

MISSOURI DEPARTMENT OF
REVENUE
2019 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2019

Print in BLACK ink only and DO NOT STAPLE.

Amended Return **Composite Return**
(For use by S corporations or Partnerships)

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

Vendor Code

0 0 0

Department Use Only

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spouse

Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

Name

Social Security Number Deceased in 2019 Spouse's Social Security Number Deceased in 2019
 - - - -

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.)

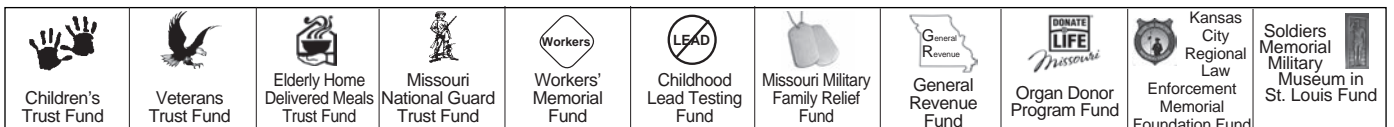
Address

Present Address (Include Apartment Number or Rural Route)

City, Town, or Post Office State ZIP Code
 -

County of Residence

You may contribute to any one or all of the trust funds on Line 46. See pages 10-11 of the instructions for more trust fund information.



19322010001

Income

| | Yourself (Y) | | Spouse (S) | |
|---|--------------|-----|------------|-----|
| 1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) | 1Y | .00 | 1S | .00 |
| 2. Total additions (from Form MO-A , Part 1, Line 7) | 2Y | .00 | 2S | .00 |
| 3. Total income - Add Lines 1 and 2. | 3Y | .00 | 3S | .00 |
| 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 5S | 6 | | .00 | |
| 7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) | 7Y | % | 7S | % |

Exemptions and Deductions

| | | | | |
|---|----|--|-----|--|
| 8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E) | 8 | | .00 | |
| 9. Tax from federal return | 9 | | .00 | |
| 10. Other tax from federal return. | 10 | | .00 | |
| 11. Total tax from federal return. Do not enter federal income tax withheld. | 11 | | .00 | |
| 12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage | 12 | | % | |

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

| | |
|----------------------------------|-----|
| \$25,000 or less | 35% |
| \$25,001 to \$50,000 | 25% |
| \$50,001 to \$100,000 | 15% |
| \$100,001 to \$125,000 | 5% |
| \$125,001 or more | 0% |

| | | | | |
|---|----|--|-----|--|
| 13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. | 13 | | .00 | |
| 14. Missouri standard deduction or itemized deductions. <ul style="list-style-type: none"> • Single or Married Filing Separate - \$12,200 • Head of Household - \$18,350 • Married Filing Combined or Qualifying Widow(er) - \$24,400 If age 65 or older, blind, or claimed as a dependent, see page 6. If itemizing, see Form MO-A, Part 2. | 14 | | .00 | |
| 15. Long-term care insurance deduction | 15 | | .00 | |
| 16. Health care sharing ministry deduction. | 16 | | .00 | |
| 17. Military income deduction | 17 | | .00 | |
| 18. Bring jobs home deduction | 18 | | .00 | |
| 19. Transportation facilities deduction | 19 | | .00 | |

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

| | | | | | | |
|--|--|--|----|---|---|-----|
| 20. First Time Home Buyers deduction. | A. <input style="width: 80px;" type="text"/> | B. <input style="width: 80px;" type="text"/> | 20 | <input style="width: 80px;" type="text"/> | .00 | |
| 21. Total deductions - Add Lines 8 and 13 through 20 | | | | | | |
| | | | | 21 | <input style="width: 80px;" type="text"/> | .00 |
| 22. Subtotal - Subtract Line 21 from Line 6 | | | | | | |
| | | | | 22 | <input style="width: 80px;" type="text"/> | .00 |
| 23. Multiply Line 22 by appropriate percentages (%) on | | | | | | |
| Lines 7Y and 7S | | | | | | |
| | | | | 23Y | <input style="width: 80px;" type="text"/> | .00 |
| | | | | 23S | <input style="width: 80px;" type="text"/> | .00 |
| 24. Enterprise zone or rural empowerment zone income | | | | | | |
| modification | | | | | | |
| | | | | 24Y | <input style="width: 80px;" type="text"/> | .00 |
| | | | | 24S | <input style="width: 80px;" type="text"/> | .00 |

Tax

| | | | | | | |
|---|--|--|--|-----|---|-----|
| 25. Taxable income - Subtract Line 24 from Line 23 | | | | | | |
| | | | | 25Y | <input style="width: 80px;" type="text"/> | .00 |
| | | | | 25S | <input style="width: 80px;" type="text"/> | .00 |
| 26. Tax (see tax chart on page 22 of the instructions). | | | | | | |
| | | | | 26Y | <input style="width: 80px;" type="text"/> | .00 |
| | | | | 26S | <input style="width: 80px;" type="text"/> | .00 |
| 27. Resident credit - Attach Form MO-CR and other states' | | | | | | |
| income tax return(s). | | | | | | |
| | | | | 27Y | <input style="width: 80px;" type="text"/> | .00 |
| | | | | 27S | <input style="width: 80px;" type="text"/> | .00 |
| 28. 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% | | | | | | |
| | | | | 28Y | <input style="width: 80px;" type="text"/> | % |
| | | | | 28S | <input style="width: 80px;" type="text"/> | % |
| 29. Balance - Subtract Line 27 from Line 26; OR | | | | | | |
| multiply Line 26 by percentage on Line 28 | | | | | | |
| | | | | 29Y | <input style="width: 80px;" type="text"/> | .00 |
| | | | | 29S | <input style="width: 80px;" type="text"/> | .00 |
| 30. Other taxes - Select 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) | | | | | | |
| | | | | 30Y | <input style="width: 80px;" type="text"/> | .00 |
| | | | | 30S | <input style="width: 80px;" type="text"/> | .00 |
| 31. Subtotal - Add Lines 29 and 30 | | | | | | |
| | | | | 31Y | <input style="width: 80px;" type="text"/> | .00 |
| | | | | 31S | <input style="width: 80px;" type="text"/> | .00 |
| 32. Total Tax - Add Lines 31Y and 31S. | | | | | | |
| | | | | 32 | <input style="width: 80px;" type="text"/> | .00 |

