MISSOURI DEPARTMENT OF

# REVENUE

# Form MO-1040

Individual Income Tax Long Form

2 0 1



## File Electronically

Electronic filing is fast and easy. Last year, 85 percent of Missouri Individual Income Tax Returns were filed electronically. See page 2 for details about how you can file electronically.



## Sign up to receive updates!

Receive text or e-mail notifications each time the status of your return changes.

See page 5 for more information.

Tax Deadline is April 15. 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 <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.
- 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 <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.

### **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 http://www.irs.gov/Individuals/Free-Tax-Return-Preparation-for-You-by-Volunteers.

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 automatically calculate and provide your return with 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

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#### Do You Have the Correct Tax Book?

The Individual Income Tax Return (Form MO-1040) is Missouri's long form. It is a universal form that can be used by any taxpayer. 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 must file Form MO-1040 if at least one of the following applies:

- You or your spouse claim or file:
  - a. 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 the Missouri Individual Income Tax Return and Property Tax Credit Claim/Pension Exemption (Form MO-1040P) to file your taxes and claim the property tax credit/pension exemption.);
  - b. miscellaneous income tax credits (taken on Form MO-TC);
  - a credit for payment made with the filing of an Application for Extension of Time to File (Form MO-60),
- d. income from another state;
- e. an amended return;
- f. a nonresident entertainer or a professional athlete;
- g. a fiscal year return;
- a nonresident military service member stationed in Missouri and you or your spouse earned non-military income while in Missouri;
- i. a deduction for other federal tax (from Federal Form 1040 and applicable schedules. Lines 45, 46, 48, 59, 60b, and any recapture taxes on Line 64);

- j. a Health Care Sharing Ministry deduction;
- k. any military income earned while on active duty;
- I. the Bring Jobs Home tax deduction; or
- m. the Transportation Facilities deduction.
- You have any of the following Missouri modifications:
  - a. positive or negative adjustments from partnerships, fiduciaries,
     S corporations, or other sources;

Railroad Retirement

- b. nonqualified distribution received from the Missouri Savings for Tuition Program (MOST), Missouri 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 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;
- I. agriculture disaster relief income; or
- m. Employee Stock Ownership Plan (ESOP).
- You owe a penalty for underpayment of estimated tax.
- You owe tax on a lump sum distribution included on Federal Form 1040, Line 11.
- You owe recapture tax on low income housing credit.

#### **To Obtain Forms:**

Visit our website at <a href="http://dor.mo.gov/personal/individual">http://dor.mo.gov/personal/individual</a>/ to use the Department's form selector to obtain specific tax forms.

#### **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 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 Employee Withholding Allowance Certificate (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 15, 2019**. 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 15, 2019. 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

If you expect to owe Missouri income tax, file Form MO-60 with your payment by the original due date of the return.

tax return when you file.

federal extension (Federal Form 4868) with your Missouri income

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 <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.

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 <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a> for your payment options. If you are mailing a partial payment, please use the Individual Income Tax Payment Voucher (Form MO-1040V) found on page 48.

#### 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. Select the box at the top of the form. Complete Forms MO-1040 and the Individual Income Tax Adjustments (Form MO-A), pages 1-4, 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.

#### **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. Select the composite return box at the top of Form MO-1040. Refer to Missouri Regulation 12 CSR 10-2.190 and the Instructions for Composite Individual Return for Nonresident Partners or Shareholders (Form 5677) at <a href="http://dor.mo.gov/forms">http://dor.mo.gov/forms</a> for complete filing instructions. Note: The tax rate for a composite return is 5.9 percent.

#### Fill-in Forms That Automatically Calculate

Visit 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 at <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a> or call our automated individual income tax inquiry line at (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. Once this information is validated using the Missouri Return Inquiry System on our website, you will be given the option to sign up for text or email notifications. This will allow you to be notified each time the status of your tax return changes as it is being processed by the Department of Revenue.

#### 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 the Missouri Income Percentage (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 selected Box 2 on the Federal Form 1040NR; or Box 1 on Federal Form 1040NR-EZ, select Single as your filing status on Form MO-1040. If you selected Box 5 and did not claim your spouse as an exemption on Federal Form 1040NR, or if you selected Box 2 on Federal Form 1040NR-EZ, select Married Filing Separate as your filing status on Form MO-1040.

If you selected Box 6 on Federal Form 1040NR, select Qualifying Widow as your filing status 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. Visit <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a> for more detailed information and Frequently Asked Questions.

#### **Federal Tax Deduction**

Enter on Form MO-1040, Line 9 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 10, 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 page 6.

#### **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 the Credit for Income Taxes Paid to Other States or Political Subdivisions (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 service-members' 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 16 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 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 by visiting <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.

If you are a military servicemember and earned \$600 or more in Missouri in non-military income, this non-military income is taxable to Missouri and cannot be subtracted from your federal adjusted gross income on your 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 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 2018 state income tax return, 2018 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 visit <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.

#### **Other State Income**

You must begin Form MO-1040 with your total federal adjusted gross income, as reported on your federal return. Lines 1 through 24 of the return are computed as if you are a full-year resident. Tax (Line 24) is computed on all your income, and may then be reduced by a resident credit (Line 25), or by a Missouri income percentage (Line 26). The result is a prorated Missouri tax liability (Line 27) based only on the income earned in Missouri. See page 9, Lines 25 and 26.

#### **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 an Estimated Tax Declaration for Individuals (Form MO-1040ES).

#### **Address Change**

Visit <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a> to obtain an official address change form to change your address with the Department. 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 by visiting <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.

#### **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 Individual Consumer's Use Tax Return (Form 4340), located on page 47. The due date for Form 4340 is April 15, 2019.

### **Form MO-1040**

#### Important: Complete your federal return first.

If you are filing a fiscal year return, indicate the beginning and ending dates on the line provided near the top of Form MO-1040.

#### **Filing Status**

Select the same filing status on your Missouri return as claimed on the federal return. If on your federal return, you selected the checkbox "Someone can claim you as a dependent," you will select "claimed as a dependent" on the Form MO-1040.

#### Age 62 Through 64

If you or your spouse were ages 62, 63, or 64 by December 31, 2018, select 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 2018 federal return, select the appropriate boxes.

#### 100 Percent Disabled Person

You may select the 100 percent disabled box if you or your spouse 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. Visit <a href="http://dor.mo.gov/personal">http://dor.mo.gov/personal</a> to learn more about the property tax credit claim.

#### **Non-Obligated Spouse**

You may select 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.

#### 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 2018, select the appropriate box. If a refund is due to a deceased taxpayer, attach a copy of Federal Form 1310 and death certificate.

#### 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 on page 7 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 7 |
| 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 12 through 14 and 42.

#### **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 18.

#### 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 Form(s) 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 2017 Missouri tax withheld, less each spouse's 2017 tax liability. The result should be each spouse's portion of the 2017 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<br>1040 Line No. | Y - Yourself |    | S - Spouse |
|--|-------------------------------|--------------|----|------------|
| 1. Wages, salaries, tips, etc  | 1                             | 00           | 1  | 00         |
| 2. Taxable interest income   | 2b                            | 00           | 2  | 00         |
| 3. Dividend income   | 3b                            | 00           | 3  | 00         |
| 4. State and local income tax refunds (from schedule 1)                            | 10                            | 00           | 4  | 00         |
| 5. Alimony received (from schedule 1)  | 11                            | 00           | 5  | 00         |
| 6. Business income or (loss) (from schedule 1)                                     | 12                            | 00           | 6  | 00         |
| 7. Capital gain or (loss) (from schedule 1)  | 13                            | 00           | 7  | 00         |
| 8. Other gains or (losses) (from schedule 1)                                       | 14                            | 00           | 8  | 00         |
| 9. Taxable IRA distributions   | 4b                            | 00           | 9  | 00         |
| 10. Taxable pensions and annuities   | 4b                            | 00           | 10 | 00         |
| 11. Rents, royalties, partnerships, S corporations, trusts, etc. (from schedule 1) | 17                            | 00           | 11 | 00         |
| 12. Farm income or (loss) (from schedule 1)  | 18                            | 00           | 12 | 00         |
| 13. Unemployment compensation (from schedule 1)                                    | 19                            | 00           | 13 | 00         |
| 14. Taxable social security benefits   | 5b                            | 00           | 14 | 00         |
| 15. Other income (from schedule 1)   | 21                            | 00           | 15 | 00         |
| 16. Total (add Lines 1 through 15)   |                               | 00           | 16 | 00         |
| 17. Less: federal adjustments to income (from schedule 1)                          | 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                            | 7                             | 00           | 18 | 00         |

#### **Line 7 - Income Percentages**

To calculate your income percentage for Line 7, complete the chart below if both spouses have income.

| Yourself | Line 5Y<br>Line 6 | <br>divided by |
|----------|-------------------|----------------|
| Spouse   | Line 5S<br>Line 6 | 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.

#### **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, and SSA-1099.** 

#### **Line 9 - Tax From Federal Return**

Use the chart in next column to locate your tax on your federal return. Do not enter your federal income tax withheld as shown on your Form(s) 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 13 minus Line 45, 46, 17a,17c, 70, and  |  |  |  |  |
|              | any amount from Form 8885 on Line 74,        |  |  |  |  |
|              | plus any deferred Transition Tax under       |  |  |  |  |
|              | Section 956(i) of the Internal Revenue Code. |  |  |  |  |
| 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 2018 federal income tax forms.

#### **Line 10 - Other Federal Tax**

Enter the total amount of Lines 45, 46, 48, 59, 60b, and any recapture taxes included on Line 64 of Federal Form 1040. 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) and applicable schedules. Attach a copy of Federal Form(s) 4255, 8611, or 8828 if claiming recapture taxes.

#### **Line 12 - Federal Income Tax Deduction**

If you selected any filing status other than married filing combined on Form MO-1040, your federal tax deduction may not exceed \$5,000. If you selected married filing combined, your federal tax cannot exceed \$10,000.

#### **Line 13 - 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 13.

Use the chart below to determine your standard deduction if you or your spouse selected any of the boxes for 65 or older, blind or claimed as a dependent.

| Federal Form | Line Numbers |
|--------------|--------------|
| 1040         | Line 8       |
| 1040X        | Line 2       |

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.

#### **Line 14 - Long-Term Care Insurance Deduction**

If you paid premiums for qualified long-term care insurance in 2018, 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 cannot claim a deduction for amounts paid toward death benefits or extended riders.

#### **Worksheet for Long-Term Care Insurance Deduction**

| A. Enter the amount paid for qualified long-term care insurance policyA) \$   |
|---|
| If you itemized on your federal return and your federal itemized deductions included medical expenses, go to Line B. If not, skip to H. |
| B. Enter the amount from Federal Schedule A, Line 4   |
| C. Enter the amount from Federal  |
| Schedule A, Line 1  |
| D.Enter the amount of qualified long-term care included on Line C D) \$   |
| E. Subtract Line D from Line C  |
| F. Subtract Line E from Line B.   |
| If amount is less than zero, enter "0". F) \$   |
| G.Subtract Line F from Line A G) \$   |
| H.Enter Line G (or Line A if you did not  |

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

have to complete Lines B through G)

on Form MO-1040, Line 14.

#### **Line 15 - Health Care Sharing Ministry**

If you made contributions to a qualifying health care sharing ministry, enter the amounts you paid in 2018 on Line 15. **Do not** include amounts excluded from your federal taxable income.

#### **Line 16 - 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 includes being ordered to federal active duty status under 10

USC or 32 USC, participating in Annual Training (typically two weeks a year), and participating in other active training or schools, except for Inactive Duty for Training. This amount may not include military income earned during State Active Duty. This amount must be included in your federal adjusted gross income and not previously taken as a deduction or subtraction.

You should submit appropriate documentation to verify your military income deduction. Please include copies of all your Leave and Earnings Statement which validates how long you were on active duty for training or annual training and the amount you earned on active duty for training or on annual training. 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 at military@dor.mo.gov.

#### **Line 17 - 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 percent of the eligible in-sourcing expenses and cannot exceed your Missouri adjusted gross income. For additional information please visit <a href="http://ded.mo.gov">http://ded.mo.gov</a> or contact the Missouri Department of Economic Development at P.O. Box 118, Jefferson City, MO 65102-0118.

#### **Line 18 - Transportation Facilities Deduction**

Taxpayers must receive approval from the Missouri Department of Economic Development to claim one of the following Transportation Facilities deductions: (A) Port Cargo Expansion; (B) International Trade Facility; and (C) Qualified Trade Activities. Select the appropriate deduction and enter the approved amount on Line 18. **Note**: The Qualified Trade Activities deduction cannot exceed 50 percent of the taxpayer's Missouri adjusted gross income.

#### Line 20 - Subtotal

Subtract Line 19 from Line 6. If less than zero, enter "0". **Do not enter a negative amount.** 

# **Line 22 - Enterprise Zone Income or Rural Empowerment Zone Modification**

To claim the Enterprise Zone Income or Rural Empowerment Zone Modification, you must first receive notification of approval from the **Department of Economic Development.** 

Enterprise Zone Income Modification: If you or your spouse have exempt income from a business facility located in an enterprise zone that has been approved by the Department of Economic Development, enter one-half of the Missouri taxable income attributed to the new business facility in the enterprise zone (refer to the Worksheet for Calculating Business Facility Credit, Enterprise Zone Modification and Enterprise Zone Credit Form 4354) on Line 22.

**Rural Empowerment Zone Modification**: If you or your spouse have exempt income from a new business facility located within a rural empowerment zone that has been approved by the Department of Economic Development, enter the Missouri taxable income attributed to a new business facility in a rural empowerment zone on Line 22.

Visit <a href="http://ded.mo.gov">http://ded.mo.gov</a> 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 24 - Missouri Tax

Calculate your tax by using your taxable income from Form MO-1040, Line 23Y and 23S, the Tax Rate Chart (page 20, Section A), and Tax Calculation Worksheet (page 20, Section B).

# Lines 25 and 26 - Resident Credit or Missouri Income Percentage

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 25 and 26. For more information and examples, visit <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>. Attach a copy of your other state or political subdivision's return.

#### Line 25 - 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 26 - 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 26 should be 100 percent unless you use Form MO-NRI and determine a lesser percentage. If you do not enter a percentage on Line 26, your tax will be based on all of your income, regardless of where it was earned.

#### **Line 25 or 26 - 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 28 - 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 2018. 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 11 includes \$1,000 tax as a result of a Lump Sum Distribution (Federal Form 4972), the amount of tax on Form MO-1040, Line 28, would be \$100. Select the Lump Sum Distribution box on Line 28. 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 31 - Missouri Withholding

Include only Missouri withholding as shown on your Form(s) 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 a Statement of Income Tax Payments for Nonresident Individual Partners or S Corporation Shareholders (Form MO-2NR) or a Statement of Income Tax Payments for Nonresident Entertainers (Form MO-2ENT). Attach a copy of all Form(s) W-2 and 1099. See Diagram 1, Form W-2, on page 20.

#### **Line 32 - Estimated Tax Payments**

Include any estimated tax payments made on your 2018 return and any overpayment applied from your 2017 Missouri return.

#### Line 33 - 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 Form(s) MO-2NR and the Nonresident Partnership Form (Form MO-NRP). **Attach Form(s) MO-2NR and MO-NRP.** 

#### **Line 34 - Nonresident Entertainer Tax Withholding**

Include your share of the payments from gross earnings as a nonresident entertainer, as shown on Form(s) MO-2ENT, Line 7. 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(s) MO-2ENT.** 

#### **Line 35 - Extension of Time to File**

If you filed for an extension of time to file, enter on Line 35 the amount you paid to the Department of Revenue with Form MO-60.

#### **Line 36 - Miscellaneous Tax Credits**

You may be eligible for certain tax credits. The total amount of tax credit is computed by completing Form MO-TC. Enter the total tax credit amount from Form MO-TC, Line 13 on Form MO-1040, Line 36. Attach Form MO-TC, along with any applicable schedules, certificates, and federal form(s). 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, located on page 36.

#### **Line 37 - Property Tax Credit**

Complete the Property Tax Credit Schedule (Form MO-PTS) to determine the amount of your property tax credit. See information to complete Form MO-PTS on pages 44-46.

#### Line 39 - Amended Return Only: Payment on Original Return

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

#### **Line 40 - 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:**

Select the box relating to why you are filing an amended return.

- Box A Select 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 Select Box B if you have a net operating loss carryback on your amended return. Indicate the year your loss occurred.
- Box C Select Box C if you have an investment tax credit carryback on your amended return. Indicate the year your credit occurred.
- Box D Select 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 42 - Overpayment

If Line 38 is larger than Line 30, or on an amended return, Line 41 is larger than Line 30, enter the difference (overpayment) on Line 42. All or a portion of an overpayment can be refunded to you.

