00	MIS A B C D E F		CES 00 00 00 00 00 00 00				
B. C. D. E. F. G.	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)		LINE NO. 7 8a 9a none none 10	LINE NO. 7 8a 9a 10 11 12 13	B C D E F G	MISSOURI SOURCES 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00	MIS A B C D E F G G		CES 00 00 00 00 00 00 00 00 00				
B. C. D. E. F. G.	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)		LINE NO. 7 8a 9a none none 10 none	LINE NO. 7 8a 9a 10 11 12 13 14	B C D F G H	MISSOURI SOURCES 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00	MIS A B C D E F		CES 00 00 00 00 00 00 00 00 00 00 00 00 00				
B. C. D. E. F. G.	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		LINE NO. 7 8a 9a none none 10 none 11b	LINE NO. 7 8a 9a 10 11 12 13 14 15b	B C D F G H	MISSOURI SOURCES 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00	MIS A B C D E F G G		CES 00 00 00 00 00 00 00 00 00 00 00 00 00				
B. C. D. F. G. H. J.	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		LINE NO. 7 8a 9a none none 10 none 11b 12b	LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b	B C D F G H I J	MISSOURI SOURCES 00	MIS A B C D E F G H I J		CES 00 00 00 00 00 00 00 00 00 00 00 00 00				
B. C. D. F. G. H. J.	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, trus		LINE NO. 7 8a 9a none none 10 none 11b 12b none	LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17	B C D F G H I J K	MISSOURI SOURCES 00	MIS A B C C D E F G H I I		CES 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00				
B. C. D. F. G. H. J.	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, trus Farm income or (loss)	sts, etc	LINE NO. 7 8a 9a none none 10 none 11b 12b none none	LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18	B C D F G H I J K L	MISSOURI SOURCES 00	MIS A B C D E F G H I J K L		CES 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00				
B. C. E. F. G. H. J. K. L. M.	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, trus Farm income or (loss) Unemployment compensation		LINE NO. 7 8a 9a none none 10 none 11b 12b none none 13	LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19	B C D F G H I J K L	MISSOURI SOURCES 00	MIS A B C D E F G H I J K L M		CES 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00				
B. C. E. F. G. H. J. K. L. M.	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, trus Farm income or (loss)	sts, etc	LINE NO. 7 8a 9a none none 10 none 11b 12b none none	LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18	B C D F G H I J K L N	MISSOURI SOURCES 00	MIS A B C D E F G H I J K L		CES 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00				
B. C. D. E. F. G. H. J. K. L. N. O.	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, trus Farm income or (loss) Unemployment compensation Taxable social security benefits Other income	sts, etc	LINE NO. 7 8a 9a none none 10 none 11b 12b none none 13 14b	LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b	B C D F G H I J K L	MISSOURI SOURCES 00	MIS A B C D E F G H J K L M N		CES 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00				
B. C. D. E. F. G. H. I. J. K. L. M. N. O. P.	Wages, salaries, tips, etc	sts, etc	LINE NO. 7 8a 9a none none 10 none 11b 12b none 13 14b none	LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21	B C D F G H I J K L M N O	MISSOURI SOURCES 00	MIS A B C D E F G H J K L M N O		CES 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00				
B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q.	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) Capital gain or (loss) Other gains or (losses) Taxable IRA distributions Taxable pensions and annuities Rents, royalties, partnerships, S corporations, trus 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	sts, etc	LINE NO. 7 8a 9a none none 10 none 11b 12b none 13 14b none 15	LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22	B C D F G H I J K K L N O P	MISSOURI SOURCES 00	MIS A B C D E F G H I J K L M N O P		CES 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00				
B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R.	Wages, salaries, tips, etc	b income, C, Line 1	LINE NO. 7 8a 9a none none 10 none 11b 12b none 13 14b none 13 14b none 15 20 21	LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22 36 37	B C D F G H I J K L M N O P Q R	MISSOURI SOURCES 00	MIS A B C D E F G H I J K L M N O P Q R		CES 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00				
B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S.	Wages, salaries, tips, etc	b income, C, Line 1 sted gross ir	LINE NO. 7 8a 9a none none 10 none 11b 12b none 13 14b none 13 14b none 15 20 21 ncome	LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22 36 37	B C D E F G H I J K L M N O P Q R S	MISSOURI SOURCES 00	MIS A B C D E F G H I J K L M N O P Q R S		CES 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00				
B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T.	Wages, salaries, tips, etc	b income, C, Line 1 l adjusted gross ir lus Line S,	LINE NO. 7 8a 9a none none 10 none 11b 12b none 13 14b none 13 14b none 15 20 21 ncome	LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22 36 37	B C D F G H I J K L M N O P Q R	MISSOURI SOURCES 00	MIS A B C D E F G H I J K L M N O P Q R		CES 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00				

	PART C — MIS	SOURI INCOME F	PER	CENTAGE		
		-	Y	ourself or One Income Filer	Sp	ouse (on a Combined Return)
1. Missouri income — Enter wages, salaries Missouri return if the amount on this line is			1	00	1	00
 Taxpayer's total adjusted gross income (fro or from your federal form if you are a milita and you are not required to file a Missouri in 	ry nonresident		2	00	2	00
 MISSOURI INCOME PERCENTAGE (divid 100%. (Round to a whole percent such as However, if percentage is less than 0.5%, and on Form MO-1040, Lines 29Y and 29S 	91% instead of 90.5% and 9 use the exact percentage.)	90% instead of 90.4%. Enter percentage here	3	%	3	%
		INSTRUCTIONS				
PART A, LINE 1: NONRESIDENTS OF M Part C. Attach a copy of your federal return			l had	I Missouri source income, co	mplet	e Part A, Line 1, Part B, and
PART A, LINE 2: PART-YEAR RESIDENT Form MO-NRI or Form MO-CR, whichever includes any income (pensions, annuities, e	r is to your benefit. When	using Form MO-NRI, co	mple	ete Part A, Line 2, Part B, an	d Par	t C. Missouri source income
use this form. You must file Form MC c) Did not have Missouri income other t file Form MO-1040 because 100 perc d) Are married to a Missouri resident, w your Missouri income percentage. Ho MILITARY NONRESIDENT STATIONED a) Earned non-military income while should be subtracted from your feder b) Only had military income while http://dor.mo.gov/personal/ind NOTE: IF YOU FILE A JOINT FEDERAL I COMPLETE EACH COLUMN OF PART B	han military income but spe- cent of your income is taxat ho is not in the military, bu owever, any income earned D IN MISSOURI — If you a in Missouri, you must file ral adjusted gross income in Missouri, you may lividual/. RETURN, YOU MUST FILE AND PART C OF THIS FO	ent more than 30 days in ble, including your military t lives with you outside of by your spouse is taxable are a military nonresiden e Form MO-1040. Compl using Form MO-A, Part 1 complete a No Return E A COMBINED MISSOU DRM. DO NOT COMBINE	Miss inco Miss to M <i>nt, st</i> ete F , Line <i>n Re</i> JRI F E INC	ouri or maintained a home in ome. Do not complete this fo souri on military orders, you n <i>Aissouri</i> . Your spouse is not e ationed in Missouri and you Part A, Line 3, Part B and Pa e 10, as a "Military (nonreside equired-Military Online Fo RETURN (REGARDLESS OF COMES FOR YOU AND YOU	Misso rm. nay us ligible rt C. ⁻ nt) Si orm a WHC R SP	buri during the year, you must se Form MO-NRI to calculate to complete Form MO-NRI. The nonresident military pay ubtraction". at the following address: DM EARNED THE INCOME). OUSE.
		domiciled* in Missour				
 Did you maintain a permanent place of residency in Missouri? Did you spend more than 30 days in Missouri? 		YES NO		place of	resio sper	ntain a permanent dency in Missouri? nd more than 183 ouri?
YES NO				v	-0	
You are a Resident.	Did you maintain a p residency elsewhere	-		1	ES o oth	NO to either
You are a Nonresident (for tax purposes).	YES NO You ar	re a Resident.	_	Resident.		Nonresident.
*Domicile (Home of Record) — The place A domicile, once established, continues un An individual can only have one domicile a	ntil the individual moves to at a time.	a new location with the	true	intention of making his or he	er per	manent home there.
Under penalties of perjury, I declare that I have examininformation of which he/she has any knowledge. As prov	ted this form and to the best of m vided in Chapter 143, RSMo, a pe	ny knowledge and belief it is true nalty of up to \$500 shall be impo	e, corr sed o	ect, and complete. Declaration of pre n any individual who files a frivolous r	eparer eturn.	(other than taxpayer) is based on all
SIGNATURE	DATE	SPOUSE'S SIGNATU	JRE			DATE