Payments and Credits

| | | | | | | |
|--|--|--|--|----|---|-----|
| 33. MISSOURI tax withheld - Attach Forms W-2 and 1099. | | | | | | |
| | | | | 33 | <input style="width: 80px;" type="text"/> | .00 |
| 34. 2019 Missouri estimated tax payments - Include overpayment from 2018 applied to 2019 | | | | | | |
| | | | | 34 | <input style="width: 80px;" type="text"/> | .00 |
| 35. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms | | | | | | |
| MO-2NR and MO-NRP | | | | | | |
| | | | | 35 | <input style="width: 80px;" type="text"/> | .00 |
| 36. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT | | | | | | |
| | | | | 36 | <input style="width: 80px;" type="text"/> | .00 |
| 37. Amount paid with Missouri extension of time to file (Form MO-60). | | | | | | |
| | | | | 37 | <input style="width: 80px;" type="text"/> | .00 |
| 38. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC | | | | | | |
| | | | | 38 | <input style="width: 80px;" type="text"/> | .00 |
| 39. Property tax credit - Attach Form MO-PTS | | | | | | |
| | | | | 39 | <input style="width: 80px;" type="text"/> | .00 |
| 40. Total payments and credits - Add Lines 33 through 39. | | | | | | |
| | | | | 40 | <input style="width: 80px;" type="text"/> | .00 |



Skip Lines 41 through 43 if you are not filing an amended return.

41. Amount paid on original return. 41 . 00

42. Overpayment as shown (or adjusted) on original return 42 . 00

Indicate Reason for Amending

A. Federal audit. Enter date of IRS report (MM/DD/YY)

B. Net Operating Loss carryback Enter year of loss (YY)

C. Investment tax credit carryback Enter year of credit (YY)

D. Correction other than A, B, or C. Enter date of federal amended return, if filed. (MM/DD/YY)

43. Amended return total payments and credits - Add Line 41 to Line 40 or subtract Line 42 from Line 40. 43 . 00

44. If Line 40, or if amended return, Line 43, is larger than Line 32, enter the difference. Amount of OVERPAYMENT 44 . 00

45. Amount of Line 44 to be applied to your 2020 estimated tax 45 . 00

46. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

46a. Children's Trust Fund . 00 46b. Veterans Trust Fund . 00 46c. Elderly Home Delivered Meals Trust Fund . 00 46d. Missouri National Guard Trust Fund . 00

46e. Workers' Memorial Fund . 00 46f. Childhood Lead Testing Fund . 00 46g. Missouri Military Family Relief Fund . 00 46h. General Revenue Fund . 00

46i. Organ Donor Program Fund . 00 46j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00 46k. Soldiers Memorial Military Museum in St. Louis Fund . 00

46l. Additional Fund Code Additional Fund Amount . 00 46m. Additional Fund Code Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 46a through 46m and enter here 46 . 00

47. Amount of Line 44 to be deposited into a Missouri 529 Education Savings Plan (MOST) account. Enter amount from Line E of **Form 5632** 47 . 00

48. **REFUND** - Subtract Lines 45, 46, and 47 from Line 44 and enter here 48 . 00

Reserved



Amended Return

Refund

| | | | | |
|-------------------|--|----|--|----|
| Amount Due | 49. If Line 32 is larger than Line 40 or Line 43, enter the difference. Amount of UNDERPAYMENT (see the instructions for Line 49) | 49 | | 00 |
| | 50. Underpayment of estimated tax penalty - Attach Form MO-2210 . Enter penalty amount here . . . | 50 | | 00 |
| | <input type="checkbox"/> Select this box if you are a farmer exempt from the underpayment of estimated tax penalty. | | | |
| | 51. AMOUNT DUE - Add Lines 49 and 50. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically | 51 | | 00 |

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. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration of preparer (other than taxpayer) is based on all information of which he or she has 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.

| | | | | |
|--|--|---|--|--|
| Signature | Signature | Date (MM/DD/YY) | | |
| | <input style="width: 600px; height: 25px;" type="text"/> | | | |
| | Spouse's Signature (If filing combined, BOTH must sign) | Date (MM/DD/YY) | | |
| | <input style="width: 600px; height: 25px;" type="text"/> | | | |
| | E-mail Address | Daytime Telephone | | |
| | <input style="width: 600px; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> | | |
| Preparer's Signature | Date (MM/DD/YY) | | | |
| <input style="width: 600px; height: 25px;" type="text"/> | | | | |
| Preparer's FEIN, SSN, or PTIN | Preparer's Telephone | | | |
| <input style="width: 600px; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> | | | |
| Preparer's Address | State | ZIP Code | | |
| <input style="width: 600px; height: 25px;" type="text"/> | | | | |

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 Yes No

Department Use Only

| | | | | | | |
|----------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------|--|--|
| <input type="checkbox"/> A | <input type="checkbox"/> FA | <input type="checkbox"/> E10 | <input type="checkbox"/> DE | <input type="checkbox"/> F | | |
|----------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------|--|--|

| | | | |
|--|--|--|---|
| Mail To: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329 | Balance Due: Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500 | 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) 751-2195 E-mail: income@dor.mo.gov |
|--|--|--|---|