#### Line 43 - Apply Overpayment to Next Year's Taxes

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

#### **Line 44 - 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.



Children's Trust Fund - Children's Trust Fund, Missouri's Foundation for Child Abuse Prevention, is a non-profit organization dedicated to the vision of children free to

grow and reach their full potential in a nurturing and healthy environment free from child abuse and neglect. For more information please contact the Children's Trust Fund www.ctf4kids.org or call 888-826-5437. (Minimum contribution: \$2, or \$4 if married filing combined)



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 Home Delivered Meals Trust Fund** – The Elderly Home Delivered Meals Trust Fund supports the home delivered meals program for Missouri's home-bound senior

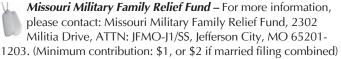
citizens, helping them to continue to live independently in their homes. The need for home delivered meals increases yearly as persons are living longer and may need assistance. Please visit http://health.mo.gov/seniors/aaa/index.php for more information. (Minimum contribution \$2, or \$4 if married filing combined)

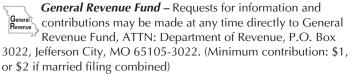
Missouri National Guard Trust Fund – The Missouri National Guard Trust Fund expands the capability to provide and coordinate Military Funeral Honors Ceremonies for veterans of Missouri and veterans buried in Missouri who have served their country in an honorable manner. Contributions may be made at any 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: Director's office, 412 E Dunklin St., 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 e-mail labweb1@health. **mo.gov**. (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, or call 888-497-4564. (Minimum contribution: \$2, or \$4 if married filing combined)

#### **Additional Funds**

If you choose to give to additional funds, enter the two-digit additional fund code in the spaces provided on Line 44. If you want to give to more than two additional funds, please submit a contribution directly to the fund. For additional information visit http://dor.mo.gov/personal/individual/. Donations received from the following funds are designated specifically for Missouri residents.

| <u>Funds</u>  | <b>Codes</b> |
|---|--------------|
| American Cancer Society Heartland Division, Inc., Fund          | 01           |
| American Diabetes Association Gateway Area Fund                 | 02           |
| American Heart Association Fund                                 | 03           |
| Amyotrophic Lateral Sclerosis (ALS - Lou Gehrig's Disease) Fund | 05           |
| Arthritis Foundation Fund                                       | 09           |
| Foster Care and Adoptive Parents Recruitment and Retention Fund | 1 14         |
| March of Dimes Fund   | 80           |
| Missouri National Guard Foundation Fund                         | 19           |
| Muscular Dystrophy Association Fund                             | 07           |
| National Multiple Sclerosis Society Fund                        | 10           |
| Pediatric Cancer Research Trust Fund                            | 18           |



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 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, 15455 Conway Road, Suite 360, Chesterfield, 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)



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 (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)

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 March of Dimes runa (00) – 30.11. 19 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; (312) 260-5900. (Minimum irrevocable contribution: \$1, not to exceed \$200)



National Multiple Sclerosis Society Fund (10) – Visit <u>www.nationalmssociety.org</u>, call 1-800-FIGHTMS, or contact National Multiple Sclerosis

Society Fund, 12125 Woodcrest Executive Drive, Suite 320, St. Louis, MO 63141. (Minimum irrevocable contribution: \$1, not to exceed \$200)

Children's Cancer

Cure Search' Pediatric Cancer Research Trust Fund (18) -CureSearch for Children's Cancer raises funds to support children's cancer research. For more

information, visit www.curesearch.org or call (800) 458-6223. (Minimum contribution: \$1, or \$2 if married filing combined)

#### **Line 45 - Missouri 529 Education Savings Plan Deposit**

You can deposit all or a portion of your refund into a Missouri 529 Education 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 Missouri's 529 Education Savings Plan Direct Deposit Form (Form 5632) at http://dor.mo.gov/forms.

#### Line 46 - Refund

Subtract Lines 43, 44, and 45 from Line 42 and enter on Line 46. 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 48 - Underpayment of Estimated Tax Penalty**

If the total payments and credits amount on Line 38 less Line 35 or Line 41 less Line 35 is less than 90 percent (66-2/3 percent for farmers) of the amount on Line 30, or if your estimated tax payments were not paid timely, you may owe a penalty. Complete the Underpayment of Estimated Tax by Individuals (Form MO-2210), see pages 37-41. If you owe a penalty, enter the penalty amount on Line 48.

If you have an overpayment on Line 42, the Department of Revenue will reduce your overpayment by the amount of the penalty.

#### Line 49 - Amount Due

Payments must be postmarked by April 15, 2019, 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 48.

Electronic Bank Draft (E-Check): By entering your bank routing 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 the third 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 selecting the "yes" box below 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. Select 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 NOL 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 Education Deposit Program, or any other qualified 529 plan, not used for qualified 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 5b and /or 5c of your Federal Schedule A, you must report an income modification on Line 5 of Form MO-A, unless that state or political subdivision allows a subtraction to income for Missouri property taxes. Visit <a href="http://dor.mo.gov/faq/personal/nonresident.php">http://dor.mo.gov/faq/personal/nonresident.php</a> for a list of states that allow a subtraction for Missouri property taxes. If your state and local taxes from Federal Schedule A, Line 5d exceeds \$10,000 (or \$5,000 for married filing separate filers), use the following calculation to determine your income modification that must be added to federal adjusted gross income.

Nonresident Property Tax X \$5,000 or Total State and Local Tax X \$10,000 = Income Modification

#### Line 6 - Nonqualified Distribution from a Qualified Achieving a Better Life Experience Program (ABLE)

Any distribution made by the ABLE program administered by the Missouri Achieving a Better Life Experience board, not used for qualified disability expenses or not held for the minimum length of time established by the board must be added to the federal adjusted gross income of the taxpayer who made the 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 must **add** the nonqualified 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.

Reduce the amount claimed by related expenses, if expenses were over \$500. 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
Total Income

X Expense = Reduction to Exempt Income

The principal expense item in this formula is interest expense; however, the Director of Revenue may include other expense items because of their direct relationship to the production of exempt income. You may propose an alternative method provided that it properly reflects the amount of related expenses.

#### **Line 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) and applicable schedules.

#### 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. Select 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. 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. Nonresident servicemembers' spouses who are in Missouri due to military orders, and have declared another state as their state of residence may subtract their income from their federal adjusted gross income. Attach a copy of the Form(s)

#### W-2

reporting your military income.

- 2. 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.
- 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(s) 1099-INT or any other applicable documentation.
- 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.
- 5. 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/carryforward.

- 6. 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.
- 7. 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.
- 8. 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.

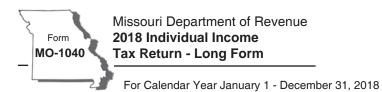
- 9. Family Development Account. A family development account holder may subtract the amount of annual deposits made to the account (not to exceed \$2,000). Approved withdrawals from the family development account are also exempt from state tax. Interest earned by a family development account is exempt 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.
- 10. 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.
- 11. *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.
- 12. Employee Stock Ownership Plan (ESOP) Capital Gain Deduction. Enter 50 percent of the net capital gain from the sale or exchange of employer securities of a Missouri corporation to a qualified Missouri employee stock ownership plan if, upon completion of the transaction, the qualified Missouri employee stock ownership plan owns at least 30 percent of all outstanding employer securities issued by the Missouri corporation. Attach Form(s) 1099 and Schedule K-1.

#### FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

| 2018 : PART OF YOUR SOCIAL SECURITY BENEF  |                     |  |   | N IN BOX 5 MAY BE TAXABLE INCOME.                         |  |
|--|---------------------|--|---|---|--|
| Box 1. Name  |                     |  | Box 2. Beneficiary's Social Security Number |   |  |
| BETTY TAXPAYER   |                     |  | 000-00-0000                                 |   |  |
| Box 3. Benefits Paid in 2018   | Box 4. Benefits Rep | aid to SSA in 2                                    | 018   | Box 5. Net Benefits Repaid for 2018 (Box 3 minus box 4)   |  |
| *\$8,400.00  | NONE                |  |   | \$8,400.00  |  |
| DESCRIPTION OF A   | MOUNT IN BOX        | 3  | DE  | ESCRIPTION OF AMOUNT IN BOX 4                             |  |
| Paid by check or direct deposit<br>Medicare premiums deducted from y<br>Total Additions<br>Benefits for 2018 | our benefit         | \$7,800.00<br>\$600.00<br>\$8,400.00<br>\$8,400.00 |   | NONE  Toluntary Federal Income Tax Withheld               |  |
|  |                     |  | NONE  |   |  |
|  |                     |  | 5500  | ddress<br>'Y TAXPAYER<br>TAXES LANE<br>OWN, MO 55555-5555 |  |
| *Includes: \$12.00 Paid in 2018 for 2017   |                     |  | 000-00                                      | Plaim Number (Use this number if you need to contact SSA) |  |

Form SSA-1099-SM (12-2018)

DO NOT RETURN THIS FORM TO SSA OR IRS



| Pri           | nt in BLACK ink only and DO NOT STAPLE.   |
|---------------|---|
|               | Amended Return Composite Return (For use by S corporations or Partnerships)   |
|               | ring a fiscal year return enter the beginning and ending dates here.  Fiscal Year Beginning (MM/DD/YY)  Fiscal Year Ending (MM/DD/YY)  O 0 0  Department Use Only   |
| Filing Status | Single Claimed as a Married Filing Married Filing Head of Qualifying Dependent Combined Separately Household Widow(er)  |
| Y             | Age 62 through 64   |
| Name          | Social Security Number in 2018 Spouse's Social Security Number in 2018  First Name M.I. Last Name Suffix  Spouse's First Name M.I. Spouse's Last Name Suffix  In Care Of Name (Attorney, Executor, Personal Representative, etc.) |
| Address       | Present Address (Include Apartment Number or Rural Route)  City, Town, or Post Office  State  ZIP Code  County of Residence   |
| /             | Limply contribute to any one or all of the trust funds on Line 44. See pages 10.11 of the instructions for more trust fund information  |

You may contribute to any one or all of the trust funds on Line 44. See pages 10-11 of the instructions for more trust fund information.























|                |            |  | Your      | seif (Y)           | 5         | spouse (S) |    |
|----------------|------------|--|-----------|--------------------|-----------|------------|----|
|                | 1.         | Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)  | 1Y        | . 00               | 18        |            | 00 |
|                | 2.         | Total additions (from <b>Form MO-A</b> , Part 1, Line 7)   | 2Y        | . 00               | 28        |            | 00 |
| ne             | 3.         | Total income - Add Lines 1 and 2   | зү        | . 00               | 3S        |            | 00 |
| Income         | 4.         | Total subtractions (from Form MO-A, Part 1, Line 18)   | 4Y        | . 00               | 4S        |            | 00 |
|                | 5.         | Missouri adjusted gross income - Subtract Line 4 from Line 3   | 5Y        | . 00               | 5S        |            | 00 |
|                | 6.         | Total Missouri adjusted gross income - Add columns 5Y and 58   | S         | . 6                |           | 00         |    |
|                |            | Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)  |           |                    | 78        |            | %  |
|                | 8.         | Pension, Social Security, Social Security Disability, and Military MO-A, Part 3, Section E)  |           |                    | 8         |            | 00 |
|                | 9.         | Tax from federal return - <b>Do not enter federal income tax</b> withheld (see instructions on page 7 and 8)   | 9         |                    | 00        |            |    |
|                | 10.        | Other tax from federal return - Attach a copy of your federal return (pages 1 and 2, and all applicable schedules)   | 10        | .[                 | 00        |            |    |
|                | 11.        | Total tax from federal return - Add Lines 9 and 10   | 11        |                    | 00        |            |    |
|                | 12.        | Federal income tax deduction - Enter the amount from Line 11 individual filer or \$10,000 for combined filers (see instructions  |           |                    | . 12      |            | 00 |
| and Deductions | 13.        | Missouri standard deduction or itemized deductions.  • Single or Married Filing Separate - \$12,000  • Head of Household - \$18,000  • Married Filing Combined or Qualifying Widow(er) - \$24,  If age 65 or older, blind, or claimed as a dependent, see pages 7  If itemizing, see Form MO-A, Part 2 | and 8.    |                    | 13        |            | 00 |
|                | 14.        | Long-term care insurance deduction   |           |                    | 14        |            | 00 |
| Exemptions     | 15.        | Health care sharing ministry deduction   |           |                    | 15        |            | 00 |
| Ä              | 16.        | Military income deduction  |           |                    | 16        |            | 00 |
|                | 17.        | Bring jobs home deduction  |           |                    | 17        |            | 00 |
|                | 18.        | Transportation facilities deduction  |           |                    | 18        |            | 00 |
|                |            | A. Port Cargo Expansion B. International Trade Fa  | cility C. | Qualified Trade Ad | ctivities |            |    |
|                | 19.        | Total deductions - Add Lines 8 and 12 through 18   |           |                    | 19        |            | 00 |
|                | 20.<br>21. | Multiply Line 20 by appropriate percentages (%) on   |           |                    | 20        |            | 00 |
|                | 22.        | Lines 7Y and 7S  | 21Y       | . 00               | 218       |            | 00 |
|                |            | modification   | 22Y       | . 00               | 22S       |            | 00 |

|                   | 23. | Taxable income - Subtract Line 22 from Line 21  | 23Y                     | <u> </u> | 238  | . 00 | 0 |
|-------------------|-----|---|-------------------------|----------|------|------|---|
|                   | 24. | Tax (see tax chart on page 20 of the instructions)  | 24Y                     | )        | 24S  | . 00 | 0 |
|                   | 25. | Resident credit - Attach Form MO-CR and other states' income tax return(s)  | 25Y . 00                | <u> </u> | 25\$ | . 00 | 0 |
|                   | 26. | Missouri income percentage - Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100% | 26Y %                   |          | 26S  | %    | ) |
| Тах               | 27. | Balance - Subtract Line 25 from Line 24; OR multiply Line 24 by percentage on Line 26   | 27Y                     | )        | 27\$ | . 00 | 0 |
|                   | 28. | Other taxes - Select box and attach federal form indicated.   |                         |          |      |      |   |
|                   |     | Lump sum distribution (Form 4972)   |                         |          |      |      |   |
|                   |     | Recapture of low income housing credit (Form 8611)  |                         | )        | 28S  | . 00 | 0 |
|                   | 29. | Subtotal - Add Lines 27 and 28  |                         | )        | 298  | . 00 | 0 |
|                   | 30. | Total Tax - Add Lines 29Y and 29S   |                         |          | 30   | . 00 | 0 |
|                   | 31. | MISSOURI tax withheld - Attach Forms W-2 and 1099   |                         |          | 31   | . 00 | 0 |
|                   | 32. | 2018 Missouri estimated tax payments - Include overpayment from   | om 2017 applied to 2018 |          | 32   | . 00 | 0 |
| ments and Credits | 33. | Missouri tax payments for nonresident partners or S corporatio MO-2NR and MO-NRP  |                         |          | 33   | . 00 | 0 |
| ents ar           | 34. | Missouri tax payments for nonresident entertainers - Attach Fo  | orm MO-2ENT             |          | 34   | . 00 | 0 |
| Paym              | 35. | Amount paid with Missouri extension of time to file (Form MO-   | <u>60</u> )             |          | 35   | . 00 | 0 |
|                   | 36. | Miscellaneous tax credits (from Form MO-TC, Line 13) - Attack   | h Form MO-TC            |          | 36   | . 00 | 0 |
|                   | 37. | Property tax credit - Attach Form MO-PTS  |                         |          | 37   | . 00 | 0 |
|                   | 38. | Total payments and credits - Add Lines 31 through 37  |                         |          | 38   | . 00 | 0 |

|                | Sk  | ip Lines 39 through 41 if you are not filing an amended return.  |   |
|----------------|-----|--|---|
|                | 39. | Amount paid on original return.  | ) |
|                | 40. | Overpayment as shown (or adjusted) on original return  | ) |
|                |     | Indicate Reason for Amending   |   |
| _              |     | Enter date of IRS report (MM/DD/YY)  |   |
| Amended Return |     | A. Federal audit.  |   |
| ded            |     | Enter year of loss (YY)  |   |
| Amen           |     | B. Net operating loss carryback  |   |
| •              |     | Enter year of credit (YY)  |   |
|                |     | C. Investment tax credit carryback   |   |
|                |     |  |   |
|                |     | D. Correction other than A, B, or C  |   |
|                | 41. | Amended return total payments and credits - Add Line 39 to Line 38 or subtract Line 40 from Line 38.   | 5 |
|                |     | The solution of the solution o | _ |
|                | 42. | If Line 38, or if amended return, Line 41, is larger than Line 30, enter the difference.   | 7 |
|                |     | Amount of OVERPAYMENT  | ) |
|                | 43. | Amount of Line 42 to be applied to your 2019 estimated tax   | ) |
|                | 44. | Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.   |   |
|                |     | Children's 44a. Trust Fund Veterans 44b. Trust Fund Elderly Home Delivered Meals 1.00  |   |
|                |     | Missouri National Guard 44d. Trust Fund  . 00  . 00  . 00  . 00  . 00  . 00  . 00  . 00  |   |
| _              |     | Missouri Military Family  Organ Donor  Organ Donor   |   |
| Refund         |     | 44g. Relief Fund 44h. Revenue Fund 500 44i. Program Fund 500 500 500 500 500 500 500 500 500 50  |   |
| ∝              |     | Additional Fund Additional Fund Amount   |   |
|                |     | Total Donation - Add amounts from Boxes 44a through 44k and enter here   | ) |
|                | 45. | Amount of Line 42 to be deposited into a Missouri 529 Education Savings Plan (MOST) account. Enter amount from Line E of Form 5632   | ) |
|                | 40  |  |   |
|                | 46. | REFUND - Subtract Lines 43, 44, and 45 from Line 42 and enter here   | 7 |