1		Na.
10	and the second	
8	13000	1.8
8	(All the	
N	1000	1
.40	himiter	1

2016
FORM
MO-HEA

NAME OF TAXPAYER			
ADDRESS	CITY	STATE	ZIP
QUALIFICATIONS			
Any taxpayer who paid an individual certified by the Div implementation of any energy efficiency recommendatio filing combined returns. To qualify for the subtraction, you been excluded from your federal adjusted gross income of	ons made by the auditor. The subtraction may no a must have incurred expenses in the taxable year	ot exceed \$1,000, for a single tax you are filing a claim, and the ex	xpayer or \$2,000 for taxpayers
INSTRUCTIONS - IN THE SPACES PROVIDED B	ELOW:		
 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 amount paid for the audit on Line A 	t • Enter the total amount paid to imple • Enter the total amount paid for the a • Attach applicable receipts • Attach completed MO-HEA and rec	audit and any implemented recor	
NAME OF AUDITOR		AUDITOR CERTIFIC	ATION NUMBER
SUMMARY OF RECOMMENDATIONS			
1.			
2.			
3.			
4.			
5.			
A. Amount paid for audit		A.	00
B. Amount paid to implement recommendations		В.	00
C. Total Paid - Add Lines A and B and enter here. Enter o Form MO-A. If you are filing a combined return, you ma taxpayers (not to exceed \$2,000)	ay split the amount reported on Line 14 between be	oth	00
D. Enter \$1,000 if a single filer or \$2,000 if filing a combine	ed return	D.	00
E. Amount from Line C or Line D, whichever is less. Ente If you are filing a combined return, you may split the an		E.	00

Form MO-HEA (Revised 12-2016)

2016 TAX CHART

If Missouri taxable income from Form MO-1040, Line 26, is less than \$9,000, use the chart 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 the Missouri taxable income is:	The tax is:	
\$0 to \$99	\$0	
At least \$100 but not over \$1,000	11/2% of the Missouri taxable income	
Over \$1,000 but not over \$2,000	\$15 plus 2% of excess over \$1,000	FIGURING TAX
Over \$2,000 but not over \$3,000	\$35 plus 2½% of excess over \$2,000	ON \$9,000 OR LESS
Over \$3,000 but not over \$4,000	\$60 plus 3% of excess over \$3,000	Example: If Line 26 is \$3,090, the tax
Over \$4,000 but not over \$5,000	\$90 plus 3½% of excess over \$4,000	would be computed as follows: \$60 +
Over \$5,000 but not over \$6,000	\$125 plus 4% of excess over \$5,000	\$2.70 (3% of \$90) = \$62.70. The whole dollar amount to enter on Line 27 would
Over \$6,000 but not over \$7,000	\$165 plus 4½% of excess over \$6,000	be \$63.
Over \$7,000 but not over \$8,000	\$210 plus 5% of excess over \$7,000	
Over \$8,000 but not over \$9,000	\$260 plus 5½% of excess over \$8,000	
Over \$9,000	\$315 plus 6% of excess over \$9,000	

		Yourself	<u>Spouse</u>	Example	If more than \$9,000,
×	Missouri taxable income (Line 26) \$		\$	\$ 12,000 🗲	tax is \$315 PLUS
FIGURING TAX OVER \$9,000	Subtract \$9,000 \$	9,000	- \$ 9,000	- \$ 9,000	6% of excess over \$9.000.
9 0	Difference = \$		= \$	= \$ 3,000	Round to nearest
NIX \$	Multiply by 6% x	6%	x 6%	x 6%	whole dollar and
БШ	Tax on income over \$9,000 = \$		= \$	= \$ 180	enter on Form
<u>9</u> 0	Add \$315 (tax on first \$9,000) + \$	315	+\$ 315	+\$ 315	MO-1040, Line 27.
ш.	TOTAL MISSOURI TAX = \$		= \$	= \$ 495	
	A separate tax must	be computed for yo	u and your spouse.	- φ 400	

QUALIFIED HEALTH INSURANCE PREMIUMS WORKSHEET FOR MO-A, LINE 12

Complete this worksheet and attach it, along with proof of premiums paid, to Form MO-1040 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 the amount from Federal Form 1040A, Line 14a, or Federal Form 1040 20a. If \$0, skip to Line 6 and enter your total health insurance premiums pa			_
2.	Enter amount from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b.	2.		_
3.	Divide Line 2 by Line 1.			
4.	Enter the health insurance premiums withheld from your social security income.		elf4S	Spouse
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 on 4Y or 4S.	6Y	6S	
7.	Add the amounts from Lines 5 and 6	7Y	7S	
8.	Add the amounts from Lines 7Y and 7S.	8Y		
9.	Divide Line 7Y and 7S by the total found on Line 8. If you itemized on your federal return and your federal itemized deductions included health insurance premiums as medical expenses, go to Line 10. If not, go to Line 15	9Y	% 9S	%
10.	Enter the amount from Federal Schedule A, Line 1.	10.		
11.	Enter the amount from Federal 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.	Enter your federal taxable income from Federal Form 1040A, Line 27, or Federal Form 1040, Line 43.	15.		
16.	If you itemized on your federal return and completed Lines 10 through 14 al enter the amount from Line 14 or Line 15, whichever is less. If not, enter the amount from Line 8 or Line 15, whichever is less			
17.	Multiply Line 16 by the percentage on Line 9Y and Line 9S. Enter the amounts on Line 17Y and 17S of this worksheet on Line 12 of Form MO-A.	17Y	17S.	



MISSOURI DEPARTMENT OF REVENUE PROPERTY TAX CREDIT SCHEDULE

2016	
FORM	
<u>MO-PTS</u>)

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

	THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.							
NAME	LAST NAME FIRST NAME INITIAL BIRTHDATE (MM/DD/YYYY)	SO	CIAL SECURITY NO.					
Ż	SPOUSE'S LAST NAME FIRST NAME INITIAL BIRTHDATE (MM/DD/YYYY)	SPO	DUSE'S SOCIAL SECURITY	NO.				
6	You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc., n	nust b	e included with cla	iim.				
QUALIFICATIONS	 A. 65 years of age or older (You must be a full year resident. Attach a copy of Form SSA-1099.) B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) C. 100% Disabled (Attach a copy of Security Administration or Form D. 60 years of age or older and receins spouse benefits (Attach a copy of Veterans Affairs.) 	n SSA ved s of Fo	A-1099.) urviving r m SSA-1099.)					
FIL	ING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year y	lf ma	rried filing combine ust report both incor	d, nes.				
	Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), Forms 1099, W-2, etc.) will result in denial or delay of y	our (claim.					
1.	Enter the amount of income from Form MO-1040, Line 6, or Form MO-1040P, Line 4	1		00				
2.	Enter the amount of nontaxable social security benefits received by you, your spouse, and your minor children before any deductions and the amount of social security equivalent railroad retirement benefits. ATTACH a copy of Form(s) SSA-1099, RRB-1099, or SSI statement.	2		00				
3.	Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 8 (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 10	4		00				
5.	Enter the amount of veterans payments or benefits before any deductions. ATTACH letter from Veterans Affairs	5		00				
6.	Enter the total amount received by you, your spouse, and your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). ATTACH a copy of Forms SSA-1099, a letter from the Social Security Administration and Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable.	6		00				
7.	Enter the amount of nonbusiness loss(es). You must include nonbusiness loss(es) in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.)	7		00				
8.	TOTAL household income — Add Lines 1 through 7. Enter total here	8		00				
9.	 MARK THE BOX THAT APPLIES and enter the appropriate amount. a. Enter \$0 if 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. 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, or \$1,100, whichever is less. 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 the total amount from Form(s) MO-CRP, Line 9, or \$750, whichever is less. ATTACH rent receipts or a signed 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				
13.	Enter the total of Lines 11 and 12, or \$1,100, whichever is less	13		00				
14.	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. Enter this amount on Form MO-1040, Line 40 or Form MO-1040P, Line 20.	14		00				

