MISSOURI



Form MO-1040 Individual Income Tax Long Form

File Electronically

Electronic filing is fast and easy. Last year, 74 percent of Missouri Individual Income Tax Returns were filed electronically. See page 2 for details about how you can file electronically this year.

New Missouri Refund Debit Card

| RI | REFUND CARD | ASE 🗘 |
|-------------|------------------|-------|
| OF MISSOURI | 55556 | |
| E of M | 4417 1234 5678 9 | 115 × |
| STATE | TAXPAYER NAME | |

You can now receive your refund on a debit card. See page 44 for more information.

Tax Deadline is April 15. See page 4 for extensions.

Electronic Filing Options for Federal and State E-File - Missouri, in cooperation with the Internal Revenue Service (IRS), offers a joint federal and state filing of individual income tax returns. There are two ways that you may e-file your federal and state income tax returns:

- 1) You can electronically file your federal and state returns online from web sites provided by approved software providers. Many providers offer free filing if you meet certain conditions. A list of approved providers can be found at **http://dor.mo.gov/personal/individual/.**
- 2) You can have a tax preparer (if approved by the IRS) electronically file your federal and state returns for you, usually for a fee. A list of approved tax preparers can be found at http://dor.mo.gov/ personal/individual/.

Benefits of Electronic Filing

Convenience: You can electronically file 24 hours a day, 7 days a week.

Security: Your tax return information is encrypted and transmitted over secure lines to ensure confidentiality.

Accuracy: Electronic filed returns have up to 13 percent fewer errors than paper returns.

Direct Deposit: You can have your refund directly deposited into your bank account.

Proof of Filing: An acknowledgment is issued when your return is received and accepted.

Visit our web site at http://dor.mo.gov/personal/individual

In addition to electronic filing information found on our web site, you can:

- Use our fill-in forms that calculate
- Download Missouri and federal tax forms
- Get answers to frequently asked questions

2-D Barcode Returns - If you plan to file a paper return, you should consider 2-D barcode filing. The software encodes all your tax information into a 2-D barcode, which

allows your return to be processed with fewer errors compared to traditional paper returns. If you use software to prepare your return, check our web site for approved 2-D barcode software companies. Also, check out the Department's fill-in forms that calculate and have a 2-D barcode. You can have your refund directly deposited into your bank account when you use the Department's fill-in forms. If your form has a 2-D barcode, the **REFUND** returns should be mailed to: **Department of Revenue**, **P.O. Box 3222, Jefferson City, MO 65105-3222** and returns with a balance due should be mailed to: **Department of Revenue, P.O. Box 3370, Jefferson City, MO 65105-3370.**





• Get a copy of the Taxpayer Bill of Rights

• Get the status of your refund or balance due

• Pay your taxes online

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DO YOU HAVE THE CORRECT TAX BOOK?

Form MO-1040 is Missouri's long form. It is a universal form that can be used by anyone.

If you **do not** have any of the special filing situations described below and you choose to file a paper tax return, try filing a short form. The short forms are less complicated and provide only the necessary information for specific tax filing situations.

YOU <u>MUST</u> FILE FORM MO-1040 IF AT LEAST ONE OF THE FOLLOWING APPLIES:

- You claim:
- a. A pension or social security/social security disability or military exemption or property tax credit and you also have other special filing situations. (If you do not have any other special filing situations described in this section, you can use Form MO-1040P—Short Form to file your taxes and claim the property tax credit/pension exemption.);
- b. Miscellaneous tax credits (taken on Form MO-TC); or
- c. A credit for payment made with the filing of a Form MO-60, Application for Extension of Time to File.
- You have any of the following Missouri modifications:
 - a. Positive or negative adjustments from partnerships, fiduciaries, S corporations, or other sources;
 - b. Nonqualified distribution received from the Missouri Savings for Tuition Program (MOST), Missouri Higher Education Deposit Program, or other qualified 529 plan;

| Fiscal Year Filers When to File |
|---|
| Percentage (Resident Credit or Missouri Income Percentage) |
| State |
| Interest Exempt Federal Obligations |
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| Lump Sum Distribution |
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- c. Interest on federal exempt obligations;
- d. Interest on state and local obligations;
- e. Capital gain exclusion;
- f. Exempt contributions made to or earnings from the Missouri Savings for Tuition Program (MOST), Missouri Higher Education Deposit Program, or other qualified 529 plan;
- g. Enterprise zone or rural empowerment zone modification;
- h. Negative adjustments related to bonus depreciation;
- i. Net operating loss carryback/carryforward; or
- j. Combat pay included in federal adjusted gross income.
- You or your spouse have income from another state.
- You claim a deduction for dependent(s) age 65 or older.
- You owe a penalty for underpayment of estimated tax.
- You are filing an amended return.
- You owe tax on a lump sum distribution included on Federal Form 1040, Line 44.
- You owe recapture tax on low income housing credit.
- You are a nonresident entertainer or a professional athlete.
- You are a fiscal year filer.
- You are a nonresident military service member stationed in Missouri and you or your spouse earned non-military income while in Missouri.
- You claim a deduction for other federal tax (from Federal Form 1040, Lines 45, 47, 58, 59b, and any recapture taxes included on Line 61).

| N + O |
|------------------------------------|
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- You claim a Healthcare Sharing Ministry deduction.
- You claim a New Jobs Deduction.

If you qualify to use a short form, visit **http://dor.mo.gov/personal/individual/** to select the easiest form.

To Obtain Forms:

• Go to http://dor.mo.gov/personal/individual/.

If you need to obtain a federal form, you can go to the IRS web site at **www.irs.gov.**

IMPORTANT FILING INFORMATION

This information is for guidance only and does not state the complete law.

FILING REQUIREMENTS

You do not have to file a Missouri return if you are not required to file a federal return.

If you are required to file a federal return, you may not have to file a Missouri return if you:

- are a resident and have less than \$1,200 of Missouri adjusted gross income;
- are a nonresident with less than \$600 of Missouri income; or
- have Missouri adjusted gross income less than the amount of your standard deduction plus the exemption amount for your filing status.

Note: If you are not required to file a Missouri return, but you received a Form W-2 stating you had Missouri tax withheld, you must file your Missouri return to get a refund of your Missouri withholding. If you are not required

to file a Missouri return and you do not anticipate an increase in income, you may change your Form MO W-4 to "exempt" so your employer will not withhold Missouri tax.

WHEN TO FILE

Calendar year taxpayers must file no later than **April 15, 2013**. Late filing will subject taxpayers to charges for interest and addition to tax. Fiscal year filers must file no later than the 15th day of the fourth month following the close of their taxable year.

EXTENSION OF TIME TO FILE

You are not required to file an extension if you do not expect to owe additional income tax or if you anticipate receiving a refund. If you wish to file a Missouri extension, and do not expect to owe Missouri income tax, you may file an extension by filing Form MO-60, Application for Extension of Time to File. An automatic extension of time to file will be granted until October 15, 2013.

If you receive an extension of time to file your federal income tax return, you will automatically be granted an extension of time to file your Missouri income tax return, provided you do not expect to owe any additional Missouri income tax. Attach a copy of your federal extension (Federal Form 4868) with your Missouri income tax return when you file.

If you expect to owe Missouri income tax, file Form MO-60 with your payment by the original due date of the return.

Remember: An extension of time to file does not extend the time to pay. A 5 percent addition to tax will apply if the tax is not paid by the original return's due date.

LATE FILING AND PAYMENT

Simple interest is charged on all delinquent taxes. The rate will be updated annually and can be found on our web site at **http://dor.mo.gov/personal/individual/**. For timely filed returns, an addition to tax of 5 percent (of the unpaid tax) is added if the tax is not paid by the return's due date. For returns not filed by the due date, an addition to tax of 5 percent per month (of the unpaid tax) is added for each month the return is not filed. The addition to tax cannot exceed 25 percent.

If you are unable to pay the tax owed in full on the due date, please visit the Department of Revenue's web site at **http://dor.mo.gov/personal/individual/** for your payment options. If you are mailing a partial payment, please use the Form MO-1040V found on page 40.

WHERE TO MAIL YOUR RETURN

If you are due a **refund** or have **no amount due**, mail your return and all required attachments to:

Department of Revenue P.O. Box 500 Jefferson City, MO 65106-0500.

If you have a **balance due**, mail your return, payment, and all required attachments to:

Department of Revenue P.O. Box 329 Jefferson City, MO 65107-0329.

Jenerson City, MO 65107-0329

2-D barcode returns, see page 2.

DOLLARS AND CENTS

Rounding is required on your tax return. Zeros have been placed in the cents columns on your return. For 1 cent through 49 cents, round down to the previous whole dollar amount. For 50 cents through 99 cents, round up to the next whole dollar amount.

Example: Round \$32.49 down to \$32.00 Round \$32.50 up to \$33.00

REPORT OF CHANGES IN FEDERAL TAXABLE INCOME

When your federal taxable income or federal tax liability is changed as a result of an audit or notification by the Internal Revenue Service, or if you file an amended federal income tax return, you must report such change by filing an amended Missouri income tax return with the Department of Revenue within 90 days of the change. Failure to notify the Department of Revenue within the 90 day period extends the statute of limitations to one year after the Department of Revenue becomes aware of such determination. You will be subject to interest and addition to tax if you owe additional tax to Missouri.