# Reserved



|            | 47. If Line 30 is larger than Line 38 or Line 41, enter the difference.  Amount of UNDERPAYMENT (see the instructions for Line 48)   | 47   |
|------------|--|--|
| Amount Due | 48. Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount here.  Select this box if you are a farmer exempt from the underpayment of estimated tax   |  |
|            | 49. <b>AMOUNT DUE</b> - Add Lines 47 and 48. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically  | 49   |
|            | Under penalties of perjury, I declare that I have examined this return, including accompanying sche of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "S the Department of Revenue with my signature as required under Section 143.561, RSMo. Declarati based on all information of which he or she has knowledge. As provided in <a href="Chapter 143">Chapter 143</a> , RSI imposed on any individual who files a frivolous return. I also declare under penalties of unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, aliens. | Signature" field(s) below, I am providing ion of preparer (other than taxpayer) is Mo, a penalty of up to \$500 shall be perjury that I employ no illegal or |
|            | Signature  | Date (MM/DD/YY)  |
|            |  |  |
|            | Spouse's Signature (If filing combined, BOTH must sign)  | Date (MM/DD/YY)  |
| nre        |  |  |
| Signature  | E-mail Address   | Daytime Telephone  |
| S          | Preparer's Signature   | Date (MM/DD/YY)  |
|            |  |  |
|            | Preparer's FEIN, SSN, or PTIN  | Preparer's Telephone   |
|            | Preparer's Address   | State ZIP Code   |
|            | Treparer 3 Address   |  |
|            | I authorize the Director of Revenue or delegate to discuss my return and attachments with the or any member of the preparer's firm   | preparer Yes No  |
|            | Department Use Only  |  |
|            | A FA E10 DE F  |  |
|            |  | (Revised 12-2018)  |

Mail To: Balance Due:

Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329 Refund or No Amount Due: Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500 Phone (Balance Due): (573) 751-7200

Phone (Refund or No Amount Due): (573) 751-3505

Fax: (573) 522-1721 E-mail: <u>income@dor.mo.gov</u>



#### 2018 Tax Chart

To identify your tax, use your Missouri taxable income from Form MO-1040, Line 23Y and 23S and the tax chart in Section A below. A separate tax must be computed for you and your spouse.

Calculate your Missouri tax using the online tax calculator at <a href="http://dor.mo.gov/personal/individual">http://dor.mo.gov/personal/individual</a> or by using the worksheet in Section B below. Round to the nearest whole dollar and enter on Form MO-1040, Line 24Y and 24S.

|      | Tax Rate Cha                        | rt                                      |
|------|-------------------------------------|---|
|      | If the Missouri taxable income is:  | The tax is:                             |
|      | \$0 to \$102                        | \$0                                     |
| 4    | At least \$103 but not over \$1,028 | 11/2% of the Missouri taxable income    |
| _    | Over \$1,028 but not over \$2,056   | \$15 plus 2% of excess over \$1,028     |
| 0    | Over \$2,056 but not over \$3,084   | \$36 plus 21/2% of excess over \$2,056  |
| ecti | Over \$3,084 but not over \$4,113   | \$62 plus 3% of excess over \$3,084     |
| e    | Over \$4,113 but not over \$5,141   | \$93 plus 31/2% of excess over \$4,113  |
| S    | Over \$5,141 but not over \$6,169   | \$129 plus 4% of excess over \$5,141    |
|      | Over \$6,169 but not over \$7,197   | \$170 plus 41/2% of excess over \$6,169 |
|      | Over \$7,197 but not over \$8,225   | \$216 plus 5% of excess over \$7,197    |
|      | Over \$8,225 but not over \$9,253   | \$267 plus 51/2% of excess over \$8,225 |
|      | Over \$9,253                        | \$324 plus 5.9% of excess over \$9,253  |

|          | Tax Calculation Worksheet   |          |        |          |           |    |           |  |  |
|----------|---|----------|--------|----------|-----------|----|-----------|--|--|
|          |   | Yourself | Spouse |          | Example A | 4  | Example B |  |  |
|          | Missouri taxable income (Form MO-1040,     Line 23Y and 23S).   |          |        | -        | \$ 3,09   | 0  | \$ 12,000 |  |  |
| <b>B</b> | 2. Enter the minimum taxable income for your tax bracket (see Section A above). If below \$1,028 enter \$0 \$ |          |        | <b>-</b> | \$3,08    | 14 | \$9,253   |  |  |
| ion      | 3. Difference - Subtract Line 2 from Line 1 = \$ _  |          |        | _ =      | \$        | 6  | \$ 2,747  |  |  |
| Section  | 4. Enter the percent for your tax bracket (see Section A above)   |          | %      | % X      | 3         | %  | 5.9%      |  |  |
|          | 5. Multiply Line 3 by the percent on Line 4 = \$ _  |          |        | _ =      | \$ .1     | 8  | \$ 162.07 |  |  |
|          | 6. Enter the tax from your tax bracket - before applying the percent (see Section A above) + \$ _             |          |        | +        | \$6       | 2  | \$324     |  |  |
|          | 7. Total Missouri Tax - Add Line 5 and 6. Enter here and on Form MO-1040, Line 24Y and 24S = \$               |          |        | _ =      | •         | 2  | ,         |  |  |
|          |   |          |        |          | (\$62.18  |    | (\$486.07 |  |  |

55555 **Missouri Taxes Withheld Earnings Tax** W-2 Wage and Tax
Form W-1 Statement
Copy 1—For State, City, or Local Tax Department 2018



1800000001

rounded to the

nearest dollar)

rounded to the

nearest dollar)

Diagram 1: Form W-2



#### Missouri Department of Revenue 2018 Individual Income Tax Adjustments

| Department Use Only |  |  |
|---------------------|--|--|
| (MM/DD/YY)          |  |  |

Attach to Form MO-1040. Attach your federal return. See information beginning on page 12 to assist you in completing this form.

|   | Soc  | cial Security Number   | Spouse's Social Security Num | ber       |           |             |                   |
|---|------|--|------------------------------|-----------|-----------|-------------|-------------------|
|   |      |  | -                            |           |           |             |                   |
| e<br>E  | Firs | st Name M.I. Last Name   |                              |           |           | ı<br>Suffix |                   |
| Name  |      |  |                              |           |           |             |                   |
| _   |      |  |                              |           |           |             |                   |
|   | Spo  | puse's First Name M.I. Spouse's Last Nar   | me                           |           |           | Suffix      |                   |
|   |      |  |                              |           |           |             |                   |
|   |      |  |                              |           |           |             |                   |
|   |      | 110  |                              |           |           |             |                   |
|   | Ac   | lditions   | Yourself (Y)                 |           | Spouse (S | 3)          |                   |
|   | 1.   | Interest on state and local obligations other than Missouri source   | 1Y                           | . 00      | 1S        |             | 00                |
|   | ••   | The section state and local obligations of the final misseum section   |                              | • ——      |           |             |                   |
|   | 2.   | Partnership Fiduciary S Corporation  |                              |           |           |             |                   |
|   |      | No Complete Long (Complete LOng Complete Lon |                              |           |           |             |                   |
|   |      | Net Operating Loss (Carryback/Carryforward)  |                              |           |           |             |                   |
| ē   |      | Other (description)  | 2Y                           | 00        | 2S        |             | 00                |
| com   | 3.   | Nonqualified distribution received from a qualified 529 plan   | 0)/                          |           |           |             |                   |
| s In  |      | (education savings program) not used for qualified expenses  | 3Y                           | . 00      | 38        |             | 00                |
| <b>3ros</b>   | 4.   | Food Pantry contributions included on Federal Schedule A   | 4Y                           | . 00      | 4S        |             | 00                |
| ed (  | ••   | Toda Faring Continuation included on Foundation Continuation 7.1   |                              |           |           | 一.          | $\overline{\Box}$ |
| just  | 5.   | Nonresident Property Tax   | 5Y                           | 00        | 5S        |             | 00                |
| l Ad  | 6.   | Nonqualified distribution received from a qualified Achieving a Better   | 6Y                           | . 00      | 6S        |             | 00                |
| dera  | 7.   | Life Experience Program (ABLE) not used for qualified expenses Total Additions - Add Lines 1 through 6. Enter here and on Form   | 01                           | . [00]    |           |             |                   |
| Fe(   | ٠.   | MO-1040, Line 2  | 7Y                           | . 00      | 7S        |             | 00                |
| ıs tc   |      |  |                              |           |           |             |                   |
| Missouri Modifications to Federal Adjusted Gross Income |      | btractions   |                              |           |           |             |                   |
| dific   | 8.   | Interest from exempt federal obligations included in federal adjusted gross income - Attach a detailed list or all Federal Form(s) 1099  | 8Y                           | . 00      | 8S        |             | 00                |
| Moc   |      | gross modifier Attach a detailed list of air Federal Form(s) 1000  |                              |           |           | 一.          |                   |
| ouri  | 9.   | Any state income tax refund included in federal adjusted gross income.   | 9Y                           | 00        | 9S        |             | 00                |
| Niss  | 4.0  |  |                              | - <i></i> |           |             |                   |
| π.  | 10.  | Partnership Fiduciary S Corporation  | Railroad Retirement I        | Benefit   | S         |             |                   |
| Part 1  |      | Military (nonresident) Combat Pay Build Ai   | merica and Recovery Zone Bo  | nd Inte   | erest     |             |                   |
| ш   |      |  |                              |           |           |             |                   |
|   |      | MO Public-Private Transportation Act   | LOSS                         |           |           |             |                   |
|   |      | Other (description)  | 10Y                          | . 00      | 10S       |             | 00                |
|   | 11.  | Exempt contributions made to a qualified 529 plan (education   |                              |           |           | 一:          |                   |
|   |      | savings program)   | 11Y                          | 00        | 118       |             | 00                |
|   | 12.  | Qualified Health Insurance Premiums - Attach the Qualified Health  |                              |           |           |             |                   |
|   |      | Insurance Premiums Worksheet (Form 5695) and supporting documentation  | 12Y                          | . 00      | 128       |             | 00                |
|   |      | uocumentation  |                              |           |           |             |                   |

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|  | 13. | Missouri depreciation adjustment (Section 143.121, RSMo)   |                               |        |             |                 |         |
|--|-----|--|-------------------------------|--------|-------------|-----------------|---------|
| p  |     | Sold or disposed property previously taken as addition modification  | 13Y                           | . 00   | 13S         |                 | . 00    |
|  | 14. | Home Energy Audit Expenses - Attach the Home Energy Audit  | 447/                          |        | 440         |                 | 7 [     |
| inue                                       |     | Expense (Form MO-HEA)  | 14Y                           | . 00   | 148         |                 | 00      |
| Part 1 Continued                           | 15. | Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE)                                       | 15Y                           | . 00   | 158         |                 | . 00    |
| Part 1                                     | 16. | Agriculture Disaster Relief  | 16Y                           | . 00   | 16S         |                 | . 00    |
|  |     |  | 47)/                          |        | 470         |                 | П.      |
|  | 17. | Business Income Deduction – see worksheet on page 42   | 17Y                           | . 00   | 17S         |                 | 00      |
|  | 18. | Total Subtractions - Add Lines 8 through 17. Enter here and on Form MO-1040, Line 4  | 18Y                           | . 00   | 18S         |                 |         |
|  |     | Tominio-1040, Line 4   |                               | . [00] |             |                 |         |
|  | Coi | mplete this section only if you itemize deductions on your federal return. A   | Attach your Federal Form 1040 | (pages | 1 and 2) ar | nd Federal Sche | dule A. |
|  | 1.  | Total federal itemized deductions from Federal Form 1040, Line 8   |                               |        | . 1         |                 | . 00    |
|  | 2.  | 2018 Social security tax - (Yourself)  |                               |        | . 2         |                 |         |
|  |     |  |                               |        |             |                 | ٦Г      |
| Suc  | 3.  | 2018 Social security tax - (Spouse)  |                               |        | . 3         |                 | 00      |
| Part 2 - Missouri Itemized Deductions      | 4.  | 2018 Railroad retirement tax - Tier I and Tier II (Yourself)   |                               | 4      |             |                 |         |
| sed De                                     | 5.  | 2018 Railroad retirement tax - Tier I and Tier II (Spouse)   | 5                             |        | . 00        |                 |         |
| Itemi                                      | 6.  | 2018 Medicare tax - Yourself and Spouse (see instructions on page 43   | 3)                            |        | 6           |                 | . 00    |
| ssouri                                     | 7.  | 2018 Self-employment tax (see instructions on page 43)   |                               |        | 7           |                 | . 00    |
| Ĭ.   |     |  |                               |        | 8           |                 |         |
| ırt 2                                      | 8.  | Total - Add Lines 1 through 7  |                               |        | 0           |                 | 00      |
| Ра   | 9.  | 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 7 fr   | rom worksheet below           |        | 11          |                 | . 00    |
|  | 12. | Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter her   | re and on Form MO-1040, Line  | 9 13   | 12          |                 | . 00    |
|  | •   |  |                               | 1.14   |             | . 4.            |         |
| le 11                                      |     | emplete this worksheet only if your total state and local taxe<br>ederal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for n |                               |        | iizea aeal  | actions         |         |
| , Line                                     | ,   | · · · · · · · · · · · · · · · · · · ·  |                               |        |             |                 |         |
| axes                                       | 1.  | Enter the sum of your state and local taxes on Federal Form 10   | 040, Schedule A, Line 5d      |        | 1           |                 | . 00    |
| me Ta                                      | 2.  | State and local income taxes from Federal Form 1040, Schedu  | ıle A, Line 5a                |        | 2           |                 | . 00    |
| e Inco                                     | 3.  | Earnings taxes included on Federal Form 1040, Schedule A, Li   | ine 5a                        |        | 3           |                 | . 00    |
| et Stat                                    | 4.  | Subtract Line 3 from Line 2  |                               |        | 4           |                 | . 00    |
| Part 2 Worksheet - Net State Income Taxes, | 5.  | Divide Line 4 by Line 1  |                               |        | 5           |                 | %       |
| kshe                                       | ٠.  |  |                               |        |             |                 |         |
| Worl                                       | 6.  | Enter \$10,000 (\$5,000 if married filing separately)  |                               |        | 6           |                 | . 00    |
| Part 2                                     | 7.  | Multiply Line 6 by percentage on Line 5. Enter here and on Mis Line 11, above.   |                               |        | 7           |                 | 00      |
|  |     | . ,  |                               |        | 1 1         |                 |         |



