		RI DEPARTMENT OF REVENUE		ORM M	0-1040A							
		DUAL INCOME TAX RETUF E/MARRIED (ONE INCOME		NDOR CODE	002							
SOC	IAL SE	ECURITY NUMBER SF	POUSE'S SOCIAL	SECURITY NUM	MBER							
NAN	IE (LAS	ST) (FIRST)		M.I. JR	, SR							
SPC	USE'S	(LAST) (FIRST)		M.I. JR	R, SR							
		DF NAME (ATTORNEY, EXECUTOR, PE		ETC)								
IN C		JF NAME (ATTORNET, EXECUTOR, FE	NSONAL NEF., I	E10.)								
PRE	SENT	ADDRESS (INCLUDE APARTMENT NC). OR RURAL RC	OUTE)					C	OUNTY OF R	ESIDENCE	
CIT	r, tov	NN, OR POST OFFICE	STA	TE ZIP CODI	AGI	ASE CHECK THE AP E 65 OR OLDER YOURSELF	PROPRIATE BOXES BLIND YOURSELF	THAT APPLY T 100% DISABI	_ED	URSELF OR Y NON-OBL	IGATED SP	e. Ouse
H						SPOUSE					E	
INCOME		Federal adjusted gross income fr Any state income tax refund in	•						1	_		00
N N		Total Missouri adjusted gross i	-						3	=		00
	4.	Mark your filing status box belo						\$0.400				
		A. Single — \$2,100 (See B B. Claimed as a depender	Box B before t on another	e checking.) person's fec) leral	E. Married	d filing separate I filing separate (
		tax return — \$0.00	I & combined	Missouri — \$	\$4,200		ing) — \$4,200 If household —	\$3,500				
		Check which spouse ha	ad income:	Yourself	Spouse		ing widow(er) wi lent child — \$3,5		4			00
ONS	5.	Tax from federal return (Do not enter federal income tax withh				imount on Line 5 ling combined, e	or \$5,000, which	never is less.				
DEDUCTIONS						, whichever is les		on Line 5	5	+		00
B	6.	Missouri standard deduction C Household — \$8,400 ; Married F										
		older, blind, or claimed as a de standard deduction or you are i		6	+		00					
	7.	Number of dependents you cla	imed on you	r Federal For	m 1040 OR 10							
	8.	(Do not include yourself or y Long-term care insurance ded	-				+ , = =	=	7 8	+ +		00
Ц	9.	Total Deductions — Add Lines	4 through 8.						9	=		00
TAX		Missouri Taxable Income — Se Tax — Use the tax table on the							10			00
Ĥ		Missouri tax withheld from you						1099	11 12			00
	13.	Any Missouri estimated tax page	yments made	e for 2010		· · · · · · · · · · · · · · · · · ·			13			00
		Total Payments — Add Lines ⁻ If Line 14 (Total Payments) is r							14			00
	 here. (If Line 14 is less than Line 11, skip to Line 19.) 16. Amount from Line 15 that you want applied to your 2011 estimated tax 											00
₽	16. 17.	Enter the amount of	dren's 🗶 "Vetera			Workers'	Childhood V. Missor	uri 🖵 🗸 Genera				00 Idl. Trust
REFUND		trust fund boxes to	L TUSL	Delivere Meals	d Missouri National Guard Trust Fund	Memorial Trust Fund	Lead Testing st Fund					ee Instr.)
æ		the right. See the instructions for fund	00 0	Trust Fund	0 00	00	Trust Fund			00	00	00
		Subtract Lines 16 and 17 from	Line 15 and	enter here.	This is your r	efund. Sign bel	ow and					
		mail to: Department of Reven ou would like your refund deposit							L			00
Ш	-	Routing Number		b. Account N					c. [Checkin	g 🗌 Sa	vings
AMOUNT DUE		If Line 14 is less than Line 11, e mail to: Department of Reven t					•		19			00
AMOUR		u pay by check, you authorize the D			•					resented ag	ain electron	
	prepare	penalties of perjury, I declare that I have exa er (other than taxpayer) is based on all inforr I also declare under penalties of perjury that	mation of which he	/she has any kno	wledge. As provid	ed in Chapter 143, RS	Mo, a penalty of up to	\$500 shall be im	posed	on any individu	Ial who files a f	frivolous
SIGNATURE		orize the Director of Revenue or delegate the preparer or any member of the prepare			nments E-MAIL	ADDRESS			PREP	ARER'S PHO	NE	
N.			rsiimi. I I V	FS I INO	1							
1XI	SIGNA ⁻	TURE	rsiim. <u> </u>	ZES NO		PREPARER'S SIGNAT	URE			FEIN, SSI	N, OR PTIN	

FORM MO-1040A

MISSOURI ITEMIZED DEDUCTIONS

	Complete this section only if you itemized deductions of Attach a copy of your Federal Form 1040 (pages 1 and 2		on	page 7.)
1	Total federal itemized deductions from Federal Form 1040, Line 4)	1	
2	2010 (FICA) — Social security \$	+ Medicare \$	2	