AMENDED RETURN

To file an amended individual income tax return, use Form MO-1040. Check the box at the top of the form. Complete Forms MO-1040 and MO-A, pages 1 and 2, using corrected figures. Attach all schedules along with a copy of your federal changes and your Federal Form 1040X. If you are due a refund, mail to: Department of Revenue, P.O. Box 500, Jefferson City, MO 65106-0500. If you have an amount due, mail to Department of Revenue, P.O. Box 329, Jefferson City, MO 65107-0329.

FILL-IN FORMS THAT CALCULATE

Go to **http://dor.mo.gov/personal/individual/** to enter your tax information and let us do the math for you. No calculation errors means faster processing. Just print, sign, and mail the return. These forms contain a 2-D barcode at the top right portion of the form. This allows quicker processing of your return.

MISSOURI RETURN INQUIRY

To check the status of your **current year return** 24 hours a day, please visit our web site: **http://dor.mo.gov/personal/individual**/ or call our automated individual income tax inquiry line (573) 526-8299. To obtain the status of your return, you must know the follow ing information: 1) the first social security number on the return; 2) the filing status shown on your return; and 3) the exact amount of the refund or balance due in whole dollars.

RESIDENT

A resident is an individual who either 1) maintained a domicile in Missouri or 2) did not maintain a domicile in Missouri but did have permanent living quarters and spent more than 183 days of the taxable year in Missouri. **Exception:** An individual domiciled in Missouri who did not maintain permanent living quarters in Missouri, did maintain permanent living quarters elsewhere, and spent 30 days or less of the taxable year in Missouri is not a resident.

Domicile: The place an individual intends to be his or her permanent home; a place that he or she intends to return to when absent. A domicile, once established, continues until the individual moves to a new location with the true intention of making his or her permanent home there. An individual can have only one domicile at a time.

NONRESIDENT

A nonresident is an individual who does not meet the definition of resident. If required to file, nonresidents with income from another state must use Form MO-NRI to determine income percentages.

NONRESIDENT ALIEN SPECIAL FILING INSTRUCTIONS

If you do not have a social security number, enter your identifying number in the social security number space provided.

Enter on Form MO-1040, Line 1 the amount from Federal Form 1040NR, Line 36 or Federal Form 1040NR-EZ, Line 10.

Filing Status

If you marked Box 1 or 2 on the Federal Form 1040NR; or Box 1 on Federal Form 1040NR-EZ, check Box A on Form MO-1040.

If you marked Box 3, 4, or 5, and did not claim your spouse as an exemption on Federal Form 1040NR, or if you marked Box 2 on Federal Form 1040NR-EZ, check Box D on Form MO-1040.

If you marked Box 3, 4, or 5 and claimed your spouse as an exemption on Federal Form 1040NR, check Box E on Form MO-1040.

If you marked Box 6 on Federal Form 1040NR, check Box G on Form MO-1040.

Itemized Deductions

Nonresident aliens who are required to itemize their deductions for federal purposes must also itemize deductions on their Missouri return. For more detailed information, visit the Frequently Asked Questions at http://dor.mo. gov/personal/individual/.

Federal Tax Deduction

Enter on Form MO-1040, Line 10 the amount from Federal Form 1040NR, Line 52 minus Line 43 and any amounts from Forms 8801, 8839 and 8885 included on Line 67; or the amount from Federal Form 1040NR-EZ, Line 15.

Note: At the time the Department printed their tax booklets, the Internal Revenue Service had not finalized where Form 8839 would be reported on the federal return. If Form 8839 is not reported on line 67 of Federal Form 1040NR, do not reduce line 52 by the amount from Form 8839.

Enter on Form MO-1040, Line 11 the amount from Federal Form 1040NR, Lines 43, 45, and 56. For all other lines of Form MO-1040, see instructions starting on this page.

PART-YEAR RESIDENT

All income earned while living in Missouri is taxable to Missouri. A part-year resident may determine to be taxed as a resident for the entire year by using Form MO-CR to claim a credit for taxes paid to another state on the income earned while living in Missouri. Or a part-year resident may use Form MO-NRI to determine their income percentage based on the income earned while living in Missouri.

MILITARY PERSONNEL

The Servicemembers Civil Relief Act prevents military personnel from being taxed on military income by any state other than their home of record state. The Military Spouses Residency Relief Act prevents income earned by servicemembers' spouses from being taxed by any state other than their state of residence.

Missouri Home of Record - If you entered the armed forces in Missouri, your home of record is presumed to be Missouri and you are presumed to be domiciled in Missouri.

Missouri Home of Record (Stationed Outside Missouri) - If you: (a) maintained no permanent living quarters in Missouri during the year; (b maintained permanent living quarters elsewhere; and (c) did not spend more than 30 days of the year in Missouri, you are considered a *nonresident* for tax purposes and your military pay, interest, and dividend income are not taxable to Missouri. Complete Form MO-NRI and attach to Form MO-1040.

Note: If your spouse remains in Missouri more than 30 days while you are stationed outside Missouri, your total income, including your military pay, is taxable to Missouri. If you are the spouse of a military servicemember, are living outside of Missouri and Missouri is your state of residence, any income you earn is taxable to Missouri. If you earn more than \$1,200 you must file a Missouri return (Form MO-1040).

Missouri Home of Record (Stationed in Missouri) - If your home of record is Missouri and you are stationed in Missouri due to military orders, all of your income, including your military pay, is taxable to Missouri. Missouri Home of Record (Entering or Leaving the Military) - If you are entering or leaving the military, Missouri is your home of record, and you spend more than 30 days in Missouri, your total income, including your military pay, is taxable to Missouri.

Non-Missouri Home of Record (Stationed in Missouri) - The military pay of nonresident military personnel stationed in Missouri due to military orders is not taxable to Missouri. If you are a servicemember and earned only military income while stationed in Missouri, complete a No Return Required-Military Online Form at the following address: http://dor.mo.gov/personal/individual/.

If you are a military servicemember and earned \$600 or more in Missouri in nonmilitary income, this non-military income is taxable to Missouri and cannot be subtracted from your federal adjusted gross income on your Missouri return (Form MO-1040).

If you are the spouse of a military servicemember, are in Missouri because the military servicemember is stationed in Missouri on military orders, and your state of residence is another state, any income earned by you is not taxable to Missouri. However, if you earn more than \$600 you must file a Missouri return (Form MO-1040) and provide verification of your state of residence. Acceptable verification may include any of the following from your state of residence: a copy of your 2012 state income tax return, 2012 property tax receipts, current driver license, vehicle registration, or voter identification card. You must report the military pay of the servicemember and your income on Form MO-A, Part 1, Line 9, as a "Military (Nonresident)" subtraction to your federal adjusted gross income. For additional information, please visit http://dor.mo.gov/personal/individual/.

OTHER STATE INCOME

You must begin the Form MO-1040 with your total federal adjusted gross income, as reported on your federal return. Lines 1 through 25 of the return are computed as if you are a full-year resident. Tax (Line 25) is computed on all your income, and may then be reduced by a resident credit (Line 26), or by a Missouri income percentage (Line 27). The result is a prorated Missouri tax liability (Line 28) based only on the income earned in Missouri. See page 8, Lines 26 and 27.

DECLARATION OF ESTIMATED TAX

Residents and nonresidents are required to make a declaration of estimated tax if their Missouri estimated tax is expected to be at least \$100. If you are required to make estimated tax payments, you must do so by remitting your tax payment along with Form MO-1040ES, Estimated Tax Declaration for Individuals.

ADDRESS CHANGE

You may obtain an official address change form to change your address with the Department by visiting our web site: http://dor.mo.gov/personal/individual/.

Address change requests should be mailed to: **Department of Revenue, P.O. Box 2200, Jefferson City, MO 65105-2200**. This will help forward any refund check or correspondence to your new address. You may complete our online address change form at the following address: http://dor.mo.gov/ personal/individual/.

COMPOSITE RETURN

Businesses filing a composite return on behalf of their nonresident partners or shareholders should use Form MO-1040. Attach a schedule listing the name, address, identification number, and amount of each nonresident partner or shareholder's income from Missouri sources to Form MO-1040. Write "composite return" at the top of Form MO-1040. Refer to Missouri Regulation 12 CSR 10-2.190 for complete filing instructions. **Note: The tax rate for a composite return is 6 percent.** For more information, visit http://dor.mo.gov/forms/Composite Return_ 2012.pdf.

CONSUMER'S USE TAX

Use tax is imposed on the storage, use or consumption of tangible personal property in this state. The state use tax rate is 4.225 percent. Cities and counties may impose an additional local use tax. Use tax does not apply if the purchase is subject to Missouri sales tax or otherwise exempt. A purchaser is required to file a use tax return if the cumulative purchases on which tax was not paid to the state exceeds \$2,000 in a calendar year. You can use the Form 4340, Consumer's Use Tax Return, located on page 39. The due date for Form 4340 is April 15, 2013.

FORM MO-1040

Important: Complete your federal return first.

If you are filing a fiscal year return, indicate the beginning and ending dates on the line provided near the top of Form MO-1040.

Information to Complete Form MO-1040 NAME, ADDRESS, ETC.

If all the address information is correct on the preprinted label (if available), attach the label to the Form MO-1040 and print or type your social security number(s) in the spaces provided. If you did not receive a book with a peel-off label, or the label is incorrect, print or type your name(s), address, and social security number(s) in the spaces provided on the return.

If the taxpayer or spouse died in 2012, check the appropriate box and write the date of death after the decedent's first name in the name and address area of the return. If a refund is due to the deceased taxpayer, attach a copy of Federal Form 1310 and death certificate.

AGE 62 THROUGH 64

If you or your spouse were ages **62**, **63**, **or 64 by December 31**, **2012**, check the appropriate box.