#### Part 3 - Pension and Social Security/Social Security Disability/Military Exemption

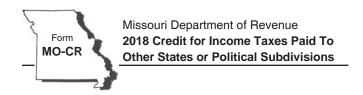
|           | Pu  | iblic Pension Calculation - Pensions received from any federal, s   | state, or local government.      |       |                   |           |                   |
|-----------|-----|---|----------------------------------|-------|-------------------|-----------|-------------------|
|           |     |   |                                  |       | 1                 |           | 00                |
|           | 1.  | Missouri adjusted gross income from Form MO-1040, Line 6  |                                  |       | $\overline{\Box}$ |           |                   |
|           | 2.  | Taxable social security benefits from Federal Form 1040, Line 5b  |                                  | 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 (joint federal) - \$100,000  • Single, Head of Household, Married Filing Separate, and Qualifying |                                  | . 4   |                   | 00        |                   |
|           | 5.  | Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than  | n Line 3, enter \$0              |       | 5                 | ᠋.        | 00                |
| Section A | 6.  | Taxable pension for each spouse from public sources from Federal Form 1040, Line 4b   | 6Y .                             | 00    | 6S                |           | 00                |
|           | 7.  | Amount from Line 6 or \$37,720 (maximum social security benefit), whichever is less   | 7Y .                             | 00    | 78                |           | 00                |
|           | 8.  | If you received taxable social security, complete Form MO-A, Lines 1 through 8 of Section C, and enter the amount(s) from Line(s) 6Y  | 8Y                               | 00    | 88                |           | 00                |
|           |     | and 6S. See instructions if Line 3 of Section C is more than \$0  |                                  |       |                   |           | $\overline{\Box}$ |
|           | 9.  | Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0.   | 9Y .                             | 00    | 98                |           | 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 the  | nan Line 10, enter \$0           |       | 11                |           | 00                |
|           | Pri | ivate Pension Calculation - Annuities, pensions, IRAs, and 401(k  | x) plans funded by a private sou | ırce. |                   |           |                   |
|           | 1.  | Missouri adjusted gross income from Form MO-1040, Line 6  |                                  |       | 1                 | <u> </u>  | 00                |
|           | 2.  | Taxable social security benefits from Federal Form 1040, Line 5b  |                                  | 2     |                   | 00        |                   |
|           | 3.  | Subtract Line 2 from Line 1   |                                  | 3     |                   | 00        |                   |
| n B       | 4.  | Select the appropriate filing status and enter the amount on Line 4.  • Married Filing Combined (joint federal) - \$32,000  • Single, Head of Household and Qualifying Widow(er) - \$25,000   |                                  |       |                   |           |                   |
| Section   |     | Married Filing Separate - \$16,000  |                                  |       | . 4               | <u></u> . | 00                |
| Ø         | 5.  | Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0  |                                  |       | 5                 |           | 00                |
|           | 6.  | Taxable pension for each spouse from private sources from Federal Form 1040, Line 4b  | 6Y .                             | 00    | 6S                |           | 00                |
|           | 7.  | Amounts from Line 6Y and 6S or \$6,000, whichever is less   | 7Y .                             | 00    | 78                | <u></u> . | 00                |
|           | 8.  | Add Lines 7Y and 7S   |                                  |       | . 8               |           | 00                |
|           | 0   | Total princes pagains subtract line 5 from Line 0. If Line 5 is greater th  | and in a Community of Co         |       | 9                 |           | 00                |



|           |    | ocial Security or Social Security Disability Calculation - Tocember 31 and have selected the 62 and older box on page 1 of Form MC  |         |                         |       |    |  |      |  |
|-----------|----|---|---------|-------------------------|-------|----|--|------|--|
|           | 1. | Missouri adjusted gross income from Form MO-1040, Line 6  |         |                         |       | 1  |  | . 00 |  |
|           | 2. | <ul> <li>Select the appropriate filing status and enter the amount on Line 2.</li> <li>Married Filing Combined (joint federal) - \$100,000</li> <li>Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000</li></ul> |         |                         |       |    |  |      |  |
| n C       | 3. | Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater that  | n Line  | 1, enter \$0            |       | 3  |  | . 00 |  |
| Section C | 4. | Taxable social security benefits for each spouse from Federal Form1040, Line 5b   | 4Y      | ].[0                    | 00    | 48 |  | . 00 |  |
|           | 5. | Taxable social security disability benefits for each spouse from Federal Form 1040, Line 5b   | 5Y      |                         | 00    | 58 |  | . 00 |  |
|           | 6. | Amount from Line(s) 4Y or 5Y, and 4S or 5S  | 6Y      |                         | 00    | 6S |  | . 00 |  |
|           | 7. | Add Lines 6Y and 6S   |         |                         |       | 7  |  | . 00 |  |
|           | 8. | Total social security/social security disability, subtract Line 3 from Line enter \$0   |         | •                       | ,<br> | 8  |  | . 00 |  |
|           | Mi | ilitary Pension Calculation   |         |                         |       |    |  |      |  |
|           | 1. | Military retirement benefits included on Federal Form 1040, Line 4b   |         |                         |       | 1  |  | . 00 |  |
| Section D | 2. | Taxable public pension from Federal Form 1040, Line 4b  |         |                         |       | 2  |  | 00   |  |
| Sect      | 3. | Divide Line 1 by Line 2 (Round to whole number)   |         |                         |       | 3  |  | %    |  |
|           | 4. | Multiply Line 3 by Line 11 of Section A. If you are not claiming a public   | pensio  | on exemption, enter \$0 |       | 4  |  | . 00 |  |
|           | 5. | Total military pension, subtract Line 4 from Line 1   |         |                         |       | 5  |  | . 00 |  |
| пЕ        | To | otal Pension and Social Security/Social Security Disab  | ility/l | Military Exemption      |       |    |  |      |  |
| Section E |    | Id Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 5 ter total amount here and on Form MO-1040, Line 8.   |         |                         |       |    |  | . 00 |  |

Attach to Form MO-1040. Attach your federal return. See information beginning on page 12 to assist you in completing this form.





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 Form MO-CR and all income tax returns for each state or political subdivision to Form MO-1040.

| Name |  |     | Social Security Number |          |       |            |      |
|------|--|-----|------------------------|----------|-------|------------|------|
|      |  |     | _                      |          | -     |            |      |
| Spou | ise's Name   |     | Spouse's Social Sec    | curity N | umber |            |      |
|      |  |     | -                      |          |       |            |      |
|      |  |     | Yourself (Y)           |          |       | Spouse (S) |      |
| 1.   | Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S)   | 1Y  |                        | . 00     | 18    |            | . 00 |
| 2.   | Claimant's Missouri income tax (Form MO-1040, Line 24Y and 24S). Use the two letter abbreviation for the state or name of  | 2Y  |                        | . 00     | 28    |            | . 00 |
|      | political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below.  |     | State of:              |          |       | State of:  |      |
| 3.   | Wages and commissions  | зү  |                        | . 00     | 3S    |            | . 00 |
| 4.   | Other income (Describe nature)   | 4Y  |                        | . 00     | 48    |            | . 00 |
| 5.   | Total - Add Lines 3 and 4  | 5Y  |                        | . 00     | 58    |            | . 00 |
| 6.   | Less, related adjustments (Federal Form 1040, Line 36)   | 6Y  |                        | 00       | 6S    |            | . 00 |
| 7.   | Net amounts - Subtract Line 6 from Line 5  | 7Y  |                        | 00       | 78    |            | . 00 |
| 8.   | Percentage of your income taxed - Divide Line 7 by Line 1  | 8Y  |                        | %        | 88    |            | %    |
| 9.   | Maximum credit - Multiply Line 2 by percentage on Line 8   | 9Y  |                        | . 00     | 98    |            | . 00 |
| 10.  | Income tax you paid to another state or political subdivision.  This is not income tax withheld. The income tax is reduced by all credits, except withholding and estimated tax                                      | 10Y |                        | . 00     | 108   |            | . 00 |
| 11.  | Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 25Y or Line 25S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040 | 11Y |                        | . 00     | 115   |            | . 00 |



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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 through 24).
- 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 24Y and 24S.
- 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
  - 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 25Y and 25S. (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

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





| F      | Resident/Nonresident Status - Select your status in the approp  | riate box below.  |
|--------|---|---|
|        | Social Security Number  | Spouse's Social Security Number   |
|        |   |   |
|        | Name  | Spouse's Name   |
|        |   |   |
|        | Address   | Address   |
|        |   |   |
|        | City, State, ZIP Code   | City, State, ZIP Code   |
|        |   |   |
|        | 1. Nonresident of Missouri  | 1. Nonresident of Missouri  |
|        | State of residence during 2018  | State of residence during 2018  |
|        | 2. Part-Year Missouri Resident  | 2. Part-Year Missouri Resident  |
|        | Indicate the dates you were a Missouri Resident in 2018.  | Indicate the dates you were a Missouri Resident in 2018.  |
| Part A | A. Date From: Date To:  | A. Date From: Date To:  |
|        | B. Indicate the other state of residence  | B. Indicate the other state of residence  |
|        | and dates you resided there   | and dates you resided there   |
|        | Date From: Date To:   | Date From: Date To:   |
|        | Based on the <b>Military Spouse's Residency Relief Act</b> , if you are the because your spouse is there on military orders, and Missouri is your complete Form MO-NRI. You must report 100% on Line 26 of Form MO-NRI. | state of residence, any income you earn is taxable to Missouri. Do not  |
|        | 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.   | 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage. |
|        | Missouri Home of Record   | Missouri Home of Record   |
|        | I did not at any time during the 2018 tax year maintain a   | I did not at any time during the 2018 tax year maintain a   |
|        | permanent place of abode in Missouri, nor did I spend more  | permanent place of abode in Missouri, nor did I spend more  |
|        | than 30 days in Missouri during the year. I did maintain a  | than 30 days in Missouri during the year. I did maintain a  |
|        | permanent place of abode in the state of  | permanent place of abode in the state of  |
|        | Non-Missouri Home of Record   | Non-Missouri Home of Record   |
|        | I resided in Missouri during 2018 solely because my spouse  | I resided in Missouri during 2018 solely because my spouse  |
|        | or I was stationed at   | or I was stationed at   |
|        | on military orders. My home of record is in the state of  | on military orders. My home of record is in the state of  |
|        | ·   | ·   |



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|           | Wor  | ksheet for Missouri Source Income  |                 |       |                           |          |                    |        |
|-----------|------|--|-----------------|-------|---------------------------|----------|--------------------|--------|
|           |      |  | Federal Form    |       | Yourself or               |          | Spouse (On A       |        |
|           |      | Adjusted Gross   | 1040,           |       | One Income Filer          |          | Combined Return    | )      |
|           |      | Income Computations  | Line No.        |       | Missouri Sources          |          | Missouri Sources   |        |
|           |      | moomo compatationo   |                 |       | Wildocan Couroco          |          | miccoun Courocc    |        |
|           | Α.   | Wages, salaries, tips, etc.  | 1               | Α     | . 00                      | Α        |                    | . 00   |
|           | В.   | Taxable interest income.   | 2b              | В     | . 00                      | В        |                    | 00     |
|           | C.   | Dividend income  | 3b              | С     | . 00                      | С        |                    | 00     |
|           | D.   | State and local income tax refunds (from schedule 1)   | 10              | D     | . 00                      | D        |                    | 00     |
|           | E.   | Alimony received (from schedule 1)   | 11              | Е     | . 00                      | Е        |                    | 00     |
|           | F.   | Business income or (loss) (from schedule 1)  | 12              | F     | . 00                      | F        |                    | 00     |
|           | G.   | Capital gain or (loss) (from schedule 1)   | 13              | G     | . 00                      | G        |                    | 00     |
|           | Н.   | Other gains or (losses) (from schedule 1)  | 14              | Н     | . 00                      | Н        |                    | . 00   |
|           | Ι.   | Taxable IRA distributions  | 4b              | П     | . 00                      | I        |                    | 00     |
| Part B    | J.   | Taxable pensions and annuities   | 4b              | J     | . 00                      | J        |                    | . 00   |
| Par       | K.   | Rents, royalties, partnerships, S corporations, etc. (from schedule 1)   | 17              | K     | . 00                      | K        |                    | . 00   |
|           | L.   | Farm income or (loss) (from schedule 1)  | 18              | L     | . 00                      | L        |                    | . 00   |
|           | М.   |  | 19              | М     | . 00                      | М        |                    | . 00   |
|           | N.   | Taxable social security benefits   | 5b              | N     | . 00                      | N        |                    | . 00   |
|           | Ο.   | Other income (from schedule 1)   | 21              | 0     | . 00                      | 0        |                    | . 00   |
|           | Ρ.   | Total - Add Lines A through O  |                 | Р     | . 00                      | Р        |                    | . 00   |
|           | Q.   |  | 36              | Q     | . 00                      | Q        |                    | . 00   |
|           |      | SUBTOTAL (Line P - Line Q) If no modifications to income,  |                 |       |                           |          |                    |        |
|           |      | enter this amount on Part C, Line 1  | 7               | R     | . 00                      | R        |                    | . 00   |
|           | S.   | Missouri modifications - additions to federal adjusted gross income  |                 |       |                           |          |                    |        |
|           |      | (Missouri source from Form MO-1040, Line 2)  |                 | S     | . 00                      | S        |                    | . 00   |
|           | T.   | Missouri modifications - subtractions from federal adjusted gross income   | Э               |       |                           |          |                    |        |
|           |      | (Missouri source from Form MO-1040, Line 4)  |                 | Т     | . 00                      | Т        |                    | . 00   |
|           | U.   | MISSOURI INCOME (Missouri sources). Line R plus Line S, minus  |                 |       |                           |          |                    |        |
|           |      | Line T. Enter this amount on Part C, Line 1  |                 | U     | . 00                      | U        |                    | . 00   |
|           |      |  |                 |       |                           |          |                    |        |
|           | Miss | souri Income Percentage  |                 |       |                           |          | _                  |        |
|           |      |  |                 |       | ourself or                |          | Spouse             |        |
|           |      |  |                 | One   | Income Filer              | (On A    | Combined Return    | n)     |
|           | 1.   | ,  | 434             |       | 00 15                     |          |                    |        |
|           |      | file a Missouri return if the amount on this line is more than \$600)  | 1Y              |       | . 00 [18                  | >        |                    | . 00   |
|           |      |  | _               |       |                           |          |                    |        |
| Part C    | 2.   | Taxpayer's total adjusted gross income (From Form MO-1040, Lines 5Y  |                 |       |                           |          |                    |        |
| Ра        |      | and 5S or from your federal form if you are a military nonresident and you   | -> .            |       | . 00 29                   | 2        |                    | . 00   |
|           |      | are not required to file a Missouri return)  | [21]            |       | . [00] [20                | <u> </u> |                    | . [00] |
|           | •    | Manager State of British State of State |                 |       |                           |          |                    |        |
|           | 3.   | Missouri Income Percentage - Divide Line 1 by Line 2. If greater than  |                 |       |                           |          |                    |        |
|           |      | 100%, enter 100%. (Round to a whole percent such as 91% instead of   |                 |       |                           |          |                    |        |
|           |      | 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form   |                 |       |                           |          |                    |        |
|           |      | MO-1040, Lines 26Y and 26S   | 3Y              |       | % 39                      | 3        |                    | %      |
|           |      | MO-1040, Lines 201 and 200   |                 |       |                           |          |                    | , -    |
|           | Un   | der penalties of perjury, I declare that I have examined this form and to  | the best of m   | y kno | owledge and believe it is | true, c  | orrect, and comple | ete.   |
|           | De   | claration of preparer (other than taxpayer) is based on all information of   | of which he/she | e has | s any knowledge. As prov  | ided in  | Chapter 143, RS    | Mo,    |
|           | ар   | penalty of up to \$500 shall be imposed on any individual who files a friv   | olous return.   |       |                           |          |                    |        |
| Signature | Sig  | nature   |                 |       | Date (MM/I                | DD/YY)   | 1                  |        |
| gna       |      |  |                 |       |                           | 7 [      |                    |        |
| Sig       |      |  |                 |       |                           |          |                    |        |
|           | Sp   | ouse's Signature (if filing combined, BOTH must sign)  |                 |       | Date (MM/I                | DD/YY)   | 1                  |        |
|           |      |  |                 |       |                           |          |                    |        |
|           | - 1  |  |                 |       |                           |          |                    |        |



#### Part A, Line 1: Nonresidents of Missouri

If you are a Missouri nonresident and had Missouri source income, complete Part A, Line 1, Part B, and Part C. Attach a copy of your federal return, Form(s) W-2 and 1099 and this form to your Missouri return.

#### Part A, Line 2: Part-Year Resident

If you were a Missouri part-year resident with Missouri source income and income from another state; you may use Form MO-NRI or Form MO-CR, whichever is to your benefit. When using Form MO-NRI, complete Part A, Line 2, Part B, and Part C. Missouri source income includes any income (pensions, annuities, etc.) that you received while living in Missouri. Attach a copy of your federal return, Form(s) W-2 and 1099 and this form to your Missouri return.

#### Part A, Line 3: Military Nonresident Tax Status

#### Missouri Home of Record - If you have a Missouri home of record and you:

- a) Did not have any Missouri income other than military income, were not in Missouri for more than 30 days, did not maintain a home in Missouri during the year, but did maintain living quarters elsewhere, you qualify as a nonresident for tax purposes. Complete Part A, Line 3 and enter "0" on Part C, Line 1.
- b) Did have Missouri income other than military income, were in Missouri for more than 30 days or maintained a home in Missouri during the year, you cannot use this form. You must file Form MO-1040 because 100 percent of your income is taxable, including your military income. **Do not complete this form.**
- c) Did not have Missouri income other than military income but spent more than 30 days in Missouri or maintained a home in Missouri during the year, you must file Form MO-1040 because 100 percent of your income is taxable, including your military income. **Do not complete this form.**
- d) Are married to a Missouri resident, who is not in the military, but lives with you outside of Missouri on military orders, you may use Form MO-NRI to calculate your Missouri income percentage. However, any income earned by your spouse is taxable to Missouri. Your spouse is not eligible to complete Form MO-NRI.

#### Military Nonresident Stationed in Missouri - If you are a military nonresident, stationed in Missouri and you:

- a) Earned non-military income while in Missouri You must file Form MO-1040. Complete Part A, Line 3, Part B and Part C. The nonresident military pay should be subtracted from your federal adjusted gross income using Form MO-A, Part 1, Line 10, as a "Military (nonresident) Subtraction".
- b) Only had military income while in Missouri You may complete a Military No Return Required Form online at <a href="https://mytax.mo.gov/rptp/portal/business/military-noreturn">https://mytax.mo.gov/rptp/portal/business/military-noreturn</a>.

**Note:** If you file a joint federal return, you **must** file a combined Missouri return (regardless of whom earned the income). Complete each column of Part B and Part C of this form. Do not combine incomes for you and your spouse.

#### Use this diagram to determine if you or your spouse are a RESIDENT OR NONRESIDENT Are you domiciled\* in Missouri? 1. Did you maintain a permanent 1. Did you maintain a permanent place of residency in Missouri? YES NO place of residency in Missouri? 2. Did you spend more than 30 2. Did you spend more than 183 days in Missouri? days in Missouri? **YES** NO to **YES** to NO to either both either to Did you maintain a permanent place of You are a both residency elsewhere? Resident. You are a You are a Nonresident. Resident. YES You are a Nonresident (for tax purposes). You are a Resident.