2.	2010 (FICA) — Social security \$ + Medicare \$		· · · · ·	2	00						
З.	2010 Railroad retirement tax — (Tier I and Tier II) \$+ Medicare \$	3	00								
4.	2010 Self-employment tax — Amount from Federal Form 1040, Line 27	4	00								
5.	TOTAL — Add Lines 1 through 4.			5	00						
6.	State and local income taxes — See instructions on page 9	6	00								
7.	Earnings taxes included in Line 6 — See instructions on page 9.										
8.	Net state income taxes — Subtract Line 7 from Line 6.	8	00								
9.	MISSOURI ITEMIZED DEDUCTIONS - Subtract Line 8 from Line 5. Enter here and on from	9	00								
	NOTE: IF LINE 9 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INFORMATION ON PAGE 7.										

FORM MO-L

You must complete this form if you are increasing your standard deduction by a net disaster loss, and/or new motor vehicle taxes, or new motor vehicle taxes. Be sure to attach your federal return and federal Schedule L when you file.

1.	Enter the standard deduction for your filing status: • Single or Married Filing Separately - \$5,700 • Married Filing Combined or Qualifying Widow(er) - \$11,400 • Head of Household - \$8,400		
	Claimed as a dependent - enter amount from Line 4 of federal Schedule L	1	00
2.	If you are over 65 or blind, enter the amount reported on Line 5 of federal Schedule L.	2	00
3.	Enter the amount of any net disaster loss included in your standard deduction and reported on Line 6 of federal Schedule L.	3	00
4.	Enter the amount of any new motor vehicle taxes included in your standard deduction and reported on Line 17 of federal Schedule L.	4	00
5.	Add the amounts shown on Lines 1 through 5 and report the total here and on Form MO-1040A Line 6	5	00

2010 TAX TABLE

If Missouri taxable income from Form MO-1040A, Line 10, is less than \$9,000, use the table to figure tax; if more than \$9,000, use worksheet below or use the online tax calculator at http://dor.mo.gov/personal/individual/.

			i more th	an \$9,000	, use worl	ksneet be	low or us	e the onli	ne tax cal	culator at	nup://do	r.mo.gov/	personal/	Individua	/.		
If Line 10 is			If Line 10 is		If Line 10 is			If Line 10 is			If Line 1	0 is		If Line 10	0 is		
At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is
0	100 200	\$ 0 2	1,500 1,600	1,600 1,700	\$ 26 28	3,000 3,100	3,100 3,200	\$62 65	4,500 4,600	4,600 4,700	\$109 113	6,000 6,100	6,100 6,200	\$167 172	7,500 7,600	7,600 7,700	\$238 243
200 300	300 400	- 4 5	1,700	1,800 1,900	30 32	3,200 3,300	3,300 3,400	68 71	4,700	4,800 4,900	116 120	6,200 6,300	6,300 6,400	176 181	7,700	7,800 7,900	248 253
400	500	7	1,900	2,000	34 36	3,400 3,500	3,500	74	4,900	5,000	123	6,400 6,500	6,500 6,600	185	7,900	8,000 8,100	258 263
600 700	700 800	10 11	2,100 2,200	2,200 2,300	39 41	3,600 3,700	3,700 3,800	80 83	5,100 5,200	5,200 5,300	131 135	6,600 6,700	6,700 6,800	190 194 199	8,100 8,200	8,200 8,300	268 274
800 900	900 1.000	13 14	2,300 2,400	2,400 2,500	44 46	3,800 3,900	3,900 4.000	86 89	5,300 5,400	5,400 5,500	139 143	6,800 6,900	6,900 7.000	203 208	8,300 8,400	8,400 8,500	279 285
1,000	1,100	16 18	2,500 2,600	2,600 2,700	49 51	4,000	4,100 4,200	92 95	5,500 5,600	5,600 5,700	147 151	7,000	7,100	213 218	8,500 8,600	8,600 8,700	290 296
1,200 1,300	1,300 1,400	20 22	2,700 2,800	2,800 2,900	54 56	4,200 4,300	4,300 4,400	99 102	5,700 5,800	5,800 5,900	155 159	7,200 7,300	7,300 7,400	223 228	8,700 8,800	8,800 8,900	301 307
1,400	1,500	24	2,900	3,000	59	4,400	4,500	106 If/Spous	5,900	6,000	163 xample	7,400	7,500	233	8,900 9,000	9,000	312 315
ING TAX { \$9,000	Subtrac Differen	ri taxable income (Line 10) \$				•	<u> </u>	\$ \$ =_\$ x	12,000 9,000 3,000 6%	•			tax is perc	re than \$ s \$315 PL cent of ex ver \$9,00	LÚS 6 Icess 10.		
FIGURING OVER \$9,0	Tax on Add \$3 ⁻	Tax on income over \$9,000 Add \$315 (tax on first \$9,000) TOTAL MISSOURI TAX					= \$ + \$ 315		= \$ + \$ = \$		180 315 495				Round to nearest wh dollar and enter or front of form, Line 1		er on

00