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

For Privacy Notice, see instructions.

Form Missouri Department of Revenue MO-CRP 2016 Certification of Rent Paid
One Form MO-CRP must be provided for each rental location in which you resided.
Failure to provide landlord information will result in denial or delay of your claim.
1. Social Security Number (SSN) Spouse's SSN
Are you related to your landlord?
2. Name
Physical Address of Rental Apartment Unit (P.O. Box Not Allowed) Number
City State ZIP Code
3. Landlord's Name
Landlord's Last 4 Digits of Social Security Number Social Security Number or Identification Number (FEIN)
Landlord's Street Address Apartment (Must be completed) Number
City State ZIP Code
4. Landlord's Phone Number (Must be completed)
5. Rental Period During Year (MM/DD/YY) To: (MM/DD/YY)
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of canceled checks (front and back). If you received housing assistance, enter the amount of rent you paid. Note: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit
7. Select the appropriate box below and enter the corresponding percentage on Line 7
A. Apartment, House, Mobile Home, or Duplex - 100%
B. Mobile Home Lot - 100%
C. Boarding Home or Residential Care - 50%
D. Skilled or Intermediate Care Nursing Home - 45%
E. Hotel, if meals are included, enter - 50%; Otherwise, enter - 100%
F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)
G. Shared Residence – If you shared your rent with relatives or friends (other than your spouse or children under 18), select the appropriate box based on the additional persons sharing rent:
1 (50%) 2 (33%) 3 (25%)
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
For Privacy Notice, see instructions. Form MO-CRP (Revised 12-2016)
Taxation Division 16315010001



Missouri Department of Revenue 2016 Miscellaneous Income Tax Credits

Department Use Only	
(MM/DD/YY)	

Attachment Sequence No. 1040-02 or 1120-03

Name	Social Security
(Last, First)	Number
Spouse's Name	Spouse's Social
(Last, First)	Security Number
Corporation	Charter
Name	Number
Missouri Tax	Federal Employer
I.D. Number	I.D. Number

· Each credit will apply against your tax liability in the order they appear on the form.

• If you are claiming more than 10 credits, attach additional MO-TC(s).

• If you are claiming a tax credit for both taxpayers on a combined return, both names must be on the certificate.

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	Alpha Code (3 characters) from back	Credit Name Each credit will apply in the order they appear below		Yourself (one income) Corporation Income Fiduciary	• Spouse (on a combined return)
		HUIT Dack			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 - add Lines	1 through 10		11.	00	00
	Line 32S for your spou	use, or from Fo	om Form MO-1040, Line 32Y for yourself and orm MO-1120, Line 14 plus Line 15 for income	12.	00	00
13.	3. Total Credits - add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 17; Form MO-1040, Line 39; or Form MO-1041, Line 19.) Line 13 cannot exceed the amount on Line 12, unless the credit is refundable. 13. 00					

• 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.

Instructions

• If you are filing a corporation income tax return, use Column 1.

• Include a copy of your certificate or form from the issuing agency.

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.

Use this form to claim income tax credits on Form MO-1040, MO-1120, or MO-1041. Attach to Form MO-1040, MO-1120, or MO-1041.



010001

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.

	Missouri Department of Economic De	velopment		Missouri Department of	Revenue
	P.O. Box 118, Jefferson City, MO 6510 http://www.ded.mo.gov	02-0118		P.O. Box 2200, Jefferson City, M http://dor.mo.gov/ • (573) 751-3220	
Alpha		Attach to	Alpha		Atta
Code	Name of Credit and Phone Number	Form MO-TC	Code	Name of Credit	Forr
AFI	Alternative Fuel Infrastructure — (573) 751-2254	Certificate*	ATC	Special Needs Adoption	Form
BFC	New or Expanded Business Facility — (573) 526-5417	Schedule 150,	AIC	Special Needs Adoption	Fo
		Fed. K-1, Form 4354	BFT	Bank Franchise Tax	Form
BJI	Brownfield "Jobs and Investment" — (573) 522-8004	Certificate*	BTC	Bank Tax Credit for S Corporation	Form
DAL	Distressed Area Land Assemblage — (573) 522-8004	Certificate*	DIO	Bank has broak for b bolpolation	Shar
DFH	Dry Fire Hydrant — (573) 751-9048	Certificate*			28
DPC	Development Tax Credit — (573) 526-3285	Certificate*	CIC	Children in Crisis	Cont
EZC	Enterprise Zone — (573) 526-5417	Schedule 250,	010		fro
		Fed. K-1, Form 4354	CFC	Champion for Children	Cont
FDA	Family Development Account — (573) 522-2629	Certificate*	0.0		fro
FPC	Film Production — (573) 751-9048	Certificate*	DAC	Disabled Access	Fede
HPC	Historic Preservation — (573) 522-8004	Certificate*			Fo
ISB	Small Business Investment (Capital) — (573) 526-5417	Certificate*	DAT	Residential Dwelling Accessibility	Form
ICT	Innovation Campus Tax Credit — (573) 751-4539	Certificate*	FPT	Food Pantry Tax	Form
MQJ	Missouri Quality Jobs — (573) 751-9048	Certificate*	SHC	Self-Employed Health Insurance	Form
MWC	Missouri Works Credit — (573) 522-9062	Certificate*	SSC	Public Safety Officer Surviving Spouse	Form
NAC	Neighborhood Assistance — (573) 522-2629	Certificate*			
NEC	New Enterprise Creation — (573) 751-4539	Certificate*		Missouri Agricultural ar	nd Small
NEZ	New Enhanced Enterprise Zone — (573) 522-4216	Certificate*		Business Development	
NMC	New Market Tax Credit — (573) 522-8004	Certificate*		P.O. Box 630, Jefferson City, M	-
RCC	Rebuilding Communities — (573) 526-3285	Certificate*			
RCN	Rebuilding Communities and Neighborhood	0		www.agriculture.mo.gov • (5	73) 751-21
	Preservation Act — (573) 522-8004	Certificate*	Alpha		Atta
REC	Qualified Research Expense — (573) 526-0124	Certificate*	Code	Name of Credit	Forr
RTC	Remediation — (573) 522-8004	Certificate*	APU	Agricultural Product Utilization Contributor	Certi
SBG SBI	Small Business Guaranty Fees — (573) 751-9048	Certificate*	FFC	Family Farms Act	Certi
SEC	Small Business Incubator — (573) 526-6708 Sporting Event Credit — (573) 522-8006	Certificate* Certificate*	NGC	New Generation Cooperative Incentive	Certi
SPC	Sporting Contribution Credit — (573) 522-8006	Certificate*	QBC	Qualified Beef	Cert
TDC	Transportation Development — (573) 522-8000	Certificate*			
WEC	Processed Wood Energy — (573) 751-2254	Certificate*		Missouri Department of Natu	ral Resour
WGC	Wine and Grape Production — (573) 751-2234	Certificate*		Jefferson City, MO 65	5105
YOC	Youth Opportunities — (573) 522-2629	Certificate*		http://www.dnr.mo.	
					<u></u>