\*Domicile (Home of Record) - The place an individual intends to be his or her permanent home; a place that he or she intends to return whenever absent. A domicile, once established, continues until the individual moves to a new location with the true intention of making his or her permanent home there. An individual can only have one domicile at a time.



| -               | Missouri Department of Revenue 2018 Home Energy Audit Expense  | Department Use Only (MM/DD/YY)  |
|-----------------|--|---|
| Тахр            | al Security Number  ayer Name  | Spouse's Social Security Number  Spouse's Name  |
| Stree           | et Address   |   |
| City            |  | State ZIP Code  |
| Qualifications  | incurred for the audit and the implementation of any energy efficiency \$1,000, for a single taxpayer or \$2,000 for taxpayers filing combined   | y to complete a home energy audit may deduct 100 percent of the costs recommendations made by the auditor. The subtraction may not exceed returns. To qualify for the subtraction, you must have incurred expenses must not have been excluded from your federal adjusted gross income or |
| Instructions    | In the spaces provided below:  • Report the name of the auditor who conducted the audit  • Report the auditor's certification number  • Summarize each of the auditor's recommendations  • Enter the amount paid for the audit on Line A  • Enter the total amount paid to implement the energy efficiency recommendations on Line B | <ul> <li>Enter the total amount paid for the audit and any implemented recommendations on Line C</li> <li>Attach applicable receipts</li> <li>Attach completed MO-HEA and receipts to Form MO-1040</li> </ul>   |
|                 | Auditor Name   | Auditor Certification Number  |
|                 |  |   |
|                 | Summary of Recommendations   |   |
|                 | 1  |   |
|                 | 2  |   |
| ary             | 3  |   |
| Auditor Summary | 4  |   |
| ditor \$        | 5  |   |
| An              | A. Amount paid for audit   | A   |
|                 | B. Amount paid to implement recommendations  |   |
|                 | C. Total Paid - Add Lines A and B and enter here   | c . 00  |



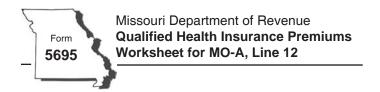
D

Е

00

E. Amount from Line C or Line D, whichever is less. Enter here and on Form MO-A, Line 14. If you are

filing a combined return, you may split the amount reported on Line 14 between both spouses.  $\dots$ 



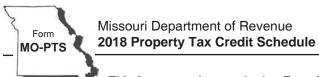
| Social Security Numb | per          |  |
|----------------------|--------------|--|
| _                    | _            |  |
| Spouse's Social Secu | urity Number |  |
| _                    | _            |  |

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 1040, Line 5a. If \$0, skip to Line 6 an premiums paid  | •   |              | ance | 1   |            | . 00 |
|----|--|-----|--------------|------|-----|------------|------|
| 2. | Enter amount from Federal Form 1040, Line 5b   |     |              |      | 2   |            | . 00 |
|    | Divide Line 2 by Line 1  |     |              |      | 3   |            | ]%   |
|    |  |     | Yourself (Y) |      |     | Spouse (S) |      |
| 4. | Enter the health insurance premiums withheld from your social security income  | 4Y  |              | . 00 | 48  |            | . 00 |
| 5. | Multiply the amounts on Line 4Y and 4S by the percentage on Line 3   | 5Y  |              | . 00 | 58  |            | . 00 |
| 6. | Enter the total of all other health insurance premiums paid, which were not included on 4Y or 4S   | 6Y  |              | . 00 | 6S  |            | . 00 |
| 7. | Add the amounts from Lines 5 and 6   | 7Y  |              | . 00 | 7S  |            | . 00 |
| 8. | Add the amounts from Lines 7Y and 7S   |     |              |      | 8   |            | . 00 |
| 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  |              | %    | 98  |            | %    |
| 0. | Enter the amount from Federal Schedule A, Line 1   |     |              |      | 10  |            | . 00 |
| 1. | Enter the amount from Federal Schedule A, Line 4   |     |              |      | 11  |            | . 00 |
| 2. | Divide Line 11 by Line 10 (round to full percent)  |     |              |      | 12  |            | %    |
| 3. | Multiply Line 8 by percent on Line 12  |     |              |      | 13  |            | . 00 |
| 4. | Subtract Line 13 from Line 8   |     |              |      | 14  |            | . 00 |
| 5. | Enter your federal taxable income from Federal Form 1040, Line 10  |     |              |      | 15  |            | . 00 |
| 6. | If you itemized on your federal return and completed Lines 10 through 14 a Line 14 or Line 15, whichever is less. If not, enter the amount from Line 8 c |     |              |      | 16  |            | . 00 |
| 7. | 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 |              | . 00 | 17S |            | . 00 |





| Department Use Only | Γ |  |  |
|---------------------|---|--|--|
| (MM/DD/YY)          | L |  |  |

|                       |        | This form must be attached to Form MO-   | -1040 o   | r MO-1040P.   |
|-----------------------|--------|--|---|---|
| Soci                  | ial Se | ecurity Number   |   | Date of Birth (MM/DD/YYYY)  |
|                       |        |  |   |   |
| First                 | Nam    | ue   | M.I.  | Last Name   |
|                       |        |  |   |   |
| Spo                   | use's  | Social Security Number   |   | Spouse's Date of Birth (MM/DD/YYYY)   |
|                       |        |  |   |   |
| Spo                   | use's  | First Name   | M.I.  | Last Name   |
|                       |        |  |   |   |
|                       |        |  |   |   |
| Filing Qualifications |        | C. 100% Disabled (Attach letter from Social Security  D. 60 years of age or older and received surviving security  Select only one filing status. If married filing combined  Single Married - Filing Combined M  Failure to provide the following attachs | r residentice (Attack)  y Admin  spouse to  I, you m  larried - | nt. (Attach Form SSA-1099.)  ach letter from Department of Veterans Affairs - see instructions.)  distration or Form SSA-1099.)  penefits (Attach Form SSA-1099.) |
|                       | 1      | Enter the amount of income from Form MO-1040, Line   | a 6 or <b>F</b>   | orm MO-1040P Line 4   |
|                       | ١.     |  |   |   |
|                       | 2.     | Enter the amount of nontaxable social security benefit minor children before any deductions and the amoun retirement benefits. Attach Form(s) SSA-1099 or RRE  | nt of soc   | ial security equivalent railroad  |
| Income                | 3.     | Enter the total amount of pensions, annuities, dividend included in Line 1. Include tax exempt interest from Mo MO-1040). <b>Attach</b> Form(s) W-2, 1099, 1099-R, 1099-   | O-A, Pa   | rt 1, Line 8 (if filing Form  |
|                       | 4.     | Enter the amount of railroad retirement benefits (not in <b>Attach</b> Form RRB-1099-R (Tier II). If filing Form MO-1  |   |   |
|                       | 5.     | Enter the amount of veterans payments or benefits be<br>Attach letter from Veterans Affairs (see instructions)   | -   |   |



|                     | 6.  | Enter the total amount received by you, your spouse, and your <b>minor children</b> from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). <b>Attach</b> a  |         |
|---------------------|-----|---|---------|
|                     |     | letter from the Social Security Administration that includes the total amount of assistance received and Form 1099 from Employment Security, if applicable  | 6       |
|                     | 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, Schedule 1, Line 13.)   | 7       |
| ontinued)           | 8.  | Total household income - Add Lines 1 through 7 and enter the total here   | 8       |
| Income (continued)  | 9.  | Enter the appropriate amount from the options below   |         |
|                     | 10. | Net household income - Subtract Line 9 from Line 8 and enter the amount here  | 10 . 00 |
|                     |     | <ul> <li>If you owned and occupied your home for the entire year and Line 10 is greater<br/>than \$30,000, you are <b>not eligible</b> to file this claim.</li> </ul>   |         |
| Real Estate or Rent | 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. <b>Attach</b> a copy of <b>paid</b> real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, <b>attach</b> the Assessor's Certification (Form 948) | 11 . 00 |
| Real Esta           | 12. | If you rented, enter the total amount from Certification of Rent Paid (Form(s) MO-CRP), Line 9 or \$750, whichever is less. <b>Attach</b> a completed Verification of Rent Paid (Form 5674). <b>Note</b> : If you rent from a facility that does not pay property tax, you are <b>not eligible</b> for a Property Tax Credit        | 12 . 00 |
| Credit              | 13. |   | 13      |
| 0                   | 14. | Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 49-51 or MO-1040P, pages 29-31 to figure your Property Tax Credit. You <b>must</b> use the chart to see how much credit you are allowed. Enter this amount on Form MO-1040, Line 37 or Form MO-1040P, Line 17   | 14      |
|                     |     | Department Use Only   |         |
|                     | ٨   |   |         |
|                     | Α   |   |         |

This form must be attached to Form MO-1040 or Form MO-1040P.



| Form<br>MO-CRP | Missouri Department of Revenue 2018 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 Spouse's Social Security Number   |
|----|--|
|    |  |
| 2. | Select this box if related to your landlord. If so, explain.  Name (First, Last)   |
|    | Physical Address of Rental Unit (P.O. Box Not Allowed)  Apartment Number   |
|    | City State ZIP Code  |
| 3. | Landlord's Name (First, Last)  |
|    | Landlord's Last 4 Digits of Social Security Number  Landlord's Federal Employer Identification Number (FEIN) - if applicable  Landlord's Street Address (Must be completed)  Apartment Number  |
|    | City State ZIP Code  |
|    | Landlord's Phone Number (Must be completed)  From:  Rental Period During Year (MM/DD/YY)  To:  (MM/DD/YY)  |
| J. | nemai Penod Duning Teal (MIM/DD/TT)  |
| 6. | Enter your gross rent paid. Attach a completed Verification of Rent Paid (Form 5674). 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%  F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)   |
|    | B. Mobile Home Lot - 100%  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:   |
|    | D. Skilled or Intermediate Care Nursing Home - 45%  1 (50%)  2 (33%)  3 (25%)  |
|    | E. Hotel - 100%; if meals are included - 50%   |
| 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 12-2018)

18315010001

| Missouri Department of Revenue 2018 Miscellaneous Income Tax Credits | Department Use Only (MM/DD/YY) |
|--|--------------------------------|
| Name<br>(Last, First)  | Social Security Number         |
| Spouse's Name  | Spouse's Social                |
| (Last, First) Corporation  | Security Number Charter        |
| Name   | Number                         |
| Missouri Tax   | Federal Employer               |

- Benefit Number The number is the last six (6) digits of the number located on your Certificate of Eligibility. Example: For benefit, ABC-2018-12345-123456, enter 123456, on Form MO-TC.
- · Alpha code The three (3) character code located on the back of this form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.

I.D. Number

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

I.D. Number

|     | Benefit Number (See example above) | Alpha Code<br>(3 characters) | Credit Name<br>Each credit will apply against your tax  |         | Yourself     Corporation Income     Fiduciary | Spouse (on a combined return) |
|-----|------------------------------------|------------------------------|---|---------|---|-------------------------------|
|     | (222 23300)                        | from back                    | liability in the order they appear below  | $\perp$ | 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                            |
| 12. |                                    |                              | om Form MO-1040, Line 29Y for yourself and Line 29S for your spouse, 16 for income from or Form MO-1041, Line 18                                      | 12.     | 00  | 00                            |
| 13  |                                    |                              | e 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 18; Form N<br>Line 13 cannot exceed the amount on Line 12, unless the credit is refundab |         |   | 00                            |

Use Column 1 if you are filing:

- An individual income tax return with a single type filing status;
- · A fiduciary return; or,
- · A corporation income tax return.

If you are filing a combined return and both you and your spouse have income:

- Use Column 1 for yourself and Column 2 for spouse.
- Both names must be on the credit certificate.

If you are a shareholder or partner claiming a credit, attach a copy of the shareholder listing or Federal Schedule K-1, specifying your percentage and the corporation's percentage of ownership.

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.



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 Development

P.O. Box 118, Jefferson City, MO 65102-0118 http://www.ded.mo.gov

| Alpha      |  | Attach to                 |
|------------|--|---------------------------|
|            | Name of Credit and Phone Number  | Form MO-TC                |
| AFI        | Alternative Fuel Infrastructure - (573) 751-2254   | Certificate*              |
| BFC        | New or Expanded Business Facility - (573) 526-5417   | Schedule 150,             |
|            | ······, (-···)   | Fed. K-1, Form 4354       |
| BJI        | Brownfield "Jobs and Investment" - (573) 522-8004  | Certificate*              |
| DAL        | Distressed Area Land Assemblage - (573) 522-8006   | Certificate*              |
| DFH        | Dry Fire Hydrant - (573) 751-9048  | Certificate*              |
| DPC        | Development Tax Credit - (573) 526-3285  | Certificate*              |
| EZC        | Enterprise Zone - (573) 522-2790   | Schedule 250,             |
|            | . , ,  | Fed. K-1, Form 4354       |
| FDA        | Family Development Account - (573) 751-4539  | Certificate*              |
| FPC        | Film Production - (573) 751-9048   | Certificate*              |
| HPC        | Historic Preservation - (573) 522-8004   | Certificate*              |
| ISB        | Small Business Investment (Capital) - (573) 526-5417   | Certificate*              |
| ICT        | Innovation Campus Tax Credit - (573) 751-4539  | Certificate*              |
| MQJ        | Missouri Quality Jobs - (573) 751-4539   | Certificate*              |
| MWC        | Missouri Works Credit - (573) 522-9062   | Certificate*              |
| NAC        | Neighborhood Assistance - (573) 522-2629   | Certificate*              |
| NEC        | New Enterprise Creation - (573) 522-2790   | Certificate*              |
| NEZ        | New Enhanced Enterprise Zone - (573) 751-4539  | Certificate*              |
| NMC        | New Market Tax Credit - (573) 522-8004   | Certificate*              |
| RCC        | Rebuilding Communities - (573) 526-3285  | Certificate*              |
| RCN        | Rebuilding Communities and Neighborhood  |                           |
|            | Preservation Act - (573) 522-8004  | Certificate*              |
| REC        | Qualified Research Expense - (573) 526-0124  | Certificate*              |
| RTC        | Remediation - (573) 522-8004   | Certificate*              |
| SBG        | Small Business Guaranty Fees - (573) 751-9048  | Certificate*              |
| SBI        | Small Business Incubator - (573) 751-4539  | Certificate*              |
| SEC<br>SPC | Sporting Event Credit - (573) 522-8004   | Certificate*              |
| TDC        | Sporting Contribution Credit - (573) 522-8004<br>Transportation Development - (573) 751-4539 | Certificate* Certificate* |
| WEC        | 1 \ \ /  | Certificate*              |
| WGC        | Processed Wood Energy - (573) 526-1723<br>Wine and Grape Production - (573) 751-9048         | Certificate*              |
| YOC        | Youth Opportunities - (573) 751-9048   | Certificate*              |
| 100        | 10uii Oppoituiiles - (0/0) /31-4009  | Octimodic                 |

#### **Missouri Development Finance Board**

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

| Alpha       |  | Attach to    |
|-------------|--|--------------|
| <u>Code</u> | 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       |  | Attach to             |
|-------------|--|-----------------------|
| <u>Code</u> | Name of Credit and Phone Number                | Form MO-TC            |
| AHC         | Affordable Housing Assistance - (816) 759-6878 | Certificate*          |
| LHC         | Missouri Low Income Housing - (816) 759-6878   | Eligibility Statement |
|             |  | Fed. K-1, 8609A,      |
|             |  | 8609 (first year)     |

#### Missouri Department of Revenue

P.O. Box 2200, Jefferson City, MO 65105-2200 http://dor.mo.gov/ • (573) 751-3220 or (573) 751-4541

| Alpha | ,                      | , | ` | Attach to         |
|-------|------------------------|---|---|-------------------|
| Code  | Name of Credit         |   |   | Form MO-TC        |
| ATC   | Special Needs Adoption |   |   | Form ATC, and     |
|       |                        |   |   | Federal Form 8839 |

#### Missouri Department of Revenue (Continued)

| BFT<br>BTC | Bank Franchise Tax<br>Bank Tax Credit for S Corporation | Form INT-2, INT-2-1<br>Form BTC, and Form<br>Shareholders INT-3,<br>2823, INT-2, Fed. K-1 |
|------------|---|---|
| CIC        | Children in Crisis                                      | Contribution Verification from  |
| CFC        | Champion for Children                                   | Issuing Agency Contribution Verification from   |
| DAC        | Disabled Access   | Issuing Agency<br>Federal Form 8826<br>and Form MO-8826                                   |
| DAT        | Residential Dwelling Accessibility                      | Form MO-DAT   |
| FPT        | Food Pantry Tax   | Form MO-FPT   |
| SHC        | Self-Employed Health Insurance                          | Form MO-SHC   |
| SSC        | Public Safety Officer Surviving Spouse                  | Form MO-SSC   |
|            |   |   |