AGE 65 OR OLDER OR BLIND

If you or your spouse were age **65 or older** or **blind** and qualified for these deductions on your 2012 federal return, check the appropriate boxes.

100 PERCENT DISABLED PERSON

You may check the **100 percent disabled** box if you are unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months. A claimant is not required to be gainfully employed prior to such disability to qualify for a property tax credit. You may visit **http://dor.mo.gov/ personal** to learn more about the property tax credit claim.

NON-OBLIGATED SPOUSE

You may check the **non-obligated spouse** box if your spouse owes the state of Missouri any child support payments, back taxes, student loans, etc., and you do not want your portion of the refund used to pay the amounts owed by your spouse. Debts owed to the Internal Revenue Service (IRS) are **excluded** from the nonobligated spouse apportionment.

FIGURE YOUR MISSOURI ADJUSTED GROSS INCOME

Missouri requires the division of income between spouses. Taxpayers filing a combined return pay less tax by dividing the income between spouses and then determining the tax amount for each person's income.

You must begin your Missouri return with your total federal adjusted gross income, even if you have income from a state other than Missouri.

LINE 1 — FEDERAL ADJUSTED GROSS INCOME

If your filing status is "married filing combined" and both spouses are reporting income, use the worksheet below to split income between you and your spouse. The combined income for you and your spouse must equal the total federal adjusted gross income you reported on your federal return. For all other filing statuses, use the chart below to determine your federal adjusted gross income.

If you include loss(es) of \$1,000 or more on Line 1, you must attach a copy of Federal Form 1040 (pages 1 and 2).

| FEDERAL FORM | LINE |
|---------------------|---------|
| Federal Form 1040 | Line 37 |
| Federal Form 1040A | Line 21 |
| Federal Form 1040EZ | Line 4 |
| Federal Form 1040X | Line 1 |

Missouri Modifications

Before completing Lines 2, 3, and 4, read the Information to Complete Form MO-A, Part 1, pages 11, 12 and 35.

LINE 2 — TOTAL ADDITIONS

Enter the total additions amount from Form MO-A, Part 1, Line 6.

LINE 4 — TOTAL SUBTRACTIONS

Enter the total subtractions amount from Form MO-A, Part 1, Line 14.

LINE 7 — INCOME PERCENTAGES

To calculate your income percentage for Line 7, complete the chart below if both spouses have income:

| <u>Yourself</u> | Line 5Y Line 6 | = | divided by |
|-----------------|-------------------|---|------------|
| <u>Spouse</u> | Line 5S Line 6 | = | divided by |

The total entered on Line 7 must equal 100 percent — round to the nearest percentage. (Example: 84.3 percent would be shown as 84 percent, and 97.5 percent would be shown as 98 percent.) Lines 7Y and 7S must equal 100 percent.

Note: If one spouse has negative income and the other spouse has positive income (example: your income is -\$15,000 and your spouse's income is \$30,000), enter zero percent on Line 7Y and 100 percent on Line 7S. If nothing is entered, the Department will consider this to be 100 percent.

WORKSHEET FOR LINE 1 — Instructions for Completing the Adjusted Gross Income Worksheet

Missouri law requires a combined return for married couples filing together. A combined return means taxpayers are required to split their total federal adjusted gross income (including other state income) between spouses when beginning the Missouri return.

Splitting the income can be as easy as adding up your separate Forms W-2 and 1099. Or it may require allocating to each spouse the percentage of ownership in jointly held property, such as businesses, farm operations, dividends, interest, rent, and capital gains or losses. State refunds should be split based on each spouse's 2011 Missouri tax withheld, less each spouse's 2011 tax liability. The result should be each spouse's portion of the 2011 refund. Taxable social security benefits must be allocated by each spouse's share of the benefits received for the year.

The worksheet below lists income that is included on your federal return, along with federal line references. Find the lines that apply to your federal return, split the income between you and your spouse, and enter the amounts on the worksheet. When you have completed the worksheet, transfer the amounts from Line 18 to Form MO-1040, Lines 1Y and 1S. Note: Remember, the incomes listed separately on Line 18 of this worksheet must equal your total federal adjusted gross income when added together.

| Adjusted Gross Income Worksheet for Combined Return | | Federal Form 1040A Line No. | Federal Form 1040 Line No. | Y — Yourself | | S — Spouse |
|---|------|--------------------------------|-------------------------------|--------------|----|------------|
| 1. Wages, salaries, tips, etc | 1 | 7 | 7 | 00 | 1 | 00 |
| 2. Taxable interest income | 2 | 8a | 8a | 00 | 2 | 00 |
| 3. Dividend income | none | 9a | 9a | 00 | 3 | 00 |
| 4. State and local income tax refunds | none | none | 10 | 00 | 4 | 00 |
| 5. Alimony received | none | none | 11 | 00 | 5 | 00 |
| 6. Business income or (loss) | none | none | 12 | 00 | 6 | 00 |
| 7. Capital gain or (loss) | none | 10 | 13 | 00 | 7 | 00 |
| 8. Other gains or (losses) | none | none | 14 | 00 | 8 | 00 |
| 9. Taxable IRA distributions | none | 11b | 15b | 00 | 9 | 00 |
| 10. Taxable pensions and annuities | none | 12b | 16b | 00 | 10 | 00 |
| 11. Rents, royalties, partnerships, S corporations, trusts, etc | none | none | 17 | 00 | 11 | 00 |
| 12. Farm income or (loss) | none | none | 18 | 00 | 12 | 00 |
| 13. Unemployment compensation | 3 | 13 | 19 | 00 | 13 | 00 |
| 14. Taxable social security benefits | none | 14b | 20b | 00 | 14 | 00 |
| 15. Other income | none | none | 21 | 00 | 15 | 00 |
| 16. Total (add Lines 1 through 15) | 4 | 15 | 22 | 00 | 16 | 00 |
| 17. Less: federal adjustments to income | none | 20 | 36 | 00 | 17 | 00 |
| 18. Federal adjusted gross income (Line 16 less Line 17) | | | | | | |
| Enter amounts here and on Lines 1Y and 1S, Form MO-1040 | 4 | 21 | 37 | 00 | 18 | 00 |

FIGURE YOUR TAXABLE INCOME

LINE 8 — PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION

If you or your spouse received a public, private, or military pension, social security or social security disability, complete Form MO-A, Part 3. Enter the amount from Form MO-A, Part 3, Total Exemption on MO-1040, Line 8. Attach a copy of your federal return (pages 1 and 2), Forms 1099-R, W-2P, and SSA-1099.

LINE 9 — FILING STATUS AND EXEMPTION AMOUNT

Enter on Line 9 the amount of exemption claimed for your filing status. You must use the same filing status as on your Federal Form 1040 with two exceptions:

1. **Box B** must be checked if you are claimed as a dependent on another person's federal tax return and you checked either box on Federal Form 1040EZ, Line 5; or you were not allowed to check Box 6a on Federal Forms 1040 or 1040A. If you checked Box **B**, enter "0".

2. Box E may be checked only if all of the following apply: a) you checked Box 3 (married filing separate return) on your Federal Form 1040 or 1040A; b) your spouse had no income and is not required to file a federal return; and c) your spouse was claimed as an exemption on your federal return and was not a dependent of someone else. Attach a copy of your federal return. Only one box may be checked on Line 9, Boxes A through G.

LINE 10 — TAX FROM FEDERAL RETURN

Use the chart below to locate your tax on your federal return. **Do not enter your** federal income tax withheld as shown on your Forms W-2 or federal return.

If you have an earned income credit, you must subtract the credit from the tax on your federal return. If a negative amount is calculated, enter "0". If you used a method other than the federal tax table to determine your federal tax, attach the appropriate schedule.

| Federal Form | Line Numbers | | | | |
|-----------------|--|--|--|--|--|
| 1040 | Line 55 minus Lines 45, 64a, 66, 67, and amounts from Forms 8801, 8839 and 8885 on Line 71.* | | | | |
| 1040A | Line 35 minus Lines 38a, 40, and any alternative minimum tax included on Line 28. | | | | |
| 1040EZ | Line 10 minus Line 8a. | | | | |
| 1040X | Line 8 minus Lines 13 and 14, except amounts from Forms 2439 and 4136. | | | | |

*Note: At the time the Department printed their tax booklets, the Internal Revenue Service had not finalized where Form 8839 would be reported on the federal return. If Form 8839 is not reported on line 71 of Federal Form 1040, do not reduce line 55 by the amount from Form 8839.

LINE 11 — OTHER FEDERAL TAX

Enter the total amount of Lines 45, 47, 58, any first time home buyer credit repayment on Line 59b, and any recapture taxes included on Line 61 from Federal Form 1040. Enter the amount of alternative minimum tax included on Line 28 of Federal Form 1040A. For amended returns enter the other taxes reported on Line 9 of Federal Form 1040X except: **do not include** self-employment tax, FICA tax, or railroad retirement tax on this line. **Attach a copy of your federal return** (pages 1 and 2). **Attach a copy of Federal Forms 4255, 8611, or 8828 if claiming recapture taxes.**

LINE 13 — FEDERAL INCOME TAX DEDUCTION

If you checked Box A, B, D, E, F, or G on Line 9, your federal tax deduction may not exceed \$5,000. If you checked Box C on Line 9, your federal tax deduction may not exceed \$10,000.

LINE 14 — STANDARD OR ITEMIZED DEDUCTIONS

Standard Deductions: If you claimed the standard deduction on your federal return, enter the standard deduction amount for your filing status. The amounts are listed on Form MO-1040, Line 14.