Missouri Development Finance Board

P.O. Box 567, Jefferson City, MO 65102-0567 http://www.mdfb.org • (573) 751-8479

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

Missouri Housing Development Commission

3435 Broadway, Kansas City, MO 64111 http://www.mhdc.com

Alpha Name of Credit and Phone Number Code AHC Affordable Housing Assistance — (816) 759-6600

- Missouri Low Income Housing (816) 759-6654 LHC
- Attach to Form MO-TC Certificate* Eligibility Statement. Fed. K-1, 8609A, 8609 (first year)

2200 751-4541

Alpha		Attach to
Code	Name of Credit	Form MO-TC
ATC	Special Needs Adoption	Form ATC, and Federal Form 8839
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 Issuing Agency
CFC	Champion for Children	Contribution Verification from Issuing Agency
DAC	Disabled Access	Federal Form 8826 and Form MO-8826
DAT	Residential Dwelling Accessibility	Form MO-DAT
FPT	Food Pantry Tax	Form MO-FPT
SHC	Self-Employed Health Insurance	Form MO-SHC
SSC	Public Safety Officer Surviving Spouse	Form MO-SSC

0630 4 0 0

	www.agriculture.mo.gov	•	(573) 751-2129
а			Attach to
<u>e</u>	Name of Credit		Form MO-T

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

irces

Alpha		Attach to
Code	Name of Credit and Phone Number	Form MO-TC
CPC	Charcoal Producers — (573) 751-4817	Certificate*

Missouri Department of Social Services

lefferson 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
DDC	Developmental Disability Care Provider	Certificate*
DVC	Shelter for Victims of Domestic Violence	Certificate*
MHC	Maternity Home	Certificate*
PRC	Pregnancy Resource	Certificate*
RTA	Residential Treatment Agency	Certificate*
RTA	0 ,	Certificate*

Missouri Department of Health Division of Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 http://www.dhss.mo.gov

Alpha

Code Name of Credit and Phone Number Shared Care - (573) 751-4842 SCT

Attach to Form MO-TC Must Register Each Year With Division of Senior and Disability Services -Attach Form MO-SCC

* Must be approved by the issuing agency Individuals with speech or hearing impairments may call TTY (800) 735-2966 or fax (573) 522-1762.





MISSOURI DEPARTMENT OF REVENUE UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS

2016
FORM
MO-2210

DLN

Attachment Sequence No. 1040-06

	MO-22
--	-------

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. 1 1 PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE) CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE You may qualify for the Short Method to calculate your penalty. You may use the Short Method if: a. You qualify to use the Short Method on the Federal Form 2210 or b. All withholding and estimated tax payments were made equally throughout the year and c. You do not annualize your income. If (a) applies or both (b) and (c) apply to you, complete Part I, Required Annual Payment and Part II, Short Method. Otherwise, complete Part I, Required Annual Payment and Part III, Regular Method. PART I - REQUIRED ANNUAL PAYMENT 1. Enter your 2016 tax after credits (Form MO-1040, Line 33 less APPROVED Credits from Line 39; Property Tax Credit from Line 40.)..... 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 2015 tax return. If you did not file a 2015 Missouri return or only filed a Property Tax Credit Claim, skip line 5 and enter the amount from Line 2 on Line 6..... 5 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 PART II - SHORT METHOD 7. Enter the amount, if any, from Line 3 above 7 Enter the total amount, if any, of estimated tax payments you made 8 8 9 9. Add Lines 7 and 8..... 10 Total underpayment for year. Subtract Line 9 from Line 6. If zero or less, stop here; you do not owe the penalty. Do not file Form MO-2210 10 11. Multiply Line 10 by .02269 11 12. If the amount on Line 10 was paid on or after 04/15/17, enter 0 (zero). If the amount on Line 10 was paid before 04/15/17, make the following computation to find the amount to enter on Line 12. Amount on Number of days paid Х before 04/15/17 Х l ine 10 .0001096 12 13. Penalty. Subtract Line 12 from Line 11. Enter result here and on Form MO-1040, Line 51 13 **PART II INSTRUCTIONS — SHORT METHOD** 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 a penalty 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.

NOTE: IF THIS FORM IS NOT FILED WITH 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.

								Pag	э2
NAME AS SHOWN ON FRONT								ER	
PA	RT III — REGULAR METHOD								
SE If y	CTION A — FIGURE YOUR UNDERPAYMENT (COMPLETE LIN ou meet any of the exceptions (see instruction D) to the penalty for A	VES 14 THROUG ALL quarters, omit	H 19) Lines 14 through 1	9 and go	directly t	o Lin	e 20.		_
14.	Required annual payment (Enter payment as computed on Part I, Line 6)								
	[DUE DATES OF	INSTALLMI	ENTS	I			
	-	APR. 15, 2016	JUNE 15, 2016	SEPT. 1	15, 2016	J	AN. 15,	2017	\square
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								
	CTION B — EXCEPTIONS TO THE PENALTY (see instruction D) r special exceptions see instruction I for service in a "combat zone		J for farmers.)						
20.	Total amount paid and withheld from January 1 through the installment date indicated								
21.	Exception No. 1 — prior year's tax 2015 tax	25% OF 2015 TAX	50% OF 2015 TAX	75% OF 2	2015 TAX	100	0% OF 20	15 TAX	(
22.	Exception No. 2 — tax on prior year's income using 2016 rates and exemptions	25% OF TAX	50% OF TAX	75% O	F TAX		100% OF	TAX	
23.	Exception No. 3 — tax on annualized 2016 income	22.5% OF TAX	45% OF TAX	67.5% (
24.	Exception No. 4 — tax on 2016 income over 3, 5 and 8-month periods	90% OF TAX	90% OF TAX	90% O	FTAX				
	CTION C — FIGURE THE PENALTY (Complete Lines 25 through	1 29)							٦
	Amount of underpayment Date of payment, due date of installment, or April 15, 2017,								-
27a.	whichever is earlier 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, 2016, whichever is earlier								
27b.	Number of days from January 1, 2017 or installment date to date of payment or April 15, 2017								
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 4% annual interest rate times the amount on Line 25 for the number of days shown on Line 27b								
28c.	Total penalty (Line 28a plus Line 28b)								
29.	Total amounts on Line 28c. Show this amount on Line 51 of Form MO-1040 as If you have an underpayment on Line 50 of Form MO-1040, enclose your check total of Line 50 and the penalty amount on Line 51. If you have an overpayment will reduce your overpayment by the amount of the penalty	k or money order for p at on Line 49, the Dep	payment in the amount artment of Revenue	equal to th					
	NOTE: IF THIS FORM IS NOT FILED WITH FORM TO "DEPARTMENT OF REVENUE" AND M.								

PART III INSTRUCTIONS — REGULAR METHOD

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 a penalty on the underpaid amount.

B. Filing an Estimated Tax Payment 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 an estimated tax payment by April 15, and to pay the tax in four installments. (If you are not required to file an estimated tax payment 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 estimated tax payments and the maximum number of installments required for each.

Period Requirements First Met	Due Date of Estimated Tax Payments	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. 15	1

When the due date falls on a Saturday, Sunday, or legal holiday, the estimated tax payment 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 Penalty - You will not be liable for a penalty if your 2016 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 15, 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 2016 tax payments equal or exceed the tax shown on your 2015 tax return. The 2015 return must cover a period of 12 months and show a tax liability.