#### Missouri Agricultural and Small **Business Development Authority**

P.O. Box 630, Jefferson City, MO 65102-0630 http://www.agriculture.mo.gov • (573) 751-2129

| Alpha | l .  | Attach to    |
|-------|--|--------------|
| Code  | Name of Credit                                 | Form MO-TC   |
| APU   | Agricultural Product Utilization Contributor   | Certificate* |
| FFC   | Family Farms Act                               | Certificate* |
| MPF   | Meat Processing Facility Investment Tax Credit | Certificate* |
| NGC   | New Generation Cooperative Incentive           | Certificate* |
| QBC   | Qualified Beef                                 | Certificate* |
|       |  |              |

#### **Missouri Department of Natural Resources**

Jefferson City, MO 65105 http://www.dnr.mo.gov

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

#### **Missouri Department of Social Services**

Jefferson City, MO 65109

http://www.dss.mo.gov/dfas/taxcredit/index.htm • (573) 751-7533 Attach to Alpha Code Name of Credit Form MO-TC DBC Diaper Bank Certificate\* DDC Developmental Disability Care Provider Certificate\* Shelter for Victims of Domestic Violence Certificate\* DVC MHC Maternity Home Certificate\* **PRC** Pregnancy Resource 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

Residential Treatment Agency

School Children Health and Hunger

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

Certificate\*

Certificate\*

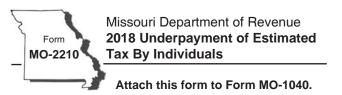
Form MO-TC (Revised 12-2018)

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



RTA

SCH



Annual Payment and Part III, Regular Method.

| Department Use Only |  |  |  |
|---------------------|--|--|--|
| (MM/DD/YY)          |  |  |  |

| Social Security Number  | Spouse's Social Security Number |  |  |  |  |
|---|---------------------------------|--|--|--|--|
| Taxpayer Name   | Spouse's Name                   |  |  |  |  |
|   |                                 |  |  |  |  |
| Address, City, 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, compete Part I, Required

| Payment  | 1. | Enter your 2018 tax after credits (Form MO-1040, Line 30 less approved credits from Line 36; Property Tax Credit from Line 37)   | 1 |  |
|----------|----|--|---|--|
| ıal Pay  | 2. | Multiply Line 1 by 90% (66 2/3% for qualified farmers)   |   |  |
| Ann      | 3. | Withholding Taxes - <b>Do not</b> include any estimated tax payments on this line  | 3 |  |
| Required | 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 |  |
| - 1      | 5. | Enter the tax shown on your 2017 tax return. If you did not file a 2017 Missouri return or only filed a Property Tax Credit Claim, skip line 5 and enter the amount from Line 2 on Line 6. | 5 |  |
| Part     | 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 |  |
|          |    |  |   |  |

|              | 7.  | Enter the amount, if any, from Line 3 above  | 7    |    |    |  |
|--------------|-----|--|------|----|----|--|
|              | 8.  | Enter the total amount, if any, of estimated tax payments you made   | 8    |    |    |  |
| thod         | 9.  | Add Lines 7 and 8  |      |    | 9  |  |
| Short Method | 10. | <b>Total Underpayment for Year</b> - Subtract Line 9 from Line 6. If zero or less, stop penalty. Do not file Form MO-2210  |      | •  | 10 |  |
|              | 11. | Multiply Line 10 by .02938   |      |    | 11 |  |
| Part II      | 12. | If the amount on Line 10 was paid on or after 04/15/19, enter 0 (zero). If the amount before 04/15/19, make the following computation to find the amount to enter on L |      |    |    |  |
|              |     | Amount on Number of days paid Line 10 X before 04/15/19 X .000   | 1370 |    | 12 |  |
|              | 13. | Penalty - Subtract Line 12 from Line 11. Enter result here and on Form MO-1040   | Line | 48 | 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.



| Secti        | on A - Figure Your Underpayment   |  |   |   |                   |
|--------------|---|--|---|---|-------------------|
|              | mplete Lines 14 through 19. If you meet any of the exceptions directly to Line 20.  | (see instruction D) to                       | o the penalty for all o                     | quarters, omit Lines 1                      | 14 through 19 and |
| 14.          | Required annual payment (Enter payment as computed on Pa  | art I, Line 6)                               |   | 14  |                   |
|              |   | ,  |   | f Installments                              |                   |
|              | r   | Apr. 15, 2018                                | Jun. 15, 2018                               | Sept. 15, 2018                              | Jan. 15, 2019     |
| 15.          | Required installment payments   |  |   |   |                   |
| 16.          | Estimated tax paid  |  |   |   |                   |
| 17.          | Overpayment of previous installments  |  |   |   |                   |
| 18.          | Total payments  |  |   |   |                   |
| 19.          | Underpayment of current installment   |  |   |   |                   |
| 19a.         | Overpayment of current installment  |  |   |   |                   |
| 19b.         | Underpayment of previous installments   |  |   |   |                   |
| 19c.         | Total overpayment   |  |   |   |                   |
| 19d.         | Total underpayment  |  |   |   |                   |
| Secti        | on B - Exceptions To The Penalty  |  |   |   |                   |
| 3            | e instruction D - For special exceptions see instruction I for service  | e in a "combat zone"                         | ', and instruction J for                    | farmers.                                    |                   |
| 20.          | Total amount paid and withheld from January 1 through   |  | , and mendenen ener                         |   |                   |
| 3            | the installment date indicated  | 25% of 2017 Tax                              | 50% of 2017 Tax                             | 75% of 2017 Tax                             | 100% of 2017 Tax  |
| 8            | 2017 tax  |  |   |   |                   |
| 22.          | Exception No. 2 - tax on prior year's income using 2018   | 25% of Tax                                   | 50% of Tax                                  | 75% of Tax                                  | 100% of Tax       |
| <del>-</del> | rates and exemptions  | 22.5% of Tax                                 | 45% of Tax                                  | 67.5% of Tax                                |                   |
| 23.          | Exception No. 3 - tax on annualized 2018 income   |  |   |   |                   |
|              | Exception No. 4 - tax on 2018 income over 3, 5, and 8 month periods   | 90% of Tax                                   | 90% of Tax                                  | 90% of Tax                                  |                   |
| Secti        | on C - Figure the Penalty   |  |   |   |                   |
|              | mplete Lines 25 through 29  |  |   |   |                   |
|              | Amount of underpayment  |  |   |   |                   |
|              | Date of payment, due date of installment, or April 15, 2019, whichever is earlier.  |  |   |   |                   |
| 27a.         | Number of days between the due date of installment, and   |  |   |   |                   |
|              | either date of payment, the due date of the next installment, or December 31, 2018, whichever is earlier  |  |   |   |                   |
| 27b.         | Number of days from January 1, 2019 or installment date to date of payment or April 15, 2019  |  |   |   |                   |
| 28a.         | Multiply the 4% 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 amount on Line 28c. Show this amount on Line 48 of Fenalty". If you have an underpayment on Line 47 of Form Northe amount equal to the total of Line 47 and the penalty amo Department of Revenue will reduce your overpayment by the | 1O-1040, enclose yo<br>unt on Line 48. If yo | our check or money ou<br>u have an overpaym | order for payment in<br>ent on Line 46, the |                   |

Note: If this form is not filed with Form MO-1040, attach check or money order payable to "Department of Revenue" and mail.

Taxation Division

E-mail: income@dor.mo.gov

Taxation Division P.O. Box 329 Jefferson City, MO 65107-0329



#### 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 Jan. 1 and Apr. 1     | Apr. 15                            | 4                                       |
| Between Apr. 2 and Jun. 1     | Jun. 15                            | 3                                       |
| Between Jun. 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 2018 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 2018 tax payments equal or exceed the tax shown on your 2017 tax return. The 2017 return must cover a period of 12 months and show a tax liability.

Exception 2 - Tax on Prior Year's Income using 2018 Rates and Exemptions - This exception applies if your 2018 tax withheld and estimated tax payments equal or exceed the tax that would have been due on your 2017 income if you had computed it at 2018 rates. To determine if you qualify for this exception, use the personal exemptions allowed for 2018, but use the other facts and law applicable to your 2017 return.

Exception 3 - Tax on Annualized 2018 Income - This exception applies if your 2018 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 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)

| 1. | Wages, received during Jan., Feb., and Mar\$6,000        |
|----|--|
| 2. | Self-employment income during Jan., Feb., and Mar\$4,000 |
| 3. | Adjusted gross income                                    |
| 4. | Annualized income (\$10,000 ÷ 3 x 12)\$40,000            |
| 5. | Less:  |
|    | (a) Standard deduction                                   |
|    | (b) Federal tax (joint return)                           |
| 6. | Annualized taxable income                                |
| 7. | Income Tax (from Missouri tax chart) \$628               |



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If your tax withheld and estimated tax payment for the first installment period of 2018 were at least \$224 (22.5 percent of \$994) you do not owe a penalty for that period.

Exception 4 - Tax on 2018 Income Over Periods of 3, 5, and 8 months - This exception applies if your 2018 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, 2018 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 2018.

Example II (Combined return using standard deduction)

| (1)                       | (2)           | (3)        | (4)               | (5)          |
|---------------------------|---------------|------------|-------------------|--------------|
| <b>Computation Period</b> | <u>Income</u> | <u>Tax</u> | 90 percent of Tax | Tax Withheld |
| Jan. 1 to Mar. 31         | \$15,000      | \$0        | \$0               | \$275        |
| Jan. 1 to May 31          | \$30,000      | \$163      | \$147             | \$458        |
| Jan. 1 to Aug. 31         | \$35,000      | \$431      | \$388             | \$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, 2018, whichever is earlier. If the payment date on Line 26 is December 31, 2018, or later and the due date of the installment is April 15, 2018, then enter 260 days; for June 15, 2018, 199 days; and for September 15, 2018, 107 days.
  - For Line 27b, enter the number of days from January 1, 2019 or the 2019 installment due date to date of payment or appropriate due date of return, whichever is earlier. If the payment date is April 15, 2019, enter 105 days for the first, second, and third quarters and 90 days for the fourth quarter.
- F. **Tax Withheld** You may consider an equal part of the income tax withheld during the year as paid on each required installment date, unless you establish the dates on which the withholding occurred and consider it paid on those dates.
- G. **Overpayment** Apply as credit against the next installment any installment overpayment shown on Line 19a that is greater than all prior underpayments.
- H. **Installment Payments** If you made more than one payment for any installment, enclose a separate computation for each payment. If you filed your return and paid the balance of tax due on or before January 31, 2019, consider the balance paid as of January 15, 2019.
- I. 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, 2019, 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.



#### **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
- 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, 2019, 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, 2019 (or a later date, if the installment date was after January 1) until either the date of the payment or April 15, 2019, whichever is earlier.
- 28a. Multiply the amount on Line 25 by the number of days on Line 27a. Divide this amount by 365 days and multiply the product by four percent. This is the penalty accruing on the underpayment during 2018.
- 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 2019.
- 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.



## **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 Education Deposit Program, or any other qualified 529 plan.

The maximum annual exempt contribution is \$8,000 for single individuals or \$16,000 for married couples filing a combined return. If you are a participant claiming a subtraction for a contribution made to the savings program, you must **attach your statement provided by the program manager.** The statement must be in the name of 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 31 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, select the box on Line 13 and take a subtraction for the amount not previously recovered. Visit http://dor.mo.gov/pdf/depreciation\_examples.pdf for more information and examples.

#### **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 the Home Energy Audit Expense (Form MO-HEA) found on page 30.

## Line 15 - Exempt Contribution Made to a Qualified Achieving a Better Life Experience Program (ABLE)

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 Better Life Experience Board. The maximum annual exempt contribution is \$8,000 for single individuals or \$16,000 for married couples filing a combined return. If you contributed to ABLE and are claiming the subtraction on your Missouri income tax return, please attach one of the following with your return:

- Bank statements reporting/verifying the contribution date and contribution amount,
- Copies of cancelled checks,
- Form 5498-QA, or

 Other supporting documentation verifying the name of the individual who contributed to the ABLE account, contribution dates, and contribution amounts.

The documentation verifying contributions must be in the name of the individual 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 - Business Income Deduction**

The State of Missouri allows a subtraction from federal adjusted gross income in the amount of 5 percent for Missouri Source Business Deductions. Complete the worksheet below, only if you have Missouri source income and are claiming a Business Income Deduction. Please provide the Federal Form 1040 and all applicable schedule(s) for verification.

| Worksheet for Missouri Source Business De  | eduction      |
|--|---------------|
| Yourself   | <b>Spouse</b> |
| 1. Missouri-source net profit from Form 1040, Schedule(s) C, Line 31 that is included in federal adjusted gross income. (Enter zero if negative.) 1Y  2. Missouri-source net profit(loss) from Form 1040 Schedule E, Part II, Line 32, | 2S            |
| that is included in federal adjusted gross income  | 2S            |
| zero.)   |               |
| Line 17 4Y   | 4S            |
| Enter the amount from Line 4 from the worksheet ab   | ove on        |
| Form MO-A, Line 17.  |               |

#### **Line 18 - Total Subtractions**

Add Lines 8 through 17. Enter the total on Form MO-A, Part 1, Line 18 and on Form MO-1040, Line 4.

**Note:** Do not include income earned in other states on Line 18. Complete Form MO-NRI or Form MO-CR. See Form MO-1040, Line 25 or Line 26.

#### Part 2 - Missouri Itemized Deductions

You cannot itemize your Missouri deductions if you took the standard deduction on your federal return. See pages 7 and 8, Line 13. 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 8, and any **approved** cultural contributions (literary, musical, scholastic, or artistic) to a tax exempt agency or institution that is operated on a not-for-profit basis. **Cash contributions do not qualify.** 

#### **Lines 2 and 3 - Social Security Tax**

Include the amount of the social security tax withheld from your Form(s) W-2. **This amount cannot exceed \$7,961.** 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 2018. **This amount cannot exceed \$12,636** (Tier I maximum of \$7,961 and Tier II maximum of \$4,675). 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 72, 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 overall limit on state and local income taxes plus property taxes, is \$5,000 for married filing separately and \$10,000 for all other taxpayers (single, married filing combined, head of household). If the sum of these deductions exceed this limit, use the worksheet on MO-A, Part 2 worksheet to determine the state income tax portion of the state tax deduction.

#### **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 Form(s) W-2. See page 20, Diagram 1, Box 19.

#### **Line 12 - Total Missouri Itemized Deductions**

If your total Missouri itemized deductions are less than your standard deduction (see pages 7 and 8, Line 13), you should take the standard deduction on Form MO-1040, Line 13, 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 Form(s) 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 2018 social security benefits for each spouse. This information can be found on:

• Federal Form 1040 - Line 5b

#### **Line 6 - Taxable Public Pension**

Include the taxable 2018 public pension for each spouse. This information can be found on:

• Federal Form 1040 - Line 4b

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 (page 44), 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 2018 social security benefits. This information can be found on:

• Federal Form 1040 - Line 5b

#### **Line 6 - Taxable Pension**

Include the taxable 2018 pension received from private sources for each spouse. This information can be found on:

• Federal Form 1040 - Lines 4b

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 1040 - Line 5b

Taxable social security benefits must be allocated by each spouse's share of the benefits received for the year. To determine each spouse's portion of the taxable social security on Line 4, complete Worksheet for Lines 4 and 5 below.

#### **Line 5 - Taxable Social Security Disability Benefits**

A disabled individual, receiving social security disability income (SSDI) for the entire taxable year should enter on Line 5, the amount of **federal taxable benefits**, which can be found on:

• Federal Form 1040 - Line 5b

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 the 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.

| Worksheet for Line  | s 4 and 5 |        |
|---|-----------|--------|
| 1. Total social security - Enter amount f   | rom: 1) _ |        |
| <ul> <li>Federal Form 1040, Line 5a</li> </ul>  |           |        |
|   | Yourself  | Spouse |
| 2. Enter each spouse's portion of the total social security 2   | Y         | 2S     |
| 3. Divide Line 2Y and 2S by Line 13   | Y %       | 3S%    |
| <ul><li>4. Taxable social security</li><li>Enter amount from:</li><li>Federal Form 1040, Line 5b</li></ul>                  | 4) _      |        |
| 5. Multiply Line 4 by percentages on 3Y and 3S and enter amounts here and on Lines 4 or 5 of Part 3 of the MO-A, Section C5 | Y         | 5S     |

#### **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 1040, Line 4b. 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 1040, Line 4b. 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 11 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 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 36, 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 Property Tax Credit Claim (**Form MO-PTC**). Do not include spouse name or social security number if you selected 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 you cannot calculate your Property Tax Credit on Form MO-PTS.