Use the chart below to determine your standard deduction if you or your spouse marked any of the boxes for: 65 or older, blind or claimed as a dependent.

| Federal Form | Line Numbers |
|--------------|---------------------|
| 1040 | Line 40 |
| 1040A | Line 24 |
| 1040EZ | *See following note |
| 1040X | Line 2 |

*Note: If you filed a Federal Form 1040EZ, and checked one or both boxes on Line 5, refer to the Federal Standard Deduction Worksheet for Dependents. If you did not check either box on Federal Form 1040EZ, Line 5, enter \$5,950 if single or \$11,900 if married. **Itemized Deductions:** If you itemized on your federal return, you may want to itemize on your Missouri return or take the standard deduction, whichever results in a higher deduction. If you were **required** to itemize on your federal return, you must itemize on your Missouri return. To figure your itemized deductions, complete the Form MO-A, Part 2. Attach a copy of your federal return (pages 1 and 2) and Federal Schedule A.

LINES 15 AND 16 — TOTAL NUMBER OF DEPENDENTS

Do not include yourself or your spouse as dependents.

Line 15 - Multiply by \$1,200 the total number of dependents you claimed on Line 6c of your federal return.

Line 16 - Multiply by \$1,000 the total number of dependents you claimed on Line 15 that were age 65 or older by the last day of the taxable year. Do not include dependents that receive state funding or Medicaid. Attach a copy of your federal return (pages 1 and 2).

LINE 17 — LONG-TERM CARE INSURANCE DEDUCTION

If you paid premiums for qualified long-term care insurance in 2012, you may be eligible for a deduction on your Missouri income tax return. Qualified long-term care insurance is defined as insurance coverage for at least 12 months for long-term care expenses should such care become necessary because of a chronic health condition or physical disability, including cognitive impairment or the loss of functional capacity, thus rendering an individual unable to care for themselves without the help of another person. Complete the worksheet below only if you paid premiums for a qualified long-term care insurance policy; and the policy is for at least 12 months coverage.

Note: You can not claim a deduction for amounts paid toward death benefits or extended riders.

LINE 18 — HEALTH CARE SHARING MINISTRY/NEW JOBS DEDUCTION

If you made contributions to a qualifying health care sharing ministry, enter the amounts you paid in 2012 on Line 18A. Do not include amounts excluded from your federal taxable income.

WORKSHEET FOR LONG-TERM CARE INSURANCE DEDUCTION

- F. Subtract Line E from Line B. If amount is less than zero, enter "0"..... F) \$
- G. Subtract Line F from Line A. G) \$
 - H. Enter Line G (or Line A if you did not have to complete Lines B through G) on Form MO-1040, Line 17

Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A (if you itemized your deductions).

If you are a small business owner or a partner, member, or shareholder in a pass through entity and hired new employees, complete Form MO-NJD to see if you qualify for a deduction. Enter the amount on Line 18B. Go to **http://dor.mo.gov/** for more information.

LINE 20 — SUBTOTAL

Subtract Line 19 from Line 6. If less than zero, enter "0". **Do not enter a negative amount.**

LINE 22 — ENTERPRISE ZONE INCOME OR RURAL EMPOWERMENT ZONE MODIFICATION

To claim the Enterprise Zone Income or Rural Empowerment Zone Modification, you must first receive notification of approval from the **Department of Economic Development.**

Enterprise Zone Income Modification: If you or your spouse have exempt income from a business facility located in an enterprise zone that has been approved by the Department of Economic Development, enter one-half of the Missouri taxable income attributed to the new business facility in the enterprise zone (refer to Form 4354) on Line 22.

Rural Empowerment Zone Modification: If you or your spouse have exempt income from a new business facility located within a rural empowerment zone that has been approved by the Department of Economic Development, enter the Missouri taxable income attributed to a new business facility in a rural empowerment zone on Line 22.

Visit **www.ded.missouri.gov** for additional information on either modification, or contact the Department of Economic Development, Incentives Section, P.O. Box 118, Jefferson City, MO 65102-0118.

FIGURE YOUR TAX

If your Missouri taxable income is less than \$9,000, use the tax table on page 25 to locate your tax. If greater than \$9,000, use the worksheet below the tax table to calculate the tax.

A separate tax must be computed for you and your spouse.

LINES 26 AND 27 — RESIDENT CREDIT OR MISSOURI INCOME PERCENTAGE

Note: A taxpayer filing as a resident who paid taxes to another state or political subdivision may take a credit for tax paid by using Form MO-CR. A taxpayer filing as a nonresident may calculate their Missouri income percentage by using the Form MO-NRI. A Form MO-CR and a Form MO-NRI may not be used by the same taxpayer on Form MO-1040. (If filing a combined return, one spouse may use Form MO-NRI and the other spouse may elect to use Form MO-CR). See Lines 26 and 27. Visit **http://dor.mo.gov/personal/individual/** for more information and examples.

Attach a copy of your other state's or political subdivision's return.

Line 26 - Missouri Resident(s) You should take the resident credit (Form MO-CR) if:

- you are a full-year Missouri resident; and
- you paid income tax to other state(s) or political subdivisions.

Line 27 - Nonresident(s) You should determine your Missouri income percentage (Form MO-NRI) if:

- you are a nonresident; and
- you had income from other state(s) or political subdivisions.

The amount on Line 27 should be 100 percent unless you use Form MO-NRI and determine a lesser percentage. If you do not enter a percentage on Line 27, your tax will be based on all of your income, regardless of where it was earned.

Line 26 or 27 - Part-year Resident(s) You may take either the resident credit or the Missouri income percentage. Complete both Forms MO-CR and MO-NRI and use the one that is to your advantage. All income earned while living in Missouri is taxable to Missouri. Attach a copy of your other state or political subdivision's return.

LINE 29 — TAX ON LUMP SUM DISTRIBUTIONS AND RECAPTURE TAX ON MISSOURI LOW INCOME HOUSING CREDITS

Lump Sum Distributions. A taxpayer who receives a lump sum distribution may be required to file Federal Form 4972. Because this income is not included in your Missouri adjusted gross income, a separate calculation must be made to compute the Missouri tax on this distribution. You are subject to the tax if your state of legal residence was Missouri at the time you received the lump sum distribution. The amount of tax is 10 percent of your federal tax liability on the distribution received in 2012. You must compute this tax by multiplying the amount shown as tax on a Lump Sum Distribution (Federal Form 4972) by 10 percent. For example, if your Federal Form 1040, Line 44 includes \$1,000 tax as a result of a Lump Sum Distribution (Federal

Form 4972), the amount of tax on Form MO-1040, Line 29, would be \$100. Check the Lump Sum Distribution box on Line 29. **Attach a copy of Federal Form 4972.**

Recapture Tax. If you are required to recapture a portion of any federal low income housing credits taken on a low income housing project, you are also required to recapture a portion of any state credits taken. The state recapture amount is the proportion of the state credit that equals the proportion the federal recapture amount bears to the original federal low income housing credit amount. Attach a copy of your federal return (pages 1 and 2) and Federal Form 8611.

FIGURE YOUR PAYMENTS AND CREDITS

LINE 32 — MISSOURI WITHHOLDING

Include only Missouri withholding as shown on your Forms W-2, 1099, or 1099-R.

Do not include withholding for federal taxes, local taxes, city earnings taxes, other state's withholding, or payments submitted with Form MO-2NR or Form MO-2ENT. Attach a copy of all Forms W-2 and 1099. See Diagram 1, Form W-2, on page 34.

LINE 33 — ESTIMATED TAX PAYMENTS

Include any estimated tax payments made on your 2012 return and any overpayment applied from your 2011 Missouri return.

LINE 34 — NONRESIDENT PARTNER OR S CORPORATION SHAREHOLDER TAX WITHHELD

Include the payments from your distributive share by the partnership or S corporation, if you are a nonresident partner or S corporation shareholder as shown on Forms MO-2NR and MO-NRP. Attach Forms MO-2NR and MO-NRP.

LINE 35 — NONRESIDENT ENTERTAINER TAX WITHHOLDING

Include your share of the payments from gross earnings as a nonresident entertainer, as shown on Forms MO-2ENT, Line 6. Attach a schedule showing the date(s) and place(s) of the performance(s), the nonresident entertainer entity's name, and how your share of the amount paid was calculated. **Attach Form MO-2ENT.**

LINE 36 — EXTENSION OF TIME TO FILE

If you filed for an extension of time to file, enter on Line 36 the amount you paid to the Department of Revenue with Form MO-60.

LINE 37 — MISCELLANEOUS TAX CREDITS

You may be eligible for certain tax credits. The total amount of tax credit is computed by completing Form MO-TC, Miscellaneous Income Tax Credits. Enter the total tax credit amount from Form MO-TC, Line 13 on Form MO-1040, Line 37. Attach Form MO-TC, along with any applicable schedules, certificates, and federal forms. You can find a list of available credits and the agency to contact for information, forms, and approval to claim each credit on the Form MO-TC, Miscellaneous Income Tax Credits, located on page 30.

LINE 38 — PROPERTY TAX CREDIT

Complete Form MO-PTS to determine the amount of your property tax credit. See information to complete Form MO-PTS on pages 36-38.

LINE 40 — AMENDED RETURN ONLY: PAYMENT ON ORIGINAL RETURN

Enter any payment(s) applied to your original filed return including any penalties and interest.

LINE 41 — AMENDED RETURN ONLY: OVERPAYMENT ON ORIGINAL RETURN

Enter the overpayment claimed or adjusted on your original return including interest.

Indicate the Reason for Amending Your Return:

Check the box relating to why you are filing an amended return.

