

MISSOURI DEPARTMENT OF
REVENUE
2024 Individual Income Tax Return
Single/Married (One Income)

Department Use Only

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Print in BLACK ink only and DO NOT STAPLE.
For Privacy Notice, see Instructions.

☐ Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

Vendor Code

Department Use Only

☐ Department of Social Services Application of Eligibility form attached.

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Filing Status

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

Select the appropriate boxes that apply.

Age 65 or Older		Blind		100% Disabled		Non-Obligated Spouse	
Yourself <input type="checkbox"/>	Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/>	Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/>	Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/>	Spouse <input type="checkbox"/>

Name

Social Security Number		Deceased in 2024		Spouse's Social Security Number		Deceased in 2024	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name				Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	
Spouse's First Name	M.I.	Spouse's Last Name				Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	

In Care Of Name (Attorney, Executor, Personal Representative, etc.) Attach form if applicable.

Address

Present Address (Include Apartment Number or Rural Route)

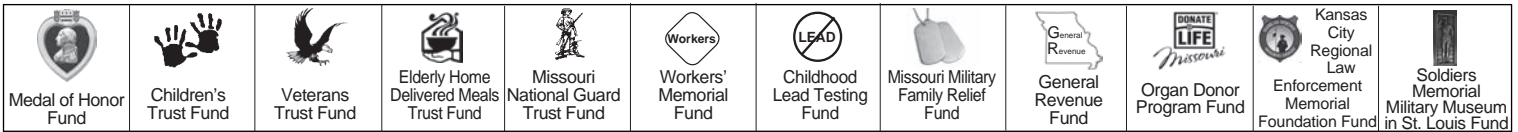
City, Town, or Post Office

State

ZIP Code

County of Residence

You may contribute to any one or all of the trust funds on Line 16. See instructions for more trust fund information.



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Income

1. Federal adjusted gross income from federal return (see page 6 of the instructions) 1 .00
2. Any state income tax refund included in federal adjusted gross income 2 .00
3. Total Missouri adjusted gross income. 3 .00

Deductions

- 4a. Tax from federal return. Do not enter federal income tax withheld. 4a .00
- 4b. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 3. Use the chart below to find your percentage. 4b %
- Missouri Adjusted Gross Income Range, Line 3: 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% |
- 4c. Federal income tax deduction – Multiply Line 4a by the percentage on Line 4b. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers 4c .00
5. Missouri standard deduction or itemized deductions.
- Single or Married Filing Separate - \$14,600
 - Head of Household - \$21,900
 - Married Filing Combined or Qualifying Widow(er) - \$29,200
- If age 65 or older, blind, or claimed as a dependent, see federal return or page 6. 5 .00
- If itemizing, see page 14 6 .00
6. Additional Exemption for Head of Household and Qualifying Widow(er) 7 .00
7. Long-term care insurance deduction 8 .00
8. Total Deductions - Add Lines 4c through 7 9 .00

Tax

9. Missouri Taxable Income - Subtract Line 8 from Line 3. 10 .00
10. Tax - Use the tax chart on page 10 to figure the tax 11 .00
11. Missouri tax withheld from Form(s) W-2 and 1099. Attach copies of Form(s) W-2 and 1099 12 .00
12. Missouri estimated tax payments made for 2024. Include overpayment from 2023 applied to 2024. 13 .00
13. Total Payments - Add Lines 11 and 12 14 .00

Refund

14. If Line 13 is more than Line 10, enter the difference. This is your overpayment. If Line 13 is less than Line 10, skip to Line 19. 15 .00
15. Amount from Line 14 that you want applied to your 2025 estimated tax 16 .00

16. Enter the amount of your donation in the trust fund boxes below (see instructions for trust fund codes.)

- | | | | |
|--|---|---|--|
| 16a. Children's Trust Fund <input type="text"/> .00 | 16b. Veterans Trust Fund <input type="text"/> .00 | 16c. Elderly Home Delivered Meals Trust Fund <input type="text"/> .00 | 16d. Missouri National Guard Trust Fund <input type="text"/> .00 |
| 16e. Workers' Memorial Fund <input type="text"/> .00 | 16f. Childhood Lead Testing Fund <input type="text"/> .00 | 16g. Missouri Military Family Relief Fund <input type="text"/> .00 | 16h. General Revenue Fund <input type="text"/> .00 |