#### **Qualifications**

Select the applicable box to indicate under which qualification you are filing the Form MO-PTS. You must select a qualification box to be eligible for the credit. Select **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 5a less Line 5b
- Form(s) SSA-1099 and RRB-1099, total amount before deductions (if you did not include an amount on Federal Form 1040)

Lump sum distributions from Social Security Administration and other agencies must be claimed in the year in which they are received. **Attach Form SSA-1099 or RRB-1099 (TIER I).** 

#### **Helpful Hints**

- Wait to file your return until you receive your Form SSA-1099 in January 2019. This form will list your benefits for the entire 2018 year. See the sample Form SSA-1099 on page 14.
- If you are receiving railroad retirement benefits, you should get two Forms RRB-1099. Form RRB-1099R shows annuities and pensions. Form RRB-1099 shows 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:

- Form(s) 1099-R Total amount before deductions not included on Form MO-1040, Line 6 (Missouri adjusted gross income).
- Form 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 a 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**

If a veteran is 100 percent disabled **not due to military service**, payments and benefits are included in to property tax credit household income. Veteran payments and benefits include education or training allowances, disability compensation, grants, and insurance proceeds. A letter from the Veterans Administration detailing the amount of your benefits needs to be attached to the Property Tax Credit Schedule (Form MO-PTS).

If a veteran is 100 percent disabled as a result of military service, you are not required to include your veteran payments and benefits on Form MO-PTS. Attach to Form MO-PTS a letter from the Veterans Administration confirming the disability is 100 percent from military service.

If a veteran is less than 100 percent disabled, but is unable to engage in substantial gainful activity due to medical impairment(s) **resulting entirely from military service**, and such medical impairment(s) can be expected to result in death or has lasted or can be expected to last continuously for at least twelve months, you are not required to include your veteran payments and benefits on Form MO-PTS. Attach to Form MO-PTS a letter from the Veterans Administration confirming the medical impairment(s) resulted entirely from military service and makes you unable to engage in substantial gainful activity.

**Note:** To request a copy of the letter, call the Veterans Administration at (800) 827-1000.

If you are a surviving spouse receiving social security and your spouse was 100 percent disabled as a result of military service, all 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 <a href="https://www.socialsecurity.gov/myaccount">www.socialsecurity.gov/myaccount</a>, by calling 1-800-772-1213, or contacting your local Social Security office. If you have <a href="minor children">minor children</a> 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 letter from the Social Security Administration that includes the total amount of assistance received and Form 1099 from Employment Security, 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 **RENTED** or **did not** own your home for the **entire year**, enter \$2,000 on Line 9.
- If you OWNED and OCCUPIED your home for the entire year, enter \$4,000 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 Line10 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 2018 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 that is classified as personal property, an Assessors Certification (Form 948) 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 Certification of Rent Paid (Form MO-CRP) for **each** rented home (including mobile home or lot) you occupied during 2018. 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 household 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 Form(s) MO-CRP completed, and enter the amount on Line 12, or \$750, whichever is less. Attach a completed Verification of Rent Paid (Form 5674), along with Form(s) MO-CRP. Forms may be obtained by visiting the Department's website at: https://dor.mo.gov/forms/.

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 ( $4,000 \times 20\%$ ). 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.

#### **Helpful Hints**

• Real estate tax paid for a **prior year cannot** be claimed on this form. To claim real estate taxes for a prior year, you must file a claim for that year.

**Example:** If you paid your 2017 real estate tax in calendar year 2018, you must file a 2017 Property Tax Credit Claim.

• If you own your home and other adults (other than spouse) live there and pay rent, the rent must be included in your federal adjusted gross income.

#### **Line 14 - Property Tax Credit**

Apply Lines 10 and 13 to the Property Tax Credit Chart on pages 49, 50, and 51 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

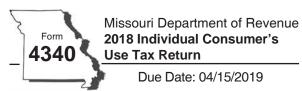
Form MO-CRP must be completed by taxpayers who rented their home and are submitting a Property Tax Credit Claim.

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 2018, 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 select 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(s) 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 Form(s) 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.



| Department Use Only |  |  |  |  |
|---------------------|--|--|--|--|
| MM/DD/YY)           |  |  |  |  |
| , , ,               |  |  |  |  |
|                     |  |  |  |  |

| Reporting | Period |
|-----------|--------|
| (MM/YY)   |        |

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|--|------------|-----------|----------|-----------|------------|---------|----------|-----------|---------------------|-------------|--------------------------|---------------------------|--------|----------------------------|----------------|---------------|----|
| Missouri Tax I.D.                                |            |           |          |           |            |         |          |           |                     |             |                          |                           |        |                            |                |               |    |
| Number   |            |           |          |           |            |         |          |           |                     |             |                          |                           |        |                            |                |               |    |
| 2. Last Name                                     |            |           |          |           |            |         |          |           | First Name          |             |                          |                           | M.I.   | SSN                        |                |               |    |
|  |            |           |          |           |            |         |          |           |                     |             |                          |                           |        |                            |                |               |    |
| Street Address                                   |            |           |          |           |            |         |          |           | City                |             |                          |                           |        |                            | State          | Zip           |    |
| 3. Spouse's Last Name                            | е          |           |          |           |            |         |          |           | First Name          |             |                          |                           | M.I.   | Spouse SS                  | N              | ı             |    |
| Street Address                                   |            |           |          |           |            |         |          |           | City                |             |                          | '                         |        |                            | State          | Zip           |    |
|  | 4. Stree   | t Addres  | s        |           |            |         |          | Cit       | ty                  | Zip         | 5. Inside<br>City Limits | 6. City/County<br>Code(s) |        | Taxable<br>urchases        | 8. Tax<br>Rate | 9. Amount o   | of |
|  |            |           |          |           |            |         |          |           |                     |             | Yes                      |                           |        |                            |                |               |    |
|  |            |           |          |           |            |         |          |           |                     |             | Yes                      |                           |        |                            |                |               |    |
|  |            |           |          |           |            |         |          |           |                     |             | Yes                      |                           |        |                            |                |               |    |
| 15. Provide a description                        | on of purc | chases yo | ou made  | •         |            | -       |          |           |                     | ,           | ,                        |                           | 10. To | tal Purchases              |                | 11. Total Due |    |
|  |            |           |          |           |            |         |          |           |                     |             |                          |                           |        | Interest Fo<br>Late Payme  |                | 12.           |    |
| 16. One time purch                               | hase       | lexpe     | ct to ma | ıke futur | e taxable  | purcha  | ses. (se | e instruc | tions)              |             |                          |                           | ,      | Additions To               | Тах            | 13.           |    |
| I have direct control<br>that this is a true, ac |            |           |          |           | for filing | this re | turn and | d payme   | ent of the tax due. | Under penal | Ities of perj            | ury, I declare            |        | Pay This Am<br>(U.S. Funds |                | 14.           |    |
| 17. Signature(s)                                 |            |           |          |           |            |         | Da       | ate (MM/  | DD/YYYY)<br>/       | Daytime Te  | elephone<br>)            |                           | DOR    | ONLY                       |                |               |    |
| Make check payab income tax return. If           |            |           |          |           |            |         |          |           |                     |             |                          |                           |        |                            |                |               |    |

This form is not intended for use by businesses. Businesses that have a use tax liability should contact the Department of Revenue. See the address and phone number below.

What is Consumer's Use Tax? - Use tax is imposed on the storage, use, or consumption of tangible personal property in this state. You must pay consumer's use tax on tangible personal property stored, used, or consumed in Missouri unless you paid tax to the seller or the property is exempt from tax. If an out-of-state seller does not collect use tax from the purchaser, the purchaser is responsible for remitting the use tax to Missouri. A purchaser is required to file a use tax return if the cumulative purchases subject to use tax exceed \$2,000 in a calendar year. Use tax is computed on the purchase price of the goods. Please refer to the Department's website for additional information: <a href="http://dor.mo.gov/personal/consumer">http://dor.mo.gov/personal/consumer</a>.

Taxable Purchases - Compile a list of all purchases you made during the calendar year and didn't previously pay Missouri sales or use tax. You can find this information from invoices, bills, credit card statements, and canceled checks. Examples are purchases you made from the Internet, catalogs, fod purchases, TV, or telephone marketing, goods from foreign countries, and aircraft. The total of all purchases during the year that were not previously taxed must be used in computing the amount of use tax due.

Due Date - The due date each year is April 15. When the due date falls on a Saturday, Sunday, or a legal holiday, the return and payment are considered timely if made on the next business day.

Line by Line Instructions

- 1. Enter your Missouri Tax ID Number. If you do not have a number, leave blank.
- 2. Enter your full name, Social Security Number, and complete address.
- 3. Enter your spouse's full name, Social Security Number, and complete address.
- List each address where the property purchased is stored, used, or consumed.

- Select the box "Yes" if your address is inside the city limits. This information is used to determine the correct tax rate.
- Enter the jurisdiction code for your address. These codes can be found at http://dor.mo.gov/business/sales/rates.
- Enter the taxable purchases for each reporting location during the tax period.Enter zero if you made no taxable purchases at a location during the tax period.
- Enter the tax rate found at <a href="http://dor.mo.gov/business/sales/rates">http://dor.mo.gov/business/sales/rates</a>. Select the use tax rate where you reside unless you are storing, using, or consuming tangible personal property at a different location. For qualifying food purchases you will use the food use tax rate. For aircraft purchases reference (Form 5741), Aircraft Consumer's Use Tax Return.
- 9. Enter the amount of tax by multiplying taxable purchases times the tax rate.
- 10. Enter total taxable purchases.
- 11. Enter total tax due.
- 12. Enter interest for late payment. The interest rate is subject to change each year. Refer to the Department's website <a href="http://dor.mo.gov/calculators/interest/">http://dor.mo.gov/calculators/interest/</a> to calculate the amount of interest due.
- 13. Enter the amount of additions to tax. The rate is 5 percent per month of total tax due,not to exceed 25 percent. Refer to the Department's website at <a href="http://dor.mo.gov/calculators/interest/">http://dor.mo.gov/calculators/interest/</a> to calculate the amount of additions due.
- 14. Enter the sum of Lines 11 through 13.
- 15. Enter a description of the purchases you made subject to use tax.
- 16. Select one of the boxes. You will be issued a Missouri Tax ID number to process your return, but you will not be required to register with the Department. If you have ongoing purchases, you will receive a preprinted Consumer's Use Tax Return (Form 53-C) to complete each year by April 15, unless you request a different filing frequency.
- 17. Sign, date, and enter your daytime telephone number.

The use tax rates may be found on the Internet at: http://dor.mo.gov/business/sales/rates/2018/.

Mail to: Taxation Division P.O. Box 840

Jefferson City, MO 65105-0840

Phone: (573) 751-2836 Fax: (573) 522-1762 TTY: (800) 735-2966

E-mail: salesuse@dor.mo.gov



Form 4340 (Revised 12-2018)

18021010001

# Missouri Department of Revenue 2018 Individual Income Tax Payment Voucher

#### 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 15, 2019.** 

#### 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.

| champics.          |               |                     |
|--------------------|---------------|---------------------|
| Name               | Enter         |                     |
| John Brown         | BROW ]        |                     |
| Juan De Jesus      | DEJE          |                     |
| Joan A. Lee        | LEE           | Please use capital  |
| Jean McCarthy      | MCCA          | letters as shown.   |
| John O'Neill       | ONEI          | iottoro do criovini |
| Pedro Torres-Lopez | TORR <b>J</b> |                     |

- 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 "2018 MO Income Tax" on your check or money order.
- Detach the payment voucher at the perforation, and mail with your payment. Do not mail a copy of your previously filed return.
- Please mail your Form MO-1040V and payment to:

Missouri Department of Revenue P.O. Box 371

Jefferson City, MO 65105-0371

Please print as shown below in black or dark blue ink. Do not use red ink or pencil.

#### **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.



again electronically.

Missouri Department of Revenue

2018 Individual Income Tax Payment Voucher (Form MO-1040V)

Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.

| Name   |          |            |       |     |
|--|----------|------------|-------|-----|
| Spouse's Name  |          |            |       |     |
|  |          |            |       |     |
| Street Address   |          |            |       |     |
| City   | State    | ZIP Code   |       |     |
|  |          |            |       | L   |
| Full payment of taxes must be submitted by April 15, 20 additions to tax for failure to pay. If you pay by check, you of Revenue to process the check electronically. Any returned | authoriz | e the Depa | artme | ent |

| Social Security       |           |     |  |
|-----------------------|-----------|-----|--|
| Number                |           |     |  |
|                       |           | Г   |  |
| Name Control          |           | L   |  |
| Spouse's Social       |           |     |  |
| Security Number       |           |     |  |
|                       |           |     |  |
| Spouse's Name Control |           | L   |  |
| Amount of Payment     | Φ.        |     |  |
| (U.S. funds only)     | \$        |     |  |
| 110001100110011001    |           |     |  |
|                       |           |     |  |
|                       | 183470100 | 001 |  |
|                       |           |     |  |
| Department Use (      | Only      |     |  |
|                       |           |     |  |
| Department Use (      | Only      |     |  |

Form MO-1040V (Revised 12-2018)

| A. Enter amount from Line 10 here | B. Enter amount from Line 13 here |
|-----------------------------------|-----------------------------------|
|                                   |                                   |
|                                   |                                   |

#### **2018 Property Tax Credit Chart**

Amount from Line B above or from Form MO-PTS, Line 13 - Total Real Estate Tax Paid