- Box A-Mark Box A (federal audit) if you have knowledge or have received a notice that your federal return you previously filed was incorrect, or if the Internal Revenue Service adjusted your original return. You must attach a copy of your amended federal return or a copy of your revenue agent's report. Enter the month, day, and year your audit was finalized.
- Box B—Mark Box B if you have a net operating loss carryback on your amended return. Indicate the year your loss occurred.
- Box C-Mark Box C if you have an investment tax credit carryback on your amended return. Indicate the year your credit occurred.
- Box D—Mark Box D if you are filing an amended Missouri return as a result of filing an amended federal return. Enter the month, day, and year you filed your amended federal return.

FIGURE YOUR REFUND **OR AMOUNT DUE**

LINE 43 — OVERPAYMENT

If Line 39 is larger than Line 31, or on an amended return, Line 42 is larger than Line 31, enter the difference (overpayment) on Line 43. All or a portion of an overpayment can be refunded to you.

LINE 44 — APPLY OVERPAYMENT TO **NEXT YEAR'S TAXES**

You may apply any portion of your refund to next year's taxes.

LINE 45 — TRUST FUNDS

You may donate part or all of your overpaid amount or contribute additional payments to any of the ten trust funds listed on Form MO-1040 or any two additional trust funds.



Children's Trust Fund – Children's Trust Fund, Missouri's Foundation

for Child Abuse Prevention, is a non-profit organization dedicated to the vision of children free to grow and reach their full potential in a nurturing and healthy environment free from child abuse and neglect. For more information please contact the Children's Trust Fund www.ctf4kids.org or call 888-826-5437. (Minimum contribution: \$2, or \$4 if married filing combined)



Veterans Trust Fund - The Missouri Veterans Commission's Veterans Trust Fund is a means by which individuals and corporations

may donate money to expand and improve services to veterans in Missouri. Contributions may be made at any time directly to: Veterans Trust Fund c/o The Missouri Veterans Commission, P.O. Drawer 147, Jefferson City, MO 65102-0147 or call (573)751-3779. (Minimum contribution: \$2, or \$4 if married filing combined)



Elderly Home Delivered Meals Trust Fund - The Elderly Home Delivered Meals Trust Fund supports the home delivered meals program for Missouri's home-bound senior citizens, helping them to continue to live independently in their homes. The need for home delivered meals increases yearly as persons are living longer and may need assistance. For more information please contact: http:// health.mo.gov/seniors/aaa/index.php. (Minimum contribution \$2, or \$4 if married filing combined)

Missouri National Guard Trust Fund - The Missouri National Guard 4 Trust Fund expands the capability to provide/coordinate Military Funeral Honors Ceremonies for veterans of Missouri and veterans buried in Missouri who have served their country in an honorable manner. Contributions may be made at any time directly to Missouri National Guard Trust Fund, ATTN: JFMO-J1/SSH, 2302 Militia Drive, Jefferson City, MO 65101-1203 or call (573)638-9663. (Minimum contribution: \$2, or \$4 if married filing combined)

Workers' Memorial Fund - This fund has (Workers) been established to create a permanent memorial for all workers who suffered a job related death or injuries that resulted in a permanent disability while on the job in Missouri. Requests for information and contributions may be made at any time to: Workers' Memorial Fund, ATTN: Office of Administration, 301 W. High St., Room 570, Jefferson City, MO 65101. (Minimum contribution: \$1, or \$2 if married filing combined)

Childhood Lead Testing Fund -FAD Activities supported by this fund ensure that Missouri children at risk for lead poisoning are tested and receive appropriate follow-up activities to protect their health and well being from the harmful effects of lead. For more information please contact the Missouri State Public Health Laboratory at (573) 751-3334, or email labweb1@health. mo.gov. (Minimum contribution: \$1, or \$2 if married filing combined)

General Revenue Fund – Requests for information and contributions may be made at any time directly to General Revenue Fund, ATTN: Department of Revenue, P.O. Box 3022, Jefferson City, MO 65105-3022. (Minimum contribution: \$1, or \$2 if married filing combined)

Missouri Military Family Relief **Fund** – For more information, please contact: Missouri Military Family Relief Fund, 2302 Militia Drive, ATTN: JFMO-J1/SS, Jefferson City, MO 65201-1203. (Minimum contribution: \$1, or \$2 if married filing combined)

After-School Retreat Reading and Assessment Grant Program Fund – Contributions can be made to the Department of Elementary and Secondary Education to assist Missouri public schools or charter schools in developing an after-school reading and assessment program/project. For more information please contact: Cindy Heislen at (573) 522-2627, eelext@dese.mo.gov.



Organ Donor Program Fund -Contributions support organ and tissue donation education and registry operation. For more information, please contact: Missouri Department of Health and Senior Services, Organ and Tissue Donor Program, P.O. Box 570, Jefferson City, MO 65102-0570, or call 888-497-4564. (Minimum contribution: *\$2, or \$4 if married filing combined)*

ADDITIONAL FUNDS

If you choose to give to additional funds, enter the two-digit additional fund code in the spaces provided on Line 45. If you want to give to more than two additional funds, please submit a contribution directly to the fund. For additional information, see http://dor.mo.gov/personal/individual/.

Donations received from the following funds are designated specifically for Missouri residents.

| <u>Funds</u> <u>Code</u> |
|--|
| American Cancer Society Heartland |
| Division, Inc., Fund01 |
| American Diabetes Association |
| Gateway Area Fund02 |
| American Heart Association Fund03 |
| American Lung Association of |
| Missouri Fund04 |
| American Red Cross Trust Fund15 |
| Amyotrophic Lateral Sclerosis (ALS—Lou |
| Gehrig's Disease) Fund05 |
| Arthritis Foundation Fund09 |
| Breast Cancer Awareness Fund13 |
| Developmental Disabilities Waiting List |
| Equity Trust Fund16 |
| Foster Care and Adoptive Parents |
| Recruitment and Retention Fund14 |
| March of Dimes Fund08 |
| Muscular Dystrophy Association Fund07 |
| National Multiple Sclerosis Society Fund10 |
| Puppy Protection Trust Fund |



American Cancer Society Heartland Division, Inc., Fund (01) - For

more information anytime, call toll free 1-800-ACS-2345 or visit www. cancer.org. Donations can be sent directly to the American Cancer Society at 1100 Pennsylvania Avenue, Kansas City, MO 64105. (Minimum irrevocable contribution: \$1, not to exceed \$200)



American Diabetes Association Gateway Area Fund

(02) - Requests for information may be made by calling (314) 822-5490 or contacting Gateway Area Diabetes Association Fund, 425 South Woods Mill Road #110, Town and Country, MO 63017. (Minimum irrevocable contribution: \$1, not to exceed \$200)

American Heart Association Fund (03) – For more information, please contact: American Heart Association, 460 N. Lindbergh Blvd., St. Louis, MO 63141-7808, or call (314) 692-5600. (Minimum irrevocable contribution: \$1, not to exceed \$200)

American Lung Association of Missouri Fund (04) - For more information, please contact: American Lung Association Missouri Fund, 1118 Hampton Avenue, St. Louis, MO 63139-3196. (Minimum irrevocable contribution: \$1, not to exceed \$200)

American Red Cross Trust American Red Cross Fund (15) - For more information please contact your local American Red Cross at www.redcross.org or call 866-206-0256. (Minimum contribution: \$1, or \$2 if married filing combined)

ALS Lou Gehrig's Disease Fund (05) - Call 1-888-873-8539 ASSOCIATION for patient services in Eastern Missouri and 1-800-878-2062 for patient services in Western Missouri. (Minimum irrevocable contribution: \$1, not to exceed \$200)

ARTHRITIS Arthritis Foundation Fund (09) – Call (314) 991-9333 or ke Control, We Can Help? visit www.arthritis.org. Contributions can be made at any time directly to the Arthritis Foundation, 9433 Olive Blvd., Suite 100, St. Louis, MO 63132. (Minimum irrevocable contribution: \$1, not to exceed \$200)



Breast Cancer Awareness Fund (13) - All funds raised are designated for the sole

purpose of providing breast cancer services. For more information, please contact Winning Women Breast Cancer Awareness, 14248 F Manchester Road #318, St. Louis, MO 63011, or call (314) 920-0463.

Developmental Disabilities Waiting List Equity Trust Fund (16) - For more information please contact the Division of Developmental Disabilities at www. dmh.mo.gov/dd/ or call 1-800-207-9329. (Minimum contribution: \$1, or \$2 if married filing combined)

Foster Care and Adoptive Parents Recruitment and Retention Fund (14) - For more information please contact: Missouri Children's Division, P.O. Box 88, Jefferson City, MO 65103-0088 or call (573)522-8024. (Minimum contribution: \$1, or \$2 if married filing combined)



March of Dimes Fund (08) -

Send requests for information and contributions directly to the March of Dimes Fund, 11829 Dorsett Road, Maryland Heights, MO 63043. (Minimum irrevocable contribution: \$1, not to exceed \$200)



Muscular Dystrophy Associa-tion Fund (07) – Requests for

information and contributions may be made at any time directly to: Muscular Dystrophy Association, 8700 Indian Creek Parkway, Suite 345, Overland Park, KS 66210; (816) 444-1554. (Minimum irrevocable contribution: \$1, not to exceed \$200)



National Multiple Sclerosis Society Fund (10) - Call 1-800-FIGHT MS or visit

our web site at www.nationalmssociety.org or contacting National Multiple Sclerosis Society Fund, 1867 Lackland Hill Parkway, St. Louis, MO 63146. (Minimum irrevocable contribution: \$1, not to exceed \$200)



Puppy Protection Trust Fund (17) - For more information,

please contact the Puppy Protection Trust Fund at http://mda.mo.gov or call (573) 751-3076. (Minimum contribution: \$1, or \$2 if married filing combined)

LINE 46 — REFUND

Subtract Lines 44 and 45 from Line 43 and enter on Line 46. To receive your refund on a Visa debit card, select the debit card box on Line 46. For more information on Missouri's refund debit card, please visit our website at http://dor.mo.gov.

