

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

	Vendor Code Department Use Only
Filing Status	Single Claimed as a Married Filing Married Filing Head of Dependent Combined Separately Household Widow(er)
	Age 65 or Older Blind 100% Disabled Non-Obligated Spouse ct the appropriate as that apply. Age 65 or Older Blind 100% Disabled Non-Obligated Spouse State Spouse S
Name	Social Security Number in 2018 Spouse's Social Security Number in 2018 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) City, Town, or Post Office State ZIP Code County of Residence may contribute to any one or all of the trust funds on Line 15. See instructions for more trust fund information.
	Workers (LEAD) General Research



Workers' Memorial Fund Childhood Lead Testing Fund

Elderly Home Delivered Meals Trust Fund

Children's Trust Fund Veterans Trust Fund Missouri National Guard Trust Fund General Revenue Fund

Missouri Military Family Relief Fund

Organ Donor Program Fund

ne	1.	Federal adjusted gross income from federal return (see page 5 of the instructions)	. 1	00
Income	2.	Any state income tax refund included in federal adjusted gross income	. 2	. 00
	3.	Total Missouri adjusted gross income - Subtract Line 2 from Line 1	. 3	. 00
	4. 5.	Tax from federal return. Do not enter federal income tax withheld	. 4	. 00
Deductions	0.	Single or Married Filing Separate - \$12,000 Head of Household - \$18,000 Married Filing Combined or Qualifying Widow(er) - \$24,000 If age 65 or older, blind, or claimed as a dependent, see federal return or page 6. If itemizing, see back of the form.	5	. 00
	6.	Long-term care insurance deduction	. 6	. 00
	7.	Total Deductions - Add Lines 4 through 6	7	. 00
Тах	8.	Missouri Taxable Income - Subtract Line 7 from Line 3	8	. 00
	9.	Tax - Use the tax chart on page 9 to figure the tax	9	. 00
	10.	Missouri tax withheld from Form(s) W-2 and 1099. Attach copies of Form(s) W-2 and 1099	10	. 00
	11.	Missouri estimated tax payments made for 2018. Include overpayment from 2017 applied to 2018	11	. 00
	12.	Total Payments - Add Lines 10 and 11	12	. 00
	13.	If Line 12 is more than Line 9, enter the difference. This is your overpayment. If Line 12 is less than Line 9, skip to Line 18	13	. 00
0	14.	Amount from Line 13 that you want applied to your 2019 estimated tax	14	. 00
Refund	15.	Enter the amount of your donation in the trust fund boxes below (see instructions for trust fund of the trust fund boxes below (see instructions for trust fund of the trust fund boxes below (see instructions for trust fund of trust fund boxes below (see instructions for trust fund of trust fund boxes below (see instructions for trust fund of trust fund boxes below (see instructions for trust fund of trust fund boxes below (see instructions for trust fund of trust fund boxes below (see instructions for trust fund of trust fund boxes below (see instructions for trust fund of trust fund boxes below (see instructions for trust fund boxes boxes for trust fund boxes for trust fund boxes for trust fund	ome Meals	
		Missouri National Guard 15d. Trust Fund National Guard 15e. Memorial Fund Childhood Lead 15f. Testing F		
		Missouri Military Family 15g. Relief Fund 15h. General Revenue Fund 15i. Organ Do Program		
		Additional Fund Fund Amount . 00 15k. Code Additional Fund Amount . 00]	— —
		Total Donation - Add amounts from Boxes 15a through 15k and enter here	15	. 00

inued)	 16. Amount from Line 13 to be deposited into a Missouri 529 Education Savings Plan (MOST account. Enter amount from Line E of Form 5632	16 17 lete boxes a,	
Amount	18. AMOUNT DUE - If Line 12 is less than Line 9, enter the difference here		ented again electronically.
	Under penalties of perjury, I declare that I have examined this return, including accompanying school of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the the Department of Revenue with my signature as required under Section 143.561, RSMo. Declarabased on all information of which he or she has knowledge. As provided in Chapter 143, RS imposed on any individual who files a frivolous return. I also declare under penalties of unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption aliens.	"Signature" fiel ation of prepar <mark>SMo</mark> , a penal of perjury tha	d(s) below, I am providing er (other than taxpayer) is ty of up to \$500 shall be t I employ no illegal or
	Signature	Date (MM/DD	/YY)
	Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD	//YY)
Signature	E-mail Address	Daytime Tele	phone
	Preparer's Signature	Date (MM/DD	//YY)
	Preparer's FEIN, SSN, or PTIN	Preparer's Te	lephone
	Preparer's Address	State	ZIP Code
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the or any member of the preparer's firm	e preparer	. Yes No
	Department Use Only		
] A		

	•	 Complete this section only if you itemized deductions on your federal return (see the information of Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A. If you are subject to "additional Medicare tax", attach a copy of Federal Form 8959. 	on pa	ages 6 and 8).
	1.	Total federal itemized deductions (from Federal Form 1040, Line 8)	1	. 00
	2.	2018 Social security tax	2	. 00
ons	3.	2018 Railroad retirement tax (Tier I and Tier II)	3	. 00
educti	4.	2018 Medicare tax (see instructions on page 8)	4	. 00
ized D	5.	2018 Self-employment tax (see instructions on page 8)	5	. 00
Missouri Itemized Deductions	6. 7.		6	. 00
	8.	Earnings taxes included in Line 7 (see instructions on page 8)		
	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.
6		omplete this worksheet only if your total state and local taxes included in your federal itemiz ederal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate taxpayers		eductions
Worksheet for Net State Taxes, Line	tions	1. Enter the sum of your state and local taxes on Federal Form 1040, Schedule A, Line 5d	1	. 00
э Тахе	Deductions	2. State and local income taxes from Federal Form 1040, Schedule A, Line 5a	2	. 00
st State	0	3. Earnings taxes included on Federal Form 1040, Schedule A, Line 5a	3	. 00
for Ne	- /	4. Subtract Line 3 from Line 2	4	. 00
ksheet	of Missour	5. Divide Line 4 by Line 1	5	
Wor	_	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