Exception 2 — Tax on Prior Year's Income using 2016 Rates and Exemptions - This exception applies if your 2016 tax withheld and estimated tax payments equal or exceed the tax that would have been due on your 2015 income if you had computed it at 2016 rates. To determine if you qualify for this exception, use the personal exemptions allowed for 2016, but use the other facts and law applicable to your 2015 return.

Exception 3 — Tax on Annualized 2016 Income — This exception applies if your 2016 tax payments equal or exceed 90 percent 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.
- (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.

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

Example I (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

۷.	
3.	Adjusted gross income\$10,000

4. Annualized income (\$10,000 ÷ 3 x 12)\$40,000

5.	Less:
	(a) Standard deduction

		ψ12,000
	(b) Exemptions (2 x \$2,100) + (1 x \$1,200)	.\$5,400
	(c) Federal tax (joint return)	.\$1,525
6	6. Annualized taxable income	\$20,475
7	7. Income Tax (from Missouri tax chart)	.\$1,003

If your tax withheld and estimated tax payment for the first installment period of 2016 were at least \$226 (22.5 percent of \$1,003) you do not owe a penalty for that period.

Exception 4 — Tax on 2016 Income Over Periods of 3, 5, and 8 months -This exception applies if your 2016 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, 2016 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 2016.

	Exar	npie li		
(combined re	turn with one	e depende	nt, using sta	ndard
-	dedı	uction)	-	
(1)	(2)	(3)	(4)	(5)
Computation	Income	Tax	90 percent	Tax
Period			of Tax	Withheld
Jan. 1 to Mar. 31	\$15,000	\$0	\$0	\$275
Jan. 1 to May 31	\$21,665	\$80	\$72	\$458
Jan. 1 to Aug. 31	\$31,665	\$595	\$536	\$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 penalty for the first three installment periods.

E. Figure the Addition 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, 2016, whichever is earlier. If the payment date on Line 26 is December 31, 2016, or later and the due date of the installment is April 15, 2016, then enter 260 days; for June 15, 2016, 199 days; and for September 15, 2016, 107 days.

For Line 27b, enter the number of days from January 1, 2017, or the 2017 installment due date to date of payment or appropriate due date of return, whichever is earlier. If the payment date is April 15, 2017, enter 105 days for the first, second, and third guarters and 90 days for the fourth guarter.

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 on or before January 31, 2017, consider the balance paid as of January 15, 2017.

1. Exception from the Addition to Tax for Service in a Combat Zone — You may be exempt from a penalty 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 1, 2017, 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 pay 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.

\$12 600

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 15, 2017, 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, 2017 (or a later date, if the installment date was after January 1) until either the date of the payment or April 15, 2017, whichever is earlier.
- 28a. Multiply the amount on Line 25 by the number of days on Line 27a. Divide this amount by 366 days and multiply the product by three percent. This is the penalty accruing on the underpayment during 2016.
- 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 four percent. This is the penalty accruing on the underpayment during 2017.
- 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.

a Control number	55555		OMB No. 1545-0	008						
b Employer identification number	(EIN)			1	Wages, tips, other compensation	2 Fed	eral income	tax withheld		
c Employer's name, address, and	ZIP code			3	Social security wages	4 Social security tax withheld				
				5	Medicare wages and tips	6 Mec	licare tax w	vithheld		
				7	Social security tips	8 Allo	cated tips			
d Employee's social security numb	ber			9	Advance EIC payment	10 Dep	endent can	e benefits		
e Employee's first name and initia	Last name		Suff.		Nonqualified plans	12a				
					Toroyee plan slok pay	12b				
Missouri	Taxes Wi	ithheld			Earnings Tax	120 12d				
15 State Employee's state ID num		ate wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local in	come tax	20 Locality na		
wage and Statemen			2016	;	Department of	the Treasu	ry—Internal	I Revenue Serv		

Diagram 1: Form W-2

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 the plan participant (account owner) claiming the subtraction.

LINE 12 — QUALIFIED HEALTH INSURANCE PREMIUMS

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

LINE 13 — 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 13 and take a subtraction for the amount not previously recovered. More information and examples can be found on the Department's website at http://dor.mo.gov/pdf/depreciation_examples.pdf.

LINE 14 — 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 for taxpayers filing a single return or \$2,000 for taxpayers filing a combined return. Please complete and attach Form MO-HEA found on page 25.

Line 15 — Exempt Contribution Made to a Qualified Achieving a Better Life Experience (Able) Program

The state of Missouri allows a subtraction from federal adjusted gross income for the amount of annual contributions made to the Achieving a Better Life Experience Program (ABLE). This plan is administered by the Missouri Achieving a Beter Life Experience Board. The maximum annual exempt contribution is \$8,000 for single inclinituals or \$16,000 for married couples filing a combined return. If you are a participant claining a subtraction for a contribution you made to the program you must **aftich your statement provided by the ABLE board**. The statement must be in the name of the program participant (account owner) claiming the subtraction.

LINE 16 - AGRICULTURE DISASTER RELIEF

Enter the amount of payment received from a program that provides compensation to agricultural producers that have suffered a loss as a result of a disaster or emergency. This amount must be included in your Federal Adjusted Gross Income. Attach a copy of the Form 1099, as well as a Federal Schedule F and Federal Schedule K-1 if applicable, indicating the payment amount.

LINE 17 — TOTAL SUBTRACTIONS

Add Lines 8 through 16. Enter the total on Form MO-A, Part 1, Line 17 and on Form MO-1040, Line 4.

Note: Do not include income earned in other states on Line 17. 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 28 or Line 29.

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-forprofit basis. **Cash contributions do not qualify.**

LINES 2 AND 3 — SOCIAL SECURITY TAX

Include the amount of the social security tax withheld from your Form(s) W-2. **This amount cannot exceed \$7,347.** Enter the total on Line 2. Repeat for your spouse and enter the total on Line 3.

LINES 4 & 5 — RAILROAD RETIREMENT TAX

Include the amount of railroad retirement tax withheld from your wages, Tier I and Tier II, during 2016. This amount cannot exceed \$11,669 (Tier I maximum of \$7,347 and Tier II maximum of \$4,322). Enter the total on Line 4. Repeat for your spouse and enter the total on Line 5. If you have both social security and Tier I railroad retirement tax, the maximum deduction allowed is the amount withheld as shown on the Form(s) W-2 less, either the amount entered on Federal Form 1040, Line 71, or, if only one employer, the amount refunded by the employer.

LINE 6 — MEDICARE TAX

Include the total amount of Medicare tax for yourself and spouse (combined). If you are not subject to "additional Medicare tax" on your federal return, enter the amount from your Form(s) W-2.

If you are subject to "additional Medicare tax" on your federal return, enter the amounts as calculated below. You must attach a copy of Federal Form 8959.

- Wage income: Form(s) W-2, Box 6, plus Line 7 of Federal Form 8959, minus Line 22 of Federal Form 8959;
- Railroad retirement compensation: Railroad retirement Medicare tax withheld on Form(s) W-2, Box 14, plus Line 17 of Federal Form 8959, minus Line 23 of Federal Form 8959.

LINE 7 — SELF-EMPLOYMENT TAX

Include the amount from Federal Form 1040, Line 57 minus Line 27, plus Federal Form 8959, Line 13; or Federal Form 1040NR, Line 55 minus Line 27, plus Federal Form 8959, Line 13.

LINE 9 — 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 10 — EARNINGS TAXES

If you entered an amount on Line 9 and you live or work in the Kansas City or St. Louis area, you may have included earnings taxes. Include on Line 10 the amount of earnings taxes withheld shown on Forms W-2. See Diagram 1, Page 34, Box 19.

LINE 12 — 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.