|                  |                  | FROM FROM FROM FROM FROM FROM FROM FROM |   |            |            |            |            |            |            |            |            |            |            |            |            |  |  |
|------------------|------------------|---|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--|--|
|                  |                  | 1076                                    | 1051  | 1026       | 1001       | 976        | 951        | 926        | 901        | 876        | 851        | 826        | 801        | 776        | 751        |  |  |
|                  |                  | 1070                                    | 1031  | TO —       | 1001       | 370        | 331        | T(         |            | 070        | 031        | 020        | то-        | 770        | 731        |  |  |
|                  |                  | 1100                                    | 1075  | 1050       | 1025       | 1000       | 975        | 950        | 925        | 900        | 875        | 850        | 825        | 800        | 775        |  |  |
| EDO14            | то.              |   |   |            |            |            |            |            |            |            |            |            |            |            |            |  |  |
| FROM<br>1        | TO               |   | Refund is the actual total amount of allowable real estate tax paid, not to exceed \$1,100 (Form MO-PTS, Line 13).  Note: If you rent from a facility that does not pay property taxes, you are not eligible for a Property Tax Credit. |            |            |            |            |            |            |            |            |            |            |            |            |  |  |
| 14,301           | 14,300<br>14,600 | 1078                                    | 1053  | 1028       | 1003       | 978        | 953        | 928        | 903        | 878        | 853        | 828        | 803        | 778        | 753        |  |  |
| 14,601           | 14,900           | 1069                                    | 1033  | 1019       | 994        | 969        | 944        | 919        | 894        | 869        | 844        | 819        | 794        | 769        | 744        |  |  |
| 14,901           | 15,200           | 1059                                    | 1034  | 1009       | 984        | 959        | 934        | 909        | 884        | 859        | 834        | 809        | 784        | 759        | 734        |  |  |
| 15,201           | 15,500           | 1049                                    | 1024  | 999        | 974        | 949        | 924        | 899        | 874        | 849        | 824        | 799        | 774        | 749        | 724        |  |  |
| 15,501           | 15,800           | 1039                                    | 1014  | 989        | 964        | 939        | 914        | 889        | 864        | 839        | 814        | 789        | 764        | 739        | 714        |  |  |
| 15,801           | 16,100           | 1028                                    | 1003  | 978        | 953        | 928        | 903        | 878        | 853        | 828        | 803        | 778        | 753        | 728        | 703        |  |  |
| 16,101           | 16,400           | 1016                                    | 991   | 966        | 941        | 916        | 891        | 866        | 841        | 816        | 791        | 766        | 741        | 716        | 691        |  |  |
| 16,401           | 16,700           | 1005                                    | 980   | 955        | 930        | 905        | 880        | 855        | 830        | 805        | 780        | 755        | 730        | 705        | 680        |  |  |
| 16,701<br>17,001 | 17,000<br>17,300 | 993<br>980                              | 968<br>955  | 943<br>930 | 918<br>905 | 893<br>880 | 868<br>855 | 843<br>830 | 818<br>805 | 793<br>780 | 768<br>755 | 743<br>730 | 718<br>705 | 693<br>680 | 668<br>655 |  |  |
| 17,001           | 17,300           | 968                                     | 943   | 930        | 893        | 868        | 843        | 818        | 793        | 768        | 743        | 718        | 693        | 668        | 643        |  |  |
| 17,601           | 17,900           | 954                                     | 929   | 904        | 879        | 854        | 829        | 804        | 779        | 754        | 729        | 704        | 679        | 654        | 629        |  |  |
| 17,901           | 18,200           | 941                                     | 916   | 891        | 866        | 841        | 816        | 791        | 766        | 741        | 716        | 691        | 666        | 641        | 616        |  |  |
| 18,201           | 18,500           | 927                                     | 902   | 877        | 852        | 827        | 802        | 777        | 752        | 727        | 702        | 677        | 652        | 627        | 602        |  |  |
| 18,501           | 18,800           | 913                                     | 888   | 863        | 838        | 813        | 788        | 763        | 738        | 713        | 688        | 663        | 638        | 613        | 588        |  |  |
| 18,801           | 19,100           | 898                                     | 873   | 848        | 823        | 798        | 773        | 748        | 723        | 698        | 673        | 648        | 623        | 598        | 573        |  |  |
| 19,101           | 19,400           | 883                                     | 858   | 833        | 808        | 783        | 758        | 733        | 708        | 683        | 658        | 633        | 608        | 583        | 558        |  |  |
| 19,401           | 19,700           | 868                                     | 843   | 818        | 793        | 768        | 743        | 718        | 693        | 668        | 643        | 618        | 593        | 568        | 543        |  |  |
| 19,701           | 20,000           | 852                                     | 827   | 802        | 777        | 752        | 727        | 702        | 677        | 652        | 627        | 602        | 577<br>561 | 552        | 527        |  |  |
| 20,001 20,301    | 20,300 20,600    | 836<br>819                              | 811<br>794  | 786<br>769 | 761<br>744 | 736<br>719 | 711<br>694 | 686<br>669 | 661<br>644 | 636<br>619 | 611<br>594 | 586<br>569 | 544        | 536<br>519 | 511<br>494 |  |  |
| 20,601           | 20,900           | 802                                     | 777   | 752        | 727        | 702        | 677        | 652        | 627        | 602        | 577        | 552        | 527        | 502        | 477        |  |  |
| 20,901           | 21,200           | 785                                     | 760   | 735        | 710        | 685        | 660        | 635        | 610        | 585        | 560        | 535        | 510        | 485        | 460        |  |  |
| 21,201           | 21,500           | 767                                     | 742   | 717        | 692        | 667        | 642        | 617        | 592        | 567        | 542        | 517        | 492        | 467        | 442        |  |  |
| 21,501           | 21,800           | 749                                     | 724   | 699        | 674        | 649        | 624        | 599        | 574        | 549        | 524        | 499        | 474        | 449        | 424        |  |  |
| 21,801           | 22,100           | 731                                     | 706   | 681        | 656        | 631        | 606        | 581        | 556        | 531        | 506        | 481        | 456        | 431        | 406        |  |  |
| 22,101           | 22,400           | 712                                     | 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<br>23,001 | 23,000<br>23,300 | 673<br>653                              | 648<br>628  | 623<br>603 | 598<br>578 | 573<br>553 | 548<br>528 | 523<br>503 | 498<br>478 | 473<br>453 | 448<br>428 | 423<br>403 | 398<br>378 | 373<br>353 | 348<br>328 |  |  |
| 23,301           | 23,600           | 633                                     | 608   | 583        | 558        | 533        | 508        | 483        | 458        | 433        | 408        | 383        | 358        | 333        | 308        |  |  |
| 23,601           | 23,900           | 613                                     | 588   | 563        | 538        | 513        | 488        | 463        | 438        | 413        | 388        | 363        | 338        | 313        | 288        |  |  |
| 23,901           | 24,200           | 591                                     | 566   | 541        | 516        | 491        | 466        | 441        | 416        | 391        | 366        | 341        | 316        | 291        | 266        |  |  |
| 24,201           | 24,500           | 570                                     | 545   | 520        | 495        | 470        | 445        | 420        | 395        | 370        | 345        | 320        | 295        | 270        | 245        |  |  |
| 24,501           | 24,800           | 548                                     | 523   | 498        | 473        | 448        | 423        | 398        | 373        | 348        | 323        | 298        | 273        | 248        | 223        |  |  |
| 24,801           | 25,100           | 526                                     | 501   | 476        | 451        | 426        | 401        | 376        | 351        | 326        | 301        | 276        | 251        | 226        | 201        |  |  |
| 25,101           | 25,400           | 504                                     | 479   | 454        | 429        | 404        | 379        | 354        | 329        | 304        | 279        | 254        | 229        | 204        | 179        |  |  |
| 25,401           | 25,700           | 481                                     | 456   | 431        | 406        | 381        | 356        | 331        | 306        | 281        | 256        | 231        | 206        | 181        | 156        |  |  |
| 25,701<br>26,001 | 26,000<br>26,300 | 457<br>434                              | 432<br>409  | 407<br>384 | 382<br>359 | 357<br>334 | 332<br>309 | 307<br>284 | 282<br>259 | 257<br>234 | 232<br>209 | 207<br>184 | 182<br>159 | 157<br>134 | 132<br>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                                     | 336   | 311        | 286        | 261        | 236        | 211        | 186        | 161        | 136        | 111        | 86         | 61         | 36         |  |  |
| 27,201           | 27,500           | 335                                     | 310   | 285        | 260        | 235        | 210        | 185        | 160        | 135        | 110        | 85         | 60         | 35         | 10         |  |  |
| 27,501           | 27,800           | 310                                     | 285   | 260        | 235        | 210        | 185        | 160        | 135        | 110        | 85         | 60         | 35         | 10         |            |  |  |
| 27,801           | 28,100           | 284                                     | 259   | 234        | 209        | 184        | 159        | 134        | 109        | 84         | 59         | 34         | 9          |            |            |  |  |
| 28,101           | 28,400           | 258                                     | 233   | 208        | 183        | 158        | 133        | 108        | 83         | 58         | 33         | 8          |            |            |            |  |  |
| 28,401           | 28,700           | 231<br>204                              | 206<br>179  | 181<br>154 | 156<br>129 | 131<br>104 | 106<br>79  | 81<br>54   | 56<br>29   | 31<br>4    | 6          |            |            |            |            |  |  |
| 28,701<br>29,001 | 29,000<br>29,300 | 177                                     | 152   | 127        | 102        | 77         | 52         | 27         | 29         | 4          |            |            |            |            |            |  |  |
| 29,001           | 29,600           | 149                                     | 124   | 99         | 74         | 49         | 24         | 21         |            |            |            |            |            |            |            |  |  |
| 29,601           | 29,900           | 121                                     | 96  | 71         | 46         | 21         | - 1        |            |            |            |            |            |            |            |            |  |  |
| 29,901           | 30,000           | 95                                      | 70  | 45         | 20         |            |            |            |            |            |            |            |            |            |            |  |  |

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

| A. Enter amount from Line 10 here | B. Enter amount from Line 13 here |
|-----------------------------------|-----------------------------------|
|-----------------------------------|-----------------------------------|

#### Amount from Line B above or from Form MO-PTS, Line 13 - Total Real Estate Tax or 20% of Rent Paid

|                  |                  |            |              | ROM —      |             |            |              | FROM —      |             |            |             |              |              |            |            |  |
|------------------|------------------|------------|--------------|------------|-------------|------------|--------------|-------------|-------------|------------|-------------|--------------|--------------|------------|------------|--|
|                  |                  | 726        | 701          | 676        | 651         | 626        | 601          | 576         | 551         | 526        | 501         | 476          | 451          | 426        | 401        |  |
|                  |                  | 720        | 701          |            | 031         | 020        | 001          |             |             | 320        | 720         | 701          |              |            |            |  |
|                  |                  |            |              | то —       |             |            |              | T           |             |            |             |              | TO-          |            |            |  |
|                  |                  | 750        | 725          | 700        | 675         | 650        | 625          | 600         | 575         | 550        | 525         | 500          | 475          | 450        | 425        |  |
| FROM             | TO               | Refur      | nd is the ac | tual total | amount of   | allowable  | e real estat | e tax paid, | not to exc  | eed \$1,10 | 0 or rent   | credit equi  | valent not   | to exceed  | \$750      |  |
| 1                | 14,300           | (Form      | MO-PTS, L    | ine 13). N | ote: If you | rent from  | a facility   | that does i | not pay pro | perty taxe | es, you are | e not eligib | le for a Pro | perty Tax  | Credit.    |  |
| 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        | 593          | 568        | 543         | 518        | 493          | 468         | 443         | 418        | 393         | 368          | 343          | 318        | 293        |  |
| 17,601           | 17,900           | 604        | 579          | 554        | 529         | 504        | 479          | 454         | 429         | 404        | 379         | 354          | 329          | 304        | 279        |  |
| 17,901           | 18,200           | 591        | 566          | 541        | 516         | 491        | 466          | 441         | 416         | 391        | 366         | 341          | 316          | 291        | 266        |  |
| 18,201           | 18,500           | 577        | 552          | 527        | 502         | 477        | 452          | 427         | 402         | 377        | 352         | 327          | 302          | 277        | 252        |  |
| 18,501           | 18,800<br>19,100 | 563<br>548 | 538<br>523   | 513<br>498 | 488<br>473  | 463<br>448 | 438<br>423   | 413<br>398  | 388<br>373  | 363<br>348 | 338<br>323  | 313<br>298   | 288<br>273   | 263<br>248 | 238<br>223 |  |
| 18,801           |                  | 533        | 508          | 483        | 473         | 433        | 408          | 383         | 358         | 333        | 308         | 283          | 258          | 233        | 208        |  |
| 19,101<br>19,401 | 19,400<br>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           | 22,100           | 381        | 356          | 331        | 306         | 281        | 256          | 231         | 206         | 181        | 156         | 131          | 106          | 81         | 56         |  |
| 22,101           | 22,400           | 362        | 337          | 312        | 287         | 262        | 237          | 212         | 187         | 162        | 137         | 112          | 87           | 62         | 37         |  |
| 22,401           | 22,700           | 343        | 318          | 293        | 268         | 243        | 218          | 193         | 168         | 143        | 118         | 93           | 68           | 43         | 18         |  |
| 22,701           | 23,000           | 323        | 298          | 273        | 248         | 223        | 198          | 173         | 148         | 123        | 98          | 73           | 48           | 23         |            |  |
| 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          |            | `           | <b>\</b>     |              |            |            |  |
| 24,801           | 25,100           | 176        | 151          | 126        | 101         | 76         | 51           | 26          | 1           |            |             | \            |              |            |            |  |
| 25,101           | 25,400           | 154        | 129          | 104        | 79          | 54         | 29           | 4           |             |            |             |              |              |            |            |  |
| 25,401           | 25,700           | 131        | 106          | 81         | 56          | 31         | 6            |             |             |            |             |              |              |            |            |  |
| 25,701           | 26,000           | 107<br>84  | 82<br>59     | 57<br>34   | 32<br>9     | 7          |              |             |             |            | F           |              |              |            |            |  |
| 26,001           | 26,300<br>26,600 | 60         | 35           | 10         | 9           |            |              |             |             |            |             | ample:       |              | 200        | .          |  |
| 26,301<br>26,601 | 26,600           | 35         | 10           | 10         |             |            |              |             |             |            |             | ine 10       |              |            |            |  |
| 26,901           | 27,200           | 11         | 10           |            |             |            |              |             |             | _          |             | e 13 of      |              |            |            |  |
| 27,201           | 27,500           |            |              |            |             |            |              |             |             |            |             | 525, th      |              | tax cre    | dit        |  |
| 27,501           | 27,800           |            |              |            |             |            |              |             |             |            | Wo          | uld be       | \$16.        |            |            |  |
| 27,801           | 28,100           |            |              |            |             | TI.        |              | J: _ (      |             |            |             |              |              |            |            |  |
| 28,101           | 28,400           |            |              |            |             |            | area in      |             |             |            |             |              |              |            |            |  |
| 28,401           | 28,700           |            |              |            |             | cre        | dit is a     | llowab      | le.         |            |             |              |              |            |            |  |
| 28,701           | 29,000           |            |              |            |             |            |              |             |             |            |             |              |              |            |            |  |
| 29,001           | 29,300           |            |              |            |             |            |              |             |             |            |             |              |              |            |            |  |
| 29,301           | 29,600           |            |              |            |             |            | I            |             |             |            |             |              |              |            |            |  |
| 29,601           | 29,900           |            |              |            |             |            |              |             |             |            |             |              |              |            |            |  |
| 29,901           | 30,000           |            |              |            |             |            |              |             |             |            |             |              |              |            |            |  |

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

| A. Enter amount from Li | ne 10 here | 9 | <br> | B. Enter amou | unt from L | ine 13 h | ere |  |
|-------------------------|------------|---|------|---------------|------------|----------|-----|--|
|                         |            |   |      |               |            |          |     |  |

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

#### Amount from Line B above or from Form MO-PTS, Line 13 - Total Real Estate Tax or 20% of Rent Paid

|                  |                  |            |            | - FROM                   |            |            |            |            | — FRC    | м —      |          |          |         |        | FROM - |    |    |
|------------------|------------------|------------|------------|--------------------------|------------|------------|------------|------------|----------|----------|----------|----------|---------|--------|--------|----|----|
|                  |                  | 376        | 351        | 326                      | 301        | 276        | 251        | 226        | 201      | 176      | 151      | 126      | 101     | 76     | 51     | 26 | 1  |
|                  |                  |            | 331        | — TO -                   | 301        | 270        | 231        | 1 220      | T(       |          | 131      | 120      | 101     | , 0    |        | 20 |    |
|                  |                  | 400        | 375        | 350                      | 325        | 300        | 275        | 250        | 225      | 200      | 175      | 150      | 125     | 100    | 75     | 50 | 25 |
|                  |                  |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| FROM             | TO               |            |            | tual total<br>ine 13). N |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 1 14,301         | 14,300<br>14,600 | 378        | 353        | 328                      | 303        | 278        | 253        | 228        | 203      | 178      | 153      | 128      | 103     | 78     | 53     | 28 | 3  |
| 14,601           | 14,900           | 369        | 344        | 319                      | 294        | 269        | 244        | 219        | 194      | 169      | 144      | 119      | 94      | 69     | 44     | 19 | 3  |
| 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           | 17,000           | 293        | 268        | 243                      | 218        | 193        | 168        | 143        | 118      | 93       | 68       | 43       | 18      |        |        |    |    |
| 17,001           | 17,300           | 280        | 255        | 230                      | 205        | 180        | 155        | 130        | 105      | 80       | 55       | 30       | 5       |        |        |    |    |
| 17,301<br>17,601 | 17,600<br>17,900 | 268<br>254 | 243<br>229 | 218<br>204               | 193<br>179 | 168<br>154 | 143<br>129 | 118<br>104 | 93<br>79 | 68<br>54 | 43<br>29 | 18<br>4  |         |        |        |    |    |
| 17,801           | 18,200           | 241        | 216        | 191                      | 166        | 141        | 116        | 91         | 66       | 41       | 16       | 4        |         |        |        |    |    |
| 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         | 18         | <b>k</b> |          |          |          |         |        |        |    |    |
| 19,701           | 20,000           | 152        | 127        | 102                      | 77         | 52         | 27         | 2          |          |          |          |          |         |        |        |    |    |
| 20,001           | 20,300           | 136        | 111        | 86                       | 61         | 36         | 11         |            |          | \        |          |          |         |        |        |    |    |
| 20,301           | 20,600           | 119        | 94         | 69                       | 44         | 19         |            |            |          |          |          |          |         |        |        |    |    |
| 20,601           | 20,900           | 102        | 77         | 52                       | 27         | 2          |            |            |          |          |          |          |         |        |        |    |    |
| 20,901 21,201    | 21,200<br>21,500 | 85<br>67   | 60<br>42   | 35<br>17                 | 10         |            |            |            |          | -        |          |          |         |        |        |    |    |
| 21,501           | 21,800           | 49         | 24         | 17                       |            |            |            |            |          |          | kamp     |          | 10.260  |        |        |    |    |
| 21,801           | 22,100           | 31         | 6          |                          |            |            |            |            |          |          |          | 0 is \$1 |         |        |        |    |    |
| 22,101           | 22,400           | 12         |            |                          |            |            |            |            |          |          |          | of For   |         |        |        |    |    |
| 22,401           | 22,700           |            |            |                          |            |            |            |            |          |          |          |          | the tax | credit |        |    |    |
| 22,701           | 23,000           |            |            |                          |            |            |            |            |          | W        | ould k   | e \$8.   |         |        |        |    |    |
| 23,001           | 23,300           |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 23,301           | 23,600           |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 23,601           | 23,900           |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 23,901           | 24,200           |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 24,201<br>24,501 | 24,500<br>24,800 |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 24,801           | 25,100           |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 25,101           | 25,400           |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 25,401           | 25,700           |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 25,701           | 26,000           |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 26,001           | 26,300           |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 26,301           | 26,600           |            |            |                          |            |            | Ш          |            |          |          |          |          |         |        |        |    |    |
| 26,601           | 26,900           |            |            |                          |            |            |            | This a     | area ir  | ndicat   | es no    |          |         |        |        |    |    |
| 26,901           | 27,200           |            |            |                          |            |            |            | croc       | lit is a | llowa    | hla      |          |         |        |        |    |    |
| 27,201           | 27,500           |            |            |                          |            |            |            | CIEC       | 111 13 d | 110VV d  | DIC.     |          |         |        |        |    |    |
| 27,501<br>27,801 | 27,800<br>28,100 |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 28,101           | 28,400           |            |            |                          |            |            |            | 1          |          |          |          |          |         |        |        |    |    |
| 28,401           | 28,700           |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 28,701           | 29,000           |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 29,001           | 29,300           |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 29,301           | 29,600           |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
|                  | 00 000           |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |
| 29,601<br>29,901 | 29,900<br>30,000 |            |            |                          |            |            |            |            |          |          |          |          |         |        |        |    |    |

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- 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**

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/