If your refund is \$100,000 or more, please consider filing electronically and receiving your refund by direct deposit to your bank account. For security purposes, all refunds over this amount must be electronically deposited. If you do not file electronically with direct deposit, the Department will contact you for your banking information, which may delay your refund.

Note: If you have any other liability due the state of Missouri, such as child support payments, or a debt with the Internal Revenue Service, your income tax refund may be applied to that liability in accordance with Section 143.781, RSMo. Your property tax credit may be applied to any property tax credit or individual income tax liability pursuant to Section 143.782, RSMo. You will be notified if your refund is offset against any debt(s).

LINE 48 — UNDERPAYMENT OF **ESTIMATED TAX PENALTY**

If the total payments and credits amount on Line 39 less Line 36 or Line 42 less Line 36, is less than 90 percent (66-2/3 percent for farmers) of the amount on Line 31, or if your estimated tax payments were not paid timely, you may owe a penalty. Complete Form MO-2210, Underpayment of Estimated Tax for Individuals, see pages 31-34. If you owe a penalty, enter the penalty amount on Line 48. If you have an overpayment on Line 43, the Department of Revenue will reduce your overpayment by the amount of the penalty.

LINE 49 — AMOUNT DUE

Payments must be postmarked by April 15, 2013, to avoid interest and late payment charges. The Department of Revenue offers several payment options.

Check or money order: Attach a check or money order (U.S. funds only), payable to Missouri Department of Revenue. By submitting payment by check, you authorize the Department of Revenue to process the check electronically upon receipt. Do not postdate. The Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds. If you mail your payment after your return is filed, attach your payment to the Form MO-1040V found on page 40.

Electronic Bank Draft (E-Check): By entering your bank routing number, checking account number, and your next check number, you can pay online at http://dor.mo.gov/personal/individual/, or by calling (888) 929-0513. There will be a \$.60 fee per filing period/ transaction to use this service.

Credit Card: The Department accepts MasterCard, Discover, Visa, and American Express. You



can pay online at http://dor.mo.gov/ personal/individual/, or by calling (888) 929-0513. The convenience fees listed below will be charged to your account for processing credit card payments:

Note: The convenience fees for these transactions are paid to the third party vendor, not to the Missouri Department of Revenue. By accessing this payment system, the user will be leaving Missouri's web site and connecting to the web site of the third party vendor, which is a secure and confidential web site.

| Amount of Tax Paid Conve | nience Fee |
|--------------------------|------------|
| \$0.00-\$33.00 \$ | 51.00 |
| \$33.01-\$100.00 | 3.00% |
| \$100.01-\$250.00 | 2.95% |
| \$250.01-\$500.00 | 2.85% |
| \$500.01-\$750.00 | 2.85% |
| \$750.01-\$1,000.00 | 2.80% |
| \$1,000.01-\$1,500.00 | 2.75% |
| \$1,500.01-\$2,000.00 | 2.70% |
| \$2,000.01 or more | 2.60% |

SIGN RETURN

You must sign Form MO-1040. Both spouses must sign a combined return. If you use a paid preparer, the preparer must also sign the return. If you wish to authorize the Director of Revenue to release information regarding your tax account to your preparer or any member of your preparer's firm, indicate by checking the "yes" box above the signature line.

FORM MO-A

Information to Complete Form MO-A

PART 1

MISSOURI MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

Form MO-A, Part 1, computes Missouri modifications to federal adjusted gross income. Modifications on Lines 1, 2, 3, 4 and 5 include income that is exempt from federal tax, but taxable for state tax purposes. Modifications on Lines 7, 8, 9, 10, 11, 12 and 13 exclude income that is exempt from state tax, but taxable for federal tax purposes. If after reviewing the instructions for Part 1, you have no modifications, enter on Form MO-1040, Lines 3 and 5, the same amount(s) entered on Form MO-1040, Line 1.

LINE 1 — INTEREST ON STATE AND LOCAL OBLIGATIONS

If you received income from an obligation of a state or political subdivision other than Missouri, enter the amount of that income, reduced by the related expenses incurred (management fees, trustee fees, interest, etc.) if the expenses are more than \$500.

LINE 2 — PARTNERSHIP, FIDUCIARY, **S** CORPORATION, **O**THER

Enter positive adjustments (additions reported from partnerships, fiduciaries, S corporations, or other sources. The partnership, fiduciary, or S corporation must notify you of the amount of any such adjustment (addition) to which you are entitled. Check the boxes applicable on Line 2 and attach a copy of the notification received.

Net Operating Loss - Carryback/Carryforward: In the year of your net operating loss (NOL), enter on Form MO-A, Part 1, Line 2 the amount of your eligible NOL to be carried back or carried forward from the loss year. Enter the sum of the current year's NOL (as a positive number), plus any unused NOL from prior years. If your NOL carries forward from the carryback year, enter the unused portion of your NOL as computed on Federal Form 1045, Schedule B, Line 10. Please attach Federal Form 1045, Schedules A and B, or the calculation of your NOL carryback/carryforward. Amended returns only: If your federal adjusted gross income includes an NOL (other than a farming loss) of more than two years, enter the loss amount as a positive number.

Non-medical Withdrawal from Individual Medical Account (IMA): Any monies you withdraw from your Individual Medical Account (IMA) for non-medical purposes are taxable to Missouri. The interest earned on such monies is also taxable to Missouri. The amount subject to tax is reported on a statement provided by the administrator of the IMA.

Non-qualified Withdrawal from Family Development Account: The amount of annual deposits previously subtracted must be added to your federal adjusted gross income if the withdrawal from the account was not for a qualified use.

LINE 3 — NONQUALIFIED **DISTRIBUTION FROM A QUALIFIED 529 PLAN**

Any distribution made by the Missouri Savings for Tuition Program (MOST), the 529 plan administered by the Missouri Higher Education Deposit Program, or any other qualified 529 plan, not used for qualified higher education expenses, must be added to federal adjusted gross income of the taxpayer who made contributions to the plan. The amount of the distribution that must be added includes contributions previously exempt from state tax and earnings generated from the program (if the earnings are not already included in federal adjusted gross income). If the taxpayer who made the contribution is deceased, the beneficiary of the savings program must **add** the nonqualified taxable distribution to federal adjusted gross income on the Missouri income tax return.

LINE 4 — FOOD PANTRY **CONTRIBUTIONS INCLUDED ON SCHEDULE A**

If you are claiming the Food Pantry Tax Credit, (Form MO-FPT) and you included your donations as an itemized deduction on your Federal Schedule A, enter the amount of your donations, as noted on Form MO-FPT.

LINE 5 — NONRESIDENT PROPERTY TAX

If you are a nonresident or part-year resident and you reported property taxes paid to another state or political subdivision on Line 9 of your Federal Schedule A, you must report that amount on Line 5 of Form MO-A, unless that state or political subdivision allows a subtraction to income for Missouri property taxes. For a list of states that allow a subtraction for Missouri property taxes, visit http://dor.mo.gov/ faq/personal/nonresident.php.

LINE 6 — TOTAL ADDITIONS

Add Lines 1 through 5. Enter the totals on Form MO-A, Part 1, Line 6 and on Form MO-1040, Line 2.

LINE 7 — INTEREST ON EXEMPT **FEDERAL OBLIGATIONS**

Interest from direct obligations of the U.S. Government, such as U.S. savings bonds, U.S. treasury bills, bonds, and notes is exempt from state taxation under the laws of the United States. Attach a detailed list or all Federal Forms 1099. Taxpayers who claim exclusion for interest from direct U.S. obligations must identify the specific securities owned, e.g., "U.S. savings bond". A general description such as "interest on U.S. obligation" or "U.S. Government securities" is not acceptable. (See Regulation 12 CSR 10-2.150 for the taxability of various U.S. Government related obligations.) Failure to identify the specific security will result in the disallowance of the deduction.

A federally taxed distribution received from a mutual fund investing exclusively in direct U.S. Government obligations is exempt. If the mutual fund invests in both exempt (direct) and non-exempt (indirect) federal obligations, the deduction allowed will be the distribution received from the mutual fund attributable to the interest on the direct U.S. Government obligations, as determined by the mutual fund. Attach a copy of the year-end statement received from the mutual fund showing either the amount of money received or the percentage of funds received from direct U.S. Government obligations, or a summary statement received from the mutual fund which clearly identifies the exempt and non-exempt portions of the U.S. Government obligation interest. The statement does not need to list each obligation separately. Failure to attach the requested document will result in the disallowance of the deduction.

To arrive at the amount of related expenses, you may use actual expenses or a reasonable estimate. In general, you should use the same or similar method used to compute related expenses for federal income tax purposes, provided that the method reasonably reflects related expenses for Missouri-exempt income.

If you fail to compute reasonable related expenses, the Director of Revenue will make an adjustment based on the best information available. If sufficient information is not available or if your records do not provide sufficient information, the Director of Revenue will use the following formula to compute related expenses:

<u>Exempt income</u> x Expense = Reduction to Total Income Items

Exempt Income

The principal expense item in this formula is interest expense; however, the Director of Revenue may include other expense items because of their direct relationship to the production of exempt income. You may propose an alternative method provided that it properly reflects the amount of related expenses.