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

If you are claiming a pension, social security, social security disability, or military exemption, you must attach a copy of your federal return (pages 1 and 2), your Forms 1099-R, and 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** 2016 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 2016 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 8 — 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 (below), and enter those amounts here. If you are not eligible for the social security or social security disability exemption, enter a \$0 on Line 8.

PRIVATE PENSION CALCULATION

LINE 2 — TAXABLE SOCIAL SECURITY BENEFITS

Include the taxable 2016 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 2016 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 (bottom right).

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 widow(er), 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 13 of Section A. If you did not claim a public pension, enter \$0.

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 39, 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. (Example: One spouse lives in a nursing home or residential care facility while the other spouse remains in the home the entire year.) If filing a separate Form MO-PTC, you cannot take the \$2,000 or \$4,000 deduction on Line 7 and you cannot calculate your Property Tax Credit on the Form MO-PTS.

QUALIFICATIONS

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

HELPFUL HINTS

If you are 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 the 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 RRB-1099, total amount before deductions (if you did not include an amount on Federal Forms 1040 or 1040A)

WORKSHEET FOR LINES	4 AND 5	
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	
• 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 or 5 of Part 3 of the MO-A. S	ection C	

Lump sum distributions from Social Security Administration and other agencies must be claimed in the year in which they are received. Attach a copy of Form(s) SSA-1099, RRB-1099, or SSI Statement.

HELPFUL HINTS

Wait to file your return until you get your Form SSA-1099 received in January 2017, that states what your benefits were for the entire 2016 year. See the sample Form SSA-1099 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 8.

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 10. (Attach a copy of your Form **RRB-1099-R.**) (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 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 either through a my Social Security account at www.socialsecurity.gov/ myaccount, by calling 1-800-772-1213, or contacting your local Social Security office. 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 payments received from the government. 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, a letter from 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. 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 DEDUCTION

If you are **Single or Married Living Separate**, enter \$0 on Line 9.

If you are **Married and Filing Combined**, see below to determine the amount to 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.

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 to complete and submit 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 to complete and submit 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.

LINE 11 — OWN YOUR HOME

If you owned and occupied your home, include the amount of real estate tax you paid for 2016 only, or \$1,100, whichever is less. **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 are not eligible for the credit.

Attach a copy of paid real estate tax receipts from the county and city collectors office. Mortgage and financial institution statements are not acceptable.

If you submit more than one receipt from 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 or real property tax receipt. If you own a mobile home and it is classified as real property, a Form 948 isn't needed. In such cases, you can claim property tax for the mobile home and if applicable, rent for the lot. 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.

If you use your home for business purposes, the percentage of your home that is used for business purposes must be subtracted from your real estate taxes paid. If you need to use a Form 948 to calculate the amount of real estate tax, you must subtract the percentage of your home that is used for business purposes from allowable real estate taxes paid.

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 percent of her house for her business. She will multiply \$500 by 85 percent 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 or lot) you occupied during 2016. The Form MO-CRP is on the back of the Form MO-PTS.

HELPFUL HINTS

If you receive low income housing assistance the rent you claim may not exceed 40 percent of your income. Please claim only the amount of rent you pay or your refund will be delayed or denied.

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 house hold income, you must attach a detailed statement explaining how the additional rent was paid or the claim will be denied.

Add the totals from Line 9 on all Forms MO-CRP completed, and enter the amount on Line 12, or \$750, whichever is less. Attach rent receipt(s) or a signed statement from your landlord for any rent you are claiming, along with Form MO-CRP. The rent receipt(s) or statement, must be signed by the landlord and include his or her tax identification or social security number and phone number. Copies of canceled checks (front and back) will be accepted if your landlord will not provide rent receipts or a statement. A bank image is acceptable if it is identified to be from the banking institution.

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

LINE 13 — TOTAL REAL ESTATE TAX/RENT PAID

Add amounts from Form MO-PTS, Lines 11 and 12 and enter amount on Line 13, or \$1,100, whichever is less.

Example: Ester owns her home for three months and pays \$100 in property taxes. For nine months she rents an apartment and pays \$4,000 in rent. The amount on Line 9 of the Form MO-CRP is \$800 (\$4,000 x 20%). Form MO-PTS, Line 11, is \$100; Line 12 is \$750; and Line 13 is \$850. The \$800 for rent is limited on Line 12 to \$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 2016, use the applicable percentage on 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.

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 percent 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 Form MO-PTS.

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.

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2016 PART OF YOUR SOCIAL SECURITY BENEF		N BOX 5 MAY BE TAXABLE INCOME.				
Box 1. Name	Box 2. Bene	ficiary's Social Security Number				
BETTY TAXPAYER	000-00-0000					
Box 3. Benefits Paid in 2016 Box 4. Benefits Repaid to SSA	in 2016 Box 5. Net Benefits Repaid for 2016 (Box 3 minu					
*\$8,400.00 NONE		\$8,400.00				
DESCRIPTION OF AMOUNT IN BOX 3	DESC	CRIPTION OF AMOUNT IN BOX 4				
Paid by check or direct deposit\$7,800.00Medicare premiums deducted from your benefit\$600.00Total Additions\$8,400.00Benefits for 2016\$8,400.00		NONE				
	Box 6. Voluntary Federal Income Tax Withheld					
	5500 TAX	ess TAXPAYER XES LANE VN, MO 55555-5555				
*Includes: \$12.00 Paid in 2016 for 2015	Box 8. Clain	n Number (Use this number if you need to contact SSA.)				