Mail To: **Balance Due:**

> Missouri Department of Revenue P.O. Box 3370 Jefferson City, MO 65105-3370

Missouri Department of Revenue P.O. Box 3222

Refund or No Amount Due:

Jefferson City, MO 65105-3222

Visit http://dor.mo.gov/personal/individual/ for additional information.

(Revised 12-2018)

Phone (Refund or No Amount Due): (573) 751-3505

Fax: (573) 526-1881

E-mail: income@dor.mo.gov

Phone (Balance Due): (573) 751-7200



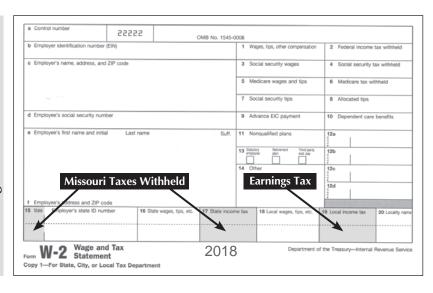
2018 Tax Chart

To identify your tax, use your Missouri taxable income from Form MO-1040A, Line 8 and the tax chart in Section A below. A separate tax must be computed for you and your spouse.

Calculate your Missouri tax using the online tax calculator at http://dor.mo.gov/personal/individual or by using the worksheet in Section B below. Round to the nearest whole dollar and enter on Form MO-1040A, Line 9.

	Tax Rate Cha	rt
	If the Missouri taxable income is:	The tax is:
	\$0 to \$102	\$0
	At least \$103 but not over \$1,028	11/2% of the Missouri taxable income
4	Over \$1,028 but not over \$2,056	\$15 plus 2% of excess over \$1,028
\subseteq	Over \$2,056 but not over \$3,084	\$36 plus 21/2% of excess over \$2,056
.0	Over \$3,084 but not over \$4,113	\$62 plus 3% of excess over \$3,084
t	Over \$4,113 but not over \$5,141	\$93 plus 31/2% of excess over \$4,113
Se	Over \$5,141 but not over \$6,169	\$129 plus 4% of excess over \$5,141
U)	Over \$6,169 but not over \$7,197	\$170 plus 41/2% of excess over \$6,169
	Over \$7,197 but not over \$8,225	\$216 plus 5% of excess over \$7,197
	Over \$8,225 but not over \$9,253	\$267 plus 51/2% of excess over \$8,225
	Over \$9,253	\$324 plus 5.9% of excess over \$9,253

	Tax Calculat	ion Worksh	neet				
		Yourself	Spouse		Example A	Ex	ample B
	1. Missouri taxable income (Form MO-1040A, Line 8)			_ 9	\$ 3,090	\$	12,000
a	2. Enter the minimum taxable income for your tax bracket (see Section A above). If below \$1,028 enter \$0			- \$	\$3,084	_	\$9,253
ion	3. Difference - Subtract Line 2 from Line 1 = \$			_ = 5	\$ 6	\$	2,747
Section	4. Enter the percent for your tax bracket (see Section A above)X		%	_% X	3%	_	5.9%
	5. Multiply Line 3 by the percent on Line 4 = \$			_ = \$.18	\$	162.07
	6. Enter the tax from your tax bracket - before applying the percent (see Section A above) + \$			_ + 9	\$62	\$_	324
	7. Total Missouri Tax - Add Line 5 and 6. Enter here and on Form MO-1040A, Line 9 = \$			_ = 9	\$ 62	\$	486
					(\$62.18 rounded to the	,	(\$486.07 nded to the





nearest dollar)

nearest dollar)

Diagram 1: Form W-2



Requirements

Missouri Department of Revenue 2018 MOST - Missouri's 529 Education Savings (Plan Direct Deposit Form - Individual Income Tax

Department Use Only				
MM/DD/YY)				

	Social Security Number		Spouse's Social Security Number	
ayer	First Name	M.I.	Last Name	Suffix
Taxpayer				
	Spouse's First Name	M.I.	Spouse's Last Name	Suffix

If you want to deposit your refund as a contribution to one or more Missouri MOST 529 Education Savings Plan accounts:

- You must have an open Missouri MOST 529 Education Savings Plan account that is administered by the Missouri Education Savings Program. See the contact information below.
- Your total deposit must be at least \$25.
- If your overpayment is adjusted and the amount you requested to deposit exceeds your available refund, the Department will cancel your deposit and issue a refund to you.
- If your refund is offset to pay another debt, the Department will cancel your deposit.

	A) Amount
_	
	B) Amount
	C) Amount
	D) Amount
_	
	Total Deposit

Contact Information

MOST-Missouri's 529 Education Savings Plan

https://www.missourimost.org

Telephone: (888) 414-6678

E-mail: most529@missourimost.org

If you wish to deposit all or a portion of your refund into a Missouri MOST 529 Education Savings Plan, you must include this form with your Missouri Individual Income Tax Return.

Taxation Division



Form 5632 (Revised 12-2018)