LINE 8 — STATE INCOME TAX REFUND

Enter the amount of any state income tax refund included in your federal adjusted gross income on Form MO-1040, Line 1 (from Federal Form 1040, Line 10). Attach a copy of Federal Form 1040 (pages 1 and 2).

LINE 9 — PARTNERSHIP, FIDUCIARY, **S** CORPORATION, **R**AILROAD **RETIREMENT BENEFITS, OTHER**

Enter subtractions, reported from partnerships, fiduciaries, and S corporations. The partnership, fiduciary, and S corporation must notify you of the amount of any such subtraction to which you are entitled. Check the boxes applicable on Line 9 and attach a copy of the notification received. Failure to attach a copy of the notification furnished to you will result in the disallowance of the subtraction.

Railroad Retirement Benefits Administered by the Railroad Retirement Board, such as all Tier I and Tier II benefits and any railroad retirement sick pay, disability, and unemployment benefits, included in federal adjusted gross income (Form MO-1040, Line 1), are exempt from state taxation. Enter any such benefits received on Line 9.

If you have other subtractions, indicate the source on Line 9. Other subtractions include:

- 1. Contributions into a Missouri Individual Medical Account (IMA). Contributions that were made by your employer into an Individual Medical Account (IMA) and used to pay your health care expenses are exempt from Missouri income tax. The interest income earned on the IMA account is also exempt from Missouri income tax. The IMA contribution is identified in Box 14 of your Form W-2, Wage and Tax Statement. Reduce the amount of contributions by the amount of medical and dental expenses deducted on Federal Form 1040, Schedule A, Line 4, but paid for by the IMA and included in Missouri itemized deductions.
- 2. Additional Capital Gain Deduction Due to Difference in Basis. If during the taxable year you realized a gain from the sale of property or other capital assets that had a higher tax basis for Missouri tax purposes than for federal tax purposes, you may exclude the gain or the difference in the basis of the property so disposed, whichever is smaller. If the gain was considered a long-term capital gain for federal income tax purposes, the exclusion is limited to the gain or 50 percent of the difference, whichever is smaller. No difference in basis can be claimed for any property obtained after December 31, 1972. If your basis for Missouri purposes is less than the basis for federal income tax purposes, no adjustment is required.
- 3. Accumulation Distribution. If during the taxable year, you received a distribution as beneficiary of a trust that was made from accumulated earnings of prior years and you filed Federal Form 4970, the amount of the distribution may be excluded from Missouri income to the extent that it was reported in your federal adjusted gross income.
- 4. Capital Gain Exclusion on Sale of Low **Income Housing.** If during the taxable year, you sold a federally subsidized (HUD) low income housing project to a nonprofit or governmental organization, and at least 40 percent of the units are occupied by persons or families having incomes of 60 percent or less of the median income, you may exclude 25 percent of the capital gain from Missouri tax. However, the buyer of the property must agree to preserve or increase the low income occupancy of the project. To use this exclusion, enter 25 percent of the capital gain reported on your Federal Form 1040. Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Form 4797.

- 5. *Family Development Account*. A family development account holder may subtract the amount of annual deposits made to the account (not to exceed \$2,000). Approved withdrawals from the family development account are also exempt from state tax. Interest earned by a family development account is exempt from state taxation and may be subtracted from an account holder's federal adjusted gross income. Any money withdrawn for an unapproved use is subject to tax. Attach proper certification and a copy of your Form 1099.
- 6. Federally Taxable Missouri Exempt Obligations. Income from any bond issued by the Missouri Higher Education Loan Authority (MOHELA), including interest or proceeds resulting from the sale of the bond, is exempt from Missouri tax. Enter the amount of such income included in federal adjusted gross income on Line 9.
- 7. Military Income of Nonresident Military **Personnel.** Enter the amount of any military income received by nonresident military personnel stationed in Missouri. Nonresident active duty military servicemembers who are required to file a Missouri return may subtract the military income received from their federal adjusted gross income. Non-resident servicemembers' spouses who are in Missouri due to military orders, and have declared another state as their state of residence may subtract their income from their federal adjusted gross income. Attach a copy of the Form W-2 reporting your military income.
- 8. Build America Bonds and Recovery ZoneBonds Interest. Enter any interest received from Build America or Recovery Zone Bonds that is included in your federal adjusted gross income. Attach a copy of your Form 1099-INT or any other applicable documentation.
- 9. Combat Pay Included in Federal Adjusted Gross Income Earned by Military Personnel with a Missouri Home of Record. The IRS allows enlisted members, warrant officers and commissioned warrant officers to exclude their military pay received while serving in a combat zone, or while hospitalized as a result of injuries incurred while serving in a combat zone. The exclusion of combat pay received by a commissioned officer, other than a commissioned warrant officer, is limited to the highest rate of enlisted pay. Subtract all military income received while serving in a combat zone, which is included in Federal Adjusted Gross Income (FAGI) and is not otherwise excluded. In most cases combat pay is not included in Box 1, Wages, of Form W-2 and therefore is not included in FAGI.

However if Box 1 includes combat pay, the portion consisting of combat pay may be taken as a subtraction for Missouri purposes.

EXAMPLE 1: A resident of Missouri, is an enlisted member of the military. He enters a combat zone in July and is there through December. He earns \$12,000 January through June, and earns \$20,000 July through December. Box 1 of his Form W-2 should only indicate the \$12,000 he received prior to entering the combat zone. He is not entitled to a subtraction, as his combat pay is not included in his FAGI.

EXAMPLE 2: A resident of Missouri, is a high-ranking commissioned officer. He enters a combat zone in July and is there through December. He earns \$50,000 January through June, and earns \$70,000 July through December. The IRS limits his exclusion to \$40,000, causing Box 1 of his Form W-2 to indicate \$80,000. He is entitled to a subtraction of \$30,000, which represents the portion of Box 1 of Form W-2 attributable to combat pay that is included in his FAGI.

- 10. Net Operating Loss. Any amount of net operating loss taken against federal taxable income but disallowed for Missouri income tax purposes after June 18, 2002, (when choosing the five-year option at the federal level) may be carried forward and taken against any income on the Missouri income tax return for a period of up to 20 years from the year of the initial loss. Attach Federal Form 1045, Schedule A and B, and the calculation of your net operating loss carryback/carryforward.
- **11. Missouri Public-Private Transportation Act.** Enter any income received in connection with the Missouri Public-Private Transportation Act, that is included in your federal adjusted gross income.
- 12. Condemnation of Property. If you included in your Federal Adjusted Gross Income any gain arising from compulsory or involuntary conversion of property as a result of condemnation or the imminence thereof, you may exclude that gain from Missouri tax Attach a copy of your Federal Form 1040, Schedule D, and Federal Form 4797.

LINE 10 — EXEMPT CONTRIBUTIONS MADE TO A QUALIFIED 529 PLAN

The state of Missouri allows a subtraction from federal adjusted gross income for the amount of annual contributions made to the Missouri Savings for Tuition Program (MOST), the 529 plan administered by the Missouri Higher Education Deposit Program, or any other qualified 529 plan. Instructions continued on page 35

FORM MO-NFT, No Franchise Tax Due

Form MO-NFT is only for **corporations**. Complete Form MO-NFT and attach to your individual income tax return (Form MO-1040) if your **corporation's** assets or apportioned assets are \$10,000,000 or less and no corporation franchise tax is due. See "To Obtain Forms" on Page 3 for information on how to obtain Form MO-NFT. **Note:** If a corporation fails or neglects to file a Missouri corporation franchise tax report pursuant to Chapter 147, the Director of Revenue will notify the secretary of state to begin administrative dissolution proceedings.