2	Form 4340	Missour 2016 In Use Ta	divid	ual C								partment M/DD/YY)	-						
-L	2				1/17/2	017							Rep (MM	-	Period	1	2	1	6
Miss Num	ouri Tax I.D.																		
2. La	st Name								First Nam	e				M.I.	SSN				
Stree	et Address								City							Stat	e Zip)	
3. Sp	oouse's Last Name								First Nam	e				M.I.	Spouse \$	SN			
Stree	et Address								City							Stat	e Zip)	
		4. Street Addre	ess					Cit	y		Zip	5. Inside City Limits	6. City/Count Code(s)	/ 7 F	. Taxable Purchases	8. T Ra		9. Amo Ta	
												Yes							
												☐ Yes							
												Yes							
15. P	rovide a descriptior	n of purchases	you mad	le										10. T	otal Purchase	IS		Total Due	
															Interest Late Payr	For nent	12.		
16.	One time purch	ase 🔲 I	l expect t	o make f	uture taxa	able pur	chases.	(See ins	structions)						Additions T	o Tax	13.		
	ve direct control, this is a true, acc				for filing	this ret	urn and	payme	nt of the ta	x due.	Under pena	Ities of perju	ıry, I declare		Pay This A (U.S. Fund		14.		
17. S	Signature(s)						Dat	te (MM/I /	DD/YYYY) /		Daytime To	elephone _)	·	DOF	RONLY				
	ke check payable me tax return. If y																		
	This form is r See the addr					es. B	usines	ses tha	at have a	use ta	x liability s	should con	tact the De	partm	nent of Re	venue	Э.		
	What is Consu consumption consumer's us in Missouri unl If an out-of-st purchaser is rr required to file tax exceed \$2 price of the g information: ht	of tangible se tax on tar less you paid tate seller of esponsible fi e a use tax 0,000 in a ca oods. Pleas	person ngible po d tax to does no or remit return ilendar e refer	nal pro ersonal the selle of collect ting the if the c year. U to the	perty ir propert er or the ct use ta use ta umulativ se tax is Departn	this y store prope ax fro to M ye pur s comp nent's	state. ed, used erty is ex m the p issouri. chases outed o	You m l, or co kempt f purcha A purc subjec n the p	insumed from tax. iser, the chaser is ct to use purchase	ini 6. Er <u>ht</u> 7. Er 8. Er us pe	tormation is inter the city tp://dor.m. inter the tax inter zero if inter the tax inter the tax is tax rate is tax	s used to de and coun c.gov/busi (able purch you made n rate found where you n perty at a coust use tax rate	" if your a etermine the ty code for y ness/sales/ ases for ea to taxable p at <u>http://do</u> eside unless different loca e. For aircra	correc vour ac rates. ch rep urchas r.mo.g you ar you ar	ct tax rate. ddress. Th porting loc. ses at a loc gov/busin re storing, For qualify	ese co ation c ation o ess/sa using, o ng foc	uring th during th during t des/rat or consi d purch	n be fo ne tax he tax j es. Sel uming t nases y	period. period. period. ect the angible ou will
Instructions	Taxable Purcl calendar year this informatic checks. Exam purchases, TV aircraft. The to must be used	and didn't pr on from invo ples are pur /, or telepho tal of all purc	eviously pices, b chases one ma chases c	y pay M bills, cre you ma rketing, during th	issouri s edit caro ade fron goods ne year t	ales o state the l from hat we	r use ta ements, nternet, foreign	x. You and c catalo countr	can find anceled gs, food ies, and	9. Er 10. Er 11. Er 12. Er ye to	nter the am nter total ta nter total ta nter interes ear. Refer to calculate t	xable purch x due. st for late o the Depai he amount	by multiplyin nases. Dayment. Th tment's web of interest d	ne inte site <u>ht</u> ue.	erest rate tp://dor.m	is sub <mark>o.gov/</mark>	ject to calcula	chango tors/in	e each <u>terest/</u>
	Due Date - Th Saturday, Sun timely if made	day, or a leo	gal holio	day, the						nc <u>Ca</u> 14. Er 15. Er	ot to excee Ilculators/ Inter the sur Inter a desc	d 25%. Re interest/ to n of Lines ² ription of th	ditions to tax fer to the D calculate th 11 through 1 e purchases	epartr e amo 3. you n	ment's we ount of add nade subje	itions of the action of the sector of the se	t <u>http:/</u> lue. se tax.	/dor.m	<u>o.gov/</u>
	Line by Line In 1. Enter your 2. Enter your 3. Enter your 4. List each or consum	Missouri Tax full name, S spouse's full address w	ocial Se name, S	ecurity I Social Se	Number curity N	and c umber,	omplete and cor	e addre nplete a	ess. address.	pr De Ce ur	ocess you epartment. onsumer's iless you re	ur return, If you ha Use Tax R equest a dif	ks. You wil but you w ve ongoing teturn (Forn ferent filing ur daytime t	ill not purch 53-C reque	t be requinases, you (ases, you () to comp (ncy.	ired t 1 will 1 lete ea	o regis eceive	ster wi a prej	th the printed
			The u	se tax	rates m	ay be	found	on the	Internet	at: <u>htt</u>	p://dor.m	o.gov/bu	siness/sal	es/rat	es/2016/				
Mail	to: Taxation I P.O. Box Jefferson		5105-0)840		Fax TTY	: (573) (: (800)	522-1 735-2		no.gov					160210				12-2016)

39



MISSOURI DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX PAYMENT VOUCHER INSTRUCTIONS

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

Form MO-1040V, Individual Income Tax Payment Voucher, is the voucher you send with your payment when you do not make the payment with 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. 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, 2017.

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. DO NOT use Form MO-1040V for making extension payments. Please use Form MO-60, or visit our website to pay online.

How Do I Fill In the Payment Voucher?

Complete the name(s) and address block.

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.

NAMEENTERJohn BrownBROWJuan De JesusDEJEJoan A. LeeLEEJean McCarthyMCCAJohn O'NeillONEIPedro Torres-LopezTORR

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 "2016 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								
use red ink or pencil.	1	2	3	4	А	В	С	D

Federal Privacy Notice

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

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

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

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

INDIVIDUAL INCOME TAX	2016 FORM MO-1040V	 Social security number Name control 	*
PLEASE PRINT. MAKE CHECK PAYABLE TO MISSOUF REVENUE. MAIL FORM MO-1040V AND PAYMENT DEPARTMENT OF REVENUE, P.O. BOX 371, JEFFERSON C	TO THE MISSOURI	 Spouse's social security number 	*
NAME		4. Spouse's name control	*
SPOUSE'S NAME		5. Amount of payment (U.S. funds only)	\$00
STREET ADDRESS		De net melle ee	
CITY ST	ATE ZIP CODE	Do not mail a co	ppy of your previously filed return
FULL PAYMENT OF TAXES MUST BE SUBMITTED BY Apr INTEREST AND ADDITION TO TAX FOR FAILURE TO PAY you authorize the Department of Revenue to process the che returned check may be presented again electronically.	. If you pay by check,	DOR USE ONLY	*
• PLEASE SEND CHECK OR MONEY ORDER (U.S. FUNDS	ONLY)		*
			Form MO-1040V (Revised 12-2016)

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.

2016 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
		10/0	1031	TO	1001	570	551	T(0/0	031	020	то-	//0	
		1100	1075	1050	1025	1000	975	950	925	900	875	850	825	800	775
FROM															
FROM	TO												n MO-PTS, roperty Ta		•
1 14,301	14,300 14,600	1078	1053	1028	1003	978	953	928	903	878	853	828	803	778	753
14,601	14,900	10/0	1033	1020	994	969	944	919	894	869	844	819	794	769	733
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	968 054	943	918	893	868 854	843	818	793	768	743	718	693	668 654	643
17,601 17,901	17,900 18,200	954 941	929 916	904 891	879 866	854 841	829 816	804 791	779 766	754 741	729 716	704 691	679 666	654 641	629 616
17,901	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 21,201	21,200 21,500	785 767	760 742	735 717	710 692	685 667	660 642	635 617	610 592	585 567	560 542	535 517	510 492	485 467	460 442
21,201	21,300	767	742	699	692 674	649	624	599	592	549	542	499	492	467	442
21,301	22,100	731	706	681	656	631	606	581	556	531	506	481	456	431	406
22,101	22,400	712	687	662	637	612	587	562	537	512	487	462	437	412	387
22,401	22,700	693	668	643	618	593	568	543	518	493	468	443	418	393	368
22,701	23,000	673	648	623	598	573	548	523	498	473	448	423	398	373	348
23,001	23,300	653	628	603	578	553	528	503	478	453	428	403	378	353	328
23,301	23,600	633	608	583	558	533	508	483	458	433	408	383	358	333	308
23,601	23,900	613	588	563	538	513	488	463	438	413	388	363	338	313	288
23,901	24,200 24,500	591 570	566 545	541 520	516 495	491 470	466 445	441 420	416 395	391 370	366 345	341 320	316 295	291 270	266 245
24,201 24,501	24,300 24,800	570	523	498	493	470	423	398	373	348	323	298	293	248	243
24,801	25,100	526	501	476	451	426	401	376	351	326	301	276	251	226	201
25,101	25,400	504	479	454	429	404	379	354	329	304	279	254	229	204	179
25,401	25,700	481	456	431	406	381	356	331	306	281	256	231	206	181	156
25,701	26,000	457	432	407	382	357	332	307	282	257	232	207	182	157	132
26,001	26,300	434	409	384	359	334	309	284	259	234	209	184	159	134	109
26,301	26,600	410	385	360	335	310	285	260	235	210	185	160	135	110	85
26,601	26,900	385	360	335	310	285	260	235	210	185	160	135	110	85	60
26,901	27,200	361 335	336 310	311 285	286 260	261 235	236 210	211 185	186 160	161 135	136 110	111 85	86 60	61 35	36 10
27,201 27,501	27,500 27,800	335	285	265	260	235	185	160	135	135	85	60	35	35 10	10
27,301	27,800	284	259	234	209	184	159	134	109	84	59	34	9	10	
28,101	28,400	258	233	208	183	158	133	108	83	58	33	8			
28,401	28,700	231	206	181	156	131	106	81	56	31	6	-			
28,701	29,000	204	179	154	129	104	79	54	29	4					
29,001	29,300	177	152	127	102	77	52	27	2						
29,301	29,600	149	124	99	74	49	24								
29,601	29,900	121	96	71	46	21									
29,901	30,000	95	70	45	20										