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Refund (continued)

16i.	Organ Donor Program Fund	<input type="text"/>	<input type="text"/>	.00	16j.	Kansas City Regional Law Enforcement Memorial Foundation Fund	<input type="text"/>	<input type="text"/>	.00	16k.	Soldiers Memorial Military Museum in St. Louis Fund	<input type="text"/>	<input type="text"/>	.00	16l.	Medal of Honor	<input type="text"/>	<input type="text"/>	.00
16m.	Additional Fund Code	<input type="text"/>	Additional Fund Amount	<input type="text"/>	.00	16n.	Additional Fund Code	<input type="text"/>	Additional Fund Amount	<input type="text"/>	.00								

Total Donation - Add amounts from Boxes 16a through 16n and enter here 16 .00

17. Amount from Line 14 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter amount from Line E of [Form 5632](#). 17 .00

18. **REFUND** - Subtract Lines 15, 16, and 17 from Line 14 and enter here. 18 .00

Reserved

Amount Due

19. **AMOUNT DUE** - If Line 13 is less than Line 10, enter the difference here 19 .00

If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

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	<input type="text"/>	Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	<input type="text"/>	Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text"/>	Daytime Telephone	<input type="text"/>		
Preparer's Signature	<input type="text"/>	Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preparer's FEIN, SSN, or PTIN	<input type="text"/>	Preparer's Telephone	<input type="text"/>		
Preparer's Address	<input type="text"/>	State	<input type="text"/>	ZIP Code	<input 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

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. ☐ Yes ☐ No

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- Complete this section only if you itemized deductions on your federal return (see the information on pages 6, 8 and 9).
- Attach a copy of your Federal Form 1040 or 1040-SR (pages 1 and 2) and Federal Schedule A.
- If you are subject to "additional Medicare tax", attach a copy of Federal Form 8959.

Missouri Itemized Deductions

1. Total federal itemized deductions (from Federal Form 1040 or 1040-SR, Line 12)	1		.00
2. 2024 Social security tax	2		.00
3. 2024 Railroad retirement tax (Tier I and Tier II)	3		.00
4. 2024 Medicare tax (see instructions on page 8)	4		.00
5. 2024 Self-employment tax (see instructions on page 9)	5		.00
6. Total - Add Lines 1 through 5.	6		.00
7. State and local income taxes from Federal Schedule A, Line 5a or Enter \$0 if completing the worksheet below	7		.00
8. Earnings taxes included in Line 7 (see instructions on page 9)	8		.00
9. Net state income taxes - Subtract Line 8 from Line 7 or enter Line 7 from worksheet below	9		.00
10. Missouri Itemized Deductions - Subtract Line 9 from Line 6. Enter here and on Form MO-1040A, Line 5.	10		.00

Note: If Line 10 is less than your federal standard deduction, see information on page 6.

Worksheet for Net State Income tax, Line 9 of Missouri Itemized Deductions

Complete this worksheet only if your total state and local taxes included in your federal itemized deductions (Federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate taxpayers).

1. Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d.	1		.00
2. State and local income taxes from Federal Form 1040 or 1040-SR, Schedule A, Line 5a.	2		.00
3. Earnings taxes included on Federal Form 1040 or 1040-SR, Schedule A, Line 5a	3		.00
4. Subtract Line 3 from Line 2.	4		.00
5. Divide Line 4 by Line 1.	5		%
6. Enter \$10,000 (\$5,000 if married filing separately).	6		.00
7. Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 9, above.	7		.00



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Form MO-1040A (Revised 12-2024)

Mail to:

Balance Due:

Missouri Department of Revenue
P.O. Box 329
Jefferson City, MO 65105-0329
Phone: (573) 751-5860

Refund or No Amount Due:

Missouri Department of Revenue
P.O. Box 500
Jefferson City, MO 65105-0500
Phone: (573) 751-3505

Fax: (573) 522-1762

Email: incometaxprocessing@dor.mo.gov
Submission of Individual Income Tax returns
Email: income@dor.mo.gov
Inquiry and correspondence



Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Visit: dor.mo.gov/taxation/individual/tax-types/income/
for additional information.