



FOR CALENDAR YEAR JAN. 1—DEC. 31, 2008, OR FISCAL YEAR BEGINNING

2008, ENDING

20

AMENDED RETURN — CHECK HERE

SOFTWARE VENDOR CODE (Assigned by DOR) 000

Name and Address section including Social Security Number, Spouse's Social Security Number, Last Name, First Name, M. Initial, Suffix, Spouse's Last Name, Spouse's First Name, Spouse's M. Initial, Spouse's Suffix, In Care of Name, County of Residence, School District No., Present Address, City/Town/Post Office/State/Zip Code.

You may contribute to any one or all of the trust funds on Line 45. See pages 9–10 for a description of each trust fund, as well as trust fund codes to enter on Line 45.



PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2008.

Checkboxes for AGE 62 THROUGH 64, AGE 65 OR OLDER, BLIND, 100% DISABLED, NON-OBLIGATED SPOUSE, with options for YOURSELF or SPOUSE.

Income section table with columns for Yourself and Spouse, rows 1-7 for Federal adjusted gross income, total additions, total income, total subtractions, Missouri adjusted gross income, total Missouri adjusted gross income, and income percentages.

Exemptions and Deductions section table with rows 8-23 for Pension and social security exemption, filing status, tax from federal return, other tax, federal tax deduction, Missouri standard deduction, number of dependents, long-term care insurance, health care sharing ministry, total deductions, subtotal, enterprise zone, and final subtraction.

		Yourself		Spouse											
TAX	24. Taxable income amount from Lines 23Y and 23S	24Y	00	24S	00										
	25. Tax. (See tax table on page 38 of the instructions.)	25Y	00	25S	00										
	26. Resident credit — Attach Form MO-CR and other states' income tax return(s). OR	26Y	00	26S	00										
	27. 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%. Check the box if you or your spouse is a professional entertainer or a member of a professional athletic team. <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	27Y	%	27S	%										
	28. Balance — Subtract Line 26 from Line 25; OR Multiply Line 25 by percentage on Line 27.	28Y	00	28S	00										
	29. Other taxes (Check box and attach federal form indicated.) <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611)	29Y	00	29S	00										
	30. Subtotal — Add Lines 28 and 29.	30Y	00	30S	00										
	31. Total Tax — Add Lines 30Y and 30S.	31			00										
	PAYMENTS / CREDITS	32. MISSOURI tax withheld — Attach Form W-2(s) and/or Form 1099(s).	32			00									
		33. 2008 Missouri estimated tax payments (include overpayment from 2007 applied to 2008)	33			00									
34. Missouri tax payments for nonresident partners or S corporation shareholders — Attach Form MO-2NR.		34			00										
35. Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT.		35			00										
36. Amount paid with Missouri extension of time to file (Form MO-60)		36			00										
37. Miscellaneous tax credits (from Form MO-TC, Line 13) — Attach Form MO-TC.		37			00										
38. Property tax credit — Attach Form MO-PTS.		38			00										
39. Total payments and credits — Add Lines 32 through 38.	39			00											
AMENDED RETURN	Skip Lines 40–42 if you are not filing an amended return.														
	40. Amount paid on original return	40			00										
	41. Overpayment as shown (or adjusted) on original return	41			00										
	INDICATE REASON(S) FOR AMENDING. <input type="checkbox"/> A. Federal audit	Enter date of IRS report. M M D D Y Y													
	<input type="checkbox"/> B. Net operating loss carryback	Enter year of loss.													
<input type="checkbox"/> C. Investment tax credit carryback	Enter year of credit.														
<input type="checkbox"/> D. Correction other than A, B, or C	Enter date of federal amended return, if filed.														
42. Amended Return — total payments and credits. Add Line 40 to Line 39 or subtract Line 41 from Line 39.	42				00										
REFUND OR AMOUNT DUE	43. If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference (amount of OVERPAYMENT) here.	43			00										
	44. Amount of Line 43 to be applied to your 2009 estimated tax	44			00										
	45. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes.	45	00	00	00	00	00	00	00	00	00	00	00		
	46. Overpayment to be refunded to you. Subtract Lines 44 and 45 from Line 43 and enter here. Sign below and mail return to: Department of Revenue, PO Box 500, Jefferson City, MO 65106-0500.	46												00	
	47. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here.	47												00	
48. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here.	48												00		
49. Total amount due — Add Lines 47 and 48 and enter here. Sign below and mail return and payment to: Department of Revenue, PO Box 329, Jefferson City, MO 65107-0329. Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only). Make payable to Missouri Department of Revenue.	49												00		
AMOUNT YOU OWE															
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.															
SIGNATURE	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.														
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO											E-MAIL ADDRESS		PREPARER'S TELEPHONE	
	SIGNATURE			DATE		PREPARER'S SIGNATURE					FEIN, SSN, OR PTIN				
	SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)			DAYTIME TELEPHONE		PREPARER'S ADDRESS AND ZIP CODE					DATE				