A. Enter amount from Line 10 here _

B. Enter amount from Line 13 here _

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

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

				FROM —)M				- FROM	1]
		726	701	676	651	626	601	576	551	526	501	476	451	426	401
			, 01	- то —	001	020		T(020	00.		то-	.20	
		750	725	700	675	650	625	600	575	550	525	500	475	450	425
FROM	то												ivalent not		
<u>гко</u> м	14,300												ble for a Pi		
14,301	14,600	728	703	678	653	628	603	578	553	528	503	478	453	428	403
14,601	14,900	719	694	669	644	619	594	569	544	519	494	469	444	419	394
14,901	15,200	709	684	659	634	609	584	559	534	509	484	459	434	409	384
15,201	15,500	699	674	649	624	599	574	549	524	499	474	449	424	399	374
15,501	15,800	689	664	639	614	589	564	539	514	489	464	439	414	389	364
15,801	16,100	678	653	628	603	578	553	528	503	478	453	428	403	378	353
16,101	16,400	666	641	616	591	566	541	516	491	466	441	416	391	366	341
16,401	16,700	655	630	605	580	555	530	505	480	455	430	405	380	355	330
16,701	17,000	643	618	593	568	543	518	493	468	443	418	393	368	343	318
17,001	17,300	630	605	580	555	530	505	480	455	430	405	380	355	330	305
17,301	17,600	618 604	593 579	568 554	543 529	518 504	493 479	468 454	443 429	418 404	393 379	368 354	343 329	318 304	293 279
17,601 17,901	17,900 18,200	591	566	534	529	491	479	454	429	391	366	341	329	291	279
18,201	18,500	577	552	527	502	491	452	441	402	377	352	327	302	277	252
18,501	18,800	563	538	513	488	463	438	413	388	363	338	313	288	263	238
18,801	19,100	548	523	498	473	448	423	398	373	348	323	298	273	248	223
19,101	19,400	533	508	483	458	433	408	383	358	333	308	283	258	233	208
19,401	19,700	518	493	468	443	418	393	368	343	318	293	268	243	218	193
19,701	20,000	502	477	452	427	402	377	352	327	302	277	252	227	202	177
20,001	20,300	486	461	436	411	386	361	336	311	286	261	236	211	186	161
20,301	20,600	469	444	419	394	369	344	319	294	269	244	219	194	169	144
20,601	20,900	452	427	402	377	352	327	302	277	252	227	202	177	152	127
20,901	21,200	435	410	385	360	335	310	285	260	235	210	185	160	135	110
21,201	21,500	417	392	367	342	317	292	267	242	217	192	167	142	117	92
21,501	21,800	399	374	349	324	299	274	249	224	199	174	149	124	99	74
21,801 22,101	22,100 22,400	381 362	356 337	331 312	306 287	281 262	256 237	231 212	206 187	181 162	156 137	131 112	106 87	81 62	56 37
22,101	22,400	343	318	293	268	243	237	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 31	29	4							
25,401 25,701	25,700 26,000	131 107	106 82	81 57	56 32	7	6								
26,001	26,000	84	62 59	34	52 9	/					EV	AMPLE			
26,301	26,600	60	35	10	5								::) is \$2	2 0 9 0	and
26,601	26,900	35	10												
26,901	27,200	11	-							L,			of Forr		
27,201	27,500											szs, ι uld be	hen the		ieun
27,501	27,800										wo	ulu be	φ10 .		
27,801	28,100					This	area in	dicate	s no						
28,101	28,400														
28,401	28,700					cree	uit is a	llowab	ie.						
28,701	29,000														
29,001 29,301	29,300														
29,301	29,600 29,900									-					
29,801	29,900 30,000														
<u>49,901</u>	50,000														

A. Enter amount from Line 10 here _

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

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

		FROM FROM FROM FROM															
		376	351	- FROM 326	301	276	251	226	FRC	л <u> </u>	151	126	101	76	FROM - 51	26	1
		3/0	331		301	270	251	220			151	120	101	70		20	
		400	275	— TO -	225	200	275	250	T(175	150	105	100	<u>-то</u> 75	50	25
		400	375	350	325	300		250	225	200		150	125	100		50	
FROM	TO			actual to Line 13)													
1 14,301	14,300 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	233	219	194	169	144	119	94	69	44	19	5
14,901	15,200	359	334	309	284	259	234	209	184	159	134	109	84	59	34	9	
15,201	15,500	349	324	299	274	249	224	199	174	149	124	99	74	49	24		
15,501	15,800	339	314	289	264	239	214	189	164	139	114	89	64	39	14		
15,801	16,100	328	303	278	253	228	203	178	153	128	103	78	53	28	3		
16,101	16,400	316	291	266	241	216	191	166	141	116	91	66	41	16			
16,401	16,700	305	280	255	230	205	180	155	130	105	80	55	30	5			
16,701 17,001	17,000 17,300	293 280	268 255	243 230	218 205	193 180	168 155	143 130	118 105	93 80	68 55	43 30	18 5				
17,001	17,500	268	233	230	193	168	143	118	93	68	43	18	5				
17,601	17,900	254	229	204	179	154	129	104	79	54	29	4					
17,901	18,200	241	216	191	166	141	116	91	66	41	16	-					
18,201	18,500	227	202	177	152	127	102	77	52	27	2						
18,501	18,800	213	188	163	138	113	88	63	38	13							
18,801	19,100	198	173	148	123	98	73	48	23								
19,101	19,400	183	158	133	108	83	58	33	8								
19,401	19,700	168	143	118	93	68	43 27	18									
19,701 20,001	20,000 20,300	152 136	127 111	102 86	77 61	52 36	11	2									
20,301	20,500	119	94	69	44	19				\mathbf{N}							
20,601	20,900	102	77	52	27	2											
20,901	21,200	85	60	35	10												
21,201	21,500	67	42	17						E	XAMF	PLE:					
21,501	21,800	49	24									10 is	\$19.	360 a	nd		
21,801	22,100	31	6									3 of F					
22,101	22,400	12										, then					
22,401 22,701	22,700 23,000										ould b						
23,001	23,300										1			1			
23,301	23,600																
23,601	23,900																
23,901	24,200																
24,201																	
24,501	24,800																
24,801	25,100 25,400																
25,101 25,401	25,400																
25,701	26,000																
26,001	26,300																
26,301	26,600																
26,601	26,900							This area indicates no									
26,901	27,200								lit is a								
27,201	27,500							crec	iit is a	nowa	ible.						
27,501 27,801	27,800 28,100																
27,801	28,400							1			1						
28,401	28,700																
28,701	29,000																
29,001	29,300																
29,301	29,600																
29,601	29,900																
29,901	30,000																

Visit our website at http://dor.mo.gov/personal/individual

In addition to electronic filing information found on our website, you can:

- Use our fill-in forms that calculate
- Download Missouri and federal tax forms
- Get answers to frequently asked questions
- Pay your taxes online
- Get the status of your refund or balance due
- Get a copy of the Taxpayer Bill of Rights

IMPORTANT PHONE NUMBERS

General Inquiry Line	(573) 751-3505
Automated Refund/Balance Due/1099G Inquiry	(573) 526-8299
Electronic Filing Information	(573) 751-3505

Individuals with speech or hearing impairments may use TTY (800) 735-2966 or fax (573) 522-1762.

Download forms, check the status of your return, or obtain a copy of the Taxpayer Bill of Rights on our website at:

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