



Form
MO-1040A

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.

001

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

Youself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

Name

Social Security Number

Deceased

Deceased

in 2024

Spouse's Social Security Number

in 2024

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.) Attach form if applicable.

Address

Present Address (Include Apartment Number or Rural Route)

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City, Town, or Post Office

State

ZIP Code

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County of Residence

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

											
Medal of Honor Fund	Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund	Kansas City Regional Law Enforcement Memorial Foundation Fund	Soldiers Memorial Military Museum in St. Louis Fund



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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

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.

If itemizing, see page 14 5 .00

6. Additional Exemption for Head of Household and Qualifying Widow(er) 6 .00

7. Long-term care insurance deduction 7 .00

8. Total Deductions - Add Lines 4c through 7 8 .00

9. Missouri Taxable Income - Subtract Line 8 from Line 3. 9 .00

10. Tax - Use the tax chart on page 10 to figure the tax 10 .00

11. Missouri tax withheld from Form(s) W-2 and 1099.

Attach copies of Form(s) W-2 and 1099 11 .00

12. Missouri estimated tax payments made for 2024.

Include overpayment from 2023 applied to 2024. 12 .00

13. Total Payments - Add Lines 11 and 12 13 .00

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 14 .00

15. Amount from Line 14 that you want applied to your 2025 estimated tax 15 .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 .00 16b. Veterans Trust Fund .00 16c. Elderly Home Delivered Meals Trust Fund .00 16d. Missouri National Guard Trust Fund .00

16e. Workers' Memorial Fund .00 16f. Childhood Lead Testing Fund .00 16g. Missouri Military Family Relief Fund .00 16h. General Revenue Fund .00



16i. Organ Donor Program Fund . 00 16j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00 16k. Soldiers Memorial Military Museum in St. Louis Fund . 00 16l. Medal of Honor . 00

16m. Additional Fund Code Additional Fund Amount . 00

16n. Additional Fund Code Additional Fund Amount . 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 Date (MM/DD/YY)

Spouse's Signature (If filing combined, BOTH must sign) Date (MM/DD/YY)

E-mail Address Daytime Telephone

Preparer's Signature Date (MM/DD/YY)

Preparer's FEIN, SSN, or PTIN Preparer's Telephone

Preparer's Address State ZIP Code

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

Department Use Only

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

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

**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).**

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

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