MISSOURI DEPARTMENT OF REVENUE

C

INDIVIDUAL INCOME TAX RETURN—LONG FORM

2012 FORM MO-1040

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FOR CALENDAR YEAR JAN. 1-DEC. 31, 2012, OR FISCAL YEAR BEGINNING

| FU | RUA | ALENDAR YEAR JAN. I-DEC | . 31, 2012 | 2, OR FIS | CAL TEAR I | DEGIININI | VG | | | | 20_ | , ⊑ | ועאו | NG | | | | 20 |
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| NAI | PRE | SENT ADDRESS (INCLUDE APARTM | | BER OR RU | RAL ROUTE) | | | | CITY, TO | own, or | POST OF | FICE, ST | ATE, | AND ZIP | CODE | | | |
| tru for | st fun a des | v contribute to any one or all of the ds on Line 45. See pages 9–10 cription of each trust fund, as well und codes to enter on Line 45. | Children's Trust Fund | Veterans Trust Fund | Elderly Home Delivered Meals Trust Fur | | ssouri tional (lard t Fund | Workers | lorkers' emorial und | | hildhood Lead Testing | Miss Mili Family F Fund | tary | General | eneral Revenue Fund | After Schoo Retrea Fund | at | Organ Donor |
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| | | Federal adjusted gross incor | - | | | | | | | | | | | 00 | 1S | | | 00 |
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| M | | Total income — Add Lines 1 | | | | | | | | | | | | 00 | 3S | | | 00 |
| NCOM | | Total subtractions (from Form Missouri adjusted gross inco | | | | | | | | | | | | 00 | 4S 5S | | | 00 |
| 4 | | Total Missouri adjusted gross inco | | | | | | | | | | | 6 | 00 | 55 | 0 | 0 | 00 |
| | | Income percentages — Divid | | | | | | | | | | | 0 | % | 7S | | | % |
| EXEMPTIONS AND DEDUCTIONS | 10. 11. 12. 13. | Mark your filing status box be A. Single — \$2,100 (Se B. Claimed as a depend tax return — \$0.00 C. Married filing joint fed D. Married filing separa Tax from federal return (Do nd Federal Form 1040, Line 55 mi Federal Form 1040A, Line 35 Federal Form 1040A, Line 35 Federal Form 1040EZ, Line 10 Other tax from federal return – Total tax from federal return Federal tax deduction — Ent \$10,000 for combined filers | ee Box B dent on a eral & con te — \$2,1 ot enter fe inus Lines minus Linu minus Linu Linu Linu Linu Linu Linu Linu Linu | before cl nother pe hbined Mis 00 deral inco 45, 64a, 6 es 38a anc e 8a copy of yo ines 10 a ht from Lir | hecking.) rson's feder ssouri — \$4, me tax withh 66, 67, and ar d 40 and any our federal re and 11 he 12 not to | al [200 [eld.) nounts froi alternative tturn (pag exceed \$ | E. F. G. m Form minimu es 1 an 5,000 f | Married NOT fili Head o Qualifyi depend Is 8801, 8 um tax ini d 2) for indivi | filing se ng) — \$ f house ng wido lent child 839 and cluded o 10 11 12 dual file | 4,200 hold — w(er) w d — \$3, l 8885 o n Line 2 er; | * \$3,500 iith 500 in Line 7 8 | 1 00 00 00 | 9 | | | 0 | | |
| TIONS AI | 14. Missouri standard deduction or itemized deductions. Single or Married Filing Separate — \$5,950; Head of Household— \$8,700; Married Filing a Combined Return or Qualifying Widow(er) — \$11,900; If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you are itemizing, see Form MO-A, Part 2. | | | | | | | | | 14 | | | 0 | | | | | |
| XEMP | 15. Number of dependents from Federal Form 1040 or 1040A, Line 6c (DO NOT INCLUDE YOURSELF OR SPOUSE.) | | | | | | | 1,200 = | = | 15 | | | 0 | | Do not include yourself | | | |
| ш | 16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE.). | | | | | | | | | 16 | | | 0 | | or spouse. | | | |
| | | 17. Long-term care insurance deduction | | | | | | | | ····· – | 17 | | | 0 | | | | |
| | | 18. A. Health care sharing ministry deduction \$ B. New jobs deduction \$ | | | | | | | | | 18 | | | | 0 | | | |
| | 19. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and 18. | | | | | | | | | | | | 19 | | | | 0 | |
| | | Subtotal — Subtract Line 19 | | | | | | | | | | | 20 | | | 0 | 0 | 100 |
| | 21. | Multiply Line 20 by appropria | ate percer | ntages (% |) on Lines 7 | Y and 7S | 5 | | | . 21Y | , | | 00 21S 00 22S | | | | | 00 |
| | | Enterprise zone or rural emp Subtract Line 22 from Line 2 | | | | | | | | | | | | 00 | | | | 00 |
| | 20. | | | | 5H EING 24. | | | | | 231 | | | | | 230 | | | 00 |

For Privacy Notice, see Instructions.

MO-1040 (12-2012)

| | | | | | | Yourself | | | Spous | e | |
|---------------------------|--|--|--|---------------------|---------------------------------------|------------------------|----------|---------------|---------------------|----------|-----------|
| | 24. | Taxable income amount from Lines 23Y and 23S | | | 24Y | | (|)0 24S | | | 00 |
| | | Tax (See tax table on page 25 of the instructions. | | | 25Y | | | 00 255 | | | 00 |
| | | Resident credit — Attach Form MO-CR and other s | | | 26Y | | | 00 26S | | | 00 |
| | | | 1 A A A A A A A A A A A A A A A A A A A | | 201 | | | 200 | | | -00 |
| | 27. 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% | | | | | | | | | | % |
| × | 00 | 1 | | | 2/1 | | | <u>% 27S</u> | | | /0 |
| Ě | 28. | Balance — Subtract Line 26 from Line 25; OR | 07 | | 001/ | | 1 | 285 | | | 00 |
| | ~~ | Multiply Line 25 by percentage on Line | | | 28Y | | | <u>JU 285</u> | | | 00 |
| | 29. | Other taxes (Check box and attach federal form in | ndicated.) | | | | | | | | |
| | | Lump sum distribution (Form 4972) | (Fame 0014) | | 001/ | | | | | | 00 |
| | ~~ | Recapture of low income housing credit (| | | | | | <u>00 295</u> | | | |
| | | Subtotal — Add Lines 28 and 29. | | | | | | 00 30S | ; | 00 | 00 |
| | 31. | Total Tax — Add Lines 30Y and 30S | | | | | 31 | | | 00 | |
| പ | 32. | MISSOURI tax withheld - Attach Forms W-2 and | 1099 | | | | 32 | | | 00 | |
| PAYMENTS / CREDITS | 33. | 2012 Missouri estimated tax payments (include ove | rpayment from 2011 applied | to 2012) | | | 33 | | | 00 | |
| H | | Missouri tax payments for nonresident partners or S co | | | | | 34 | | | 00 | |
| 2 | | Missouri tax payments for nonresident entertained | | | | | 35 | | | 00 | |
| TS | | Amount paid with Missouri extension of time to file | | | | | 36 | | | 00 | |
| E | | Miscellaneous tax credits (from Form MO-TC, Lin | | | | 1 | 37 | | | 00 | |
| Σ | | Property tax credit — Attach Form MO-PTS | · · · · · · · · · · · · · · · · · · · | | | | 38 | | | 00 | |
| P | | | | | | | 39 | | | 00 | |
| | | Total payments and credits — Add Lines 32 throu | | | | | 29 | | | 00 | |
| | | p Lines 40–42 if you are not filing an amer | | | | | | | | <u> </u> | |
| RETURN | | Amount paid on original return | | | | | 40 | | | 00 | |
| 2 | 41. | Overpayment as shown (or adjusted) on original i | return | | | | 41 | | | 00 | |
| Ш | | INDICATE REASON FOR AMENDING. | | | M, M ₁ I | D, D ₁ Y, Y | | | | | |
| | | A. Federal audit | Enter dat | e of IRS report. | | | | | | | |
| Ö | | B. Net operating loss carryback | En | ter year of loss. | | | | | | | |
| AMENDED | | C. Investment tax credit carryback | | | | | | | | | |
| A | | D. Correction other than A, B, or C En | | | | | | | | | |
| | 42 | Amended Return — total payments and credits. | | | from Line | 39 | 42 | | | 00 | |
| | | If Line 39, or if amended return, Line 42, is larger t | | | | | | | | | |
| | 43. | | | | | | 43 | | | 00 | |
| | | (amount of OVERPAYMENT) here. | | | | | - | | | | |
| | | Amount of Line 43 to be applied to your 2013 esti | mated tax | | | | 44 | | | 00 | |
| | 45. | Enter the amount of your | Workers | | the second | General | C | | Additional | | ditional |
| REFUND | | | lerly Home National Guard Worker | - | Missouri Military | General Af | ter Scho | 0 | | | e Instr.) |
| H | | Doxes to the right. See Trust Fund Trust Fund Deliv | vered Meals Trust Fund Memori | al Lead Testing I | Family Relief Fund | Revenue | Retreat | | | | |
| 8 | | | | 00 00 | 00 | Fund 00 | Fund | 00 | 00 00 | | 00 |
| | | | | | | | - i' | 50 | | <u> </u> | 00 |
| | 46. | REFUND - Subtract Lines 44 and 45 from Line 43 | | ow and mail retu | irn to: Dep | artment of | | | | | |
| | | Revenue, PO Box 500, Jefferson City, MO 65106 | | 6 H 10 | | | | | | 00 | |
| | | Check the box if you want your refund issued on a | a debit card. See instructio | ons for Line 46 | | Debit Card | 46 | | | 00 | |
| | 47. | If Line 31 is larger than Line 39 or Line 42, enter t | the difference (amount of L | INDERPAYMEN | NT) here a | nd go to | T | | | | |
| | | instructions for Line 48. | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | - | 47 | | | 00 | |
| Ш | 18 | Underpayment of estimated tax penalty — Attach | Form MO-2210 Enter ne | nalty amount he | ro | | 48 | | | 00 | |
| 2 | | | | - | | | | | | | |
| Ξ | 49. | AMOUNT DUE - Add Lines 47 and 48 and enter | 0 | | | | 10 | | | 00 | |
| AMOUNT DUE | | Department of Revenue, PO Box 329, Jefferson (| | | | | 49 | | | 00 | |
| A | | If you pay by check, you | | | | | elec | tronically | /. | | |
| | | Anyı | returned check may be p | presented agai | in electro | nically. | | | | | |
| | Und | er penalties of perjury, I declare that I have examined this retu | Irn including accompanying sche | dules and statemen | nts and to th | e best of my know | wledge | and belief | it is true correct | and cor | mnlete |
| | Dec | aration of preparer (other than taxpayer) is based on all inform | mation of which he or she has an | y knowledge. As pro | ovided in Ch | apter 143, RSMo | , a per | nalty of up t | o \$500 shall be im | posed | on any |
| | indiv | idual who files a frivolous return. I also declare under penalties | | | | | | | | | |
| ш | | it or abatement if I employ such aliens. | and the second | | | | | 1. | | | |
| SIGNATURE | | thorize the Director of Revenue or delegate to discuss the preparer or any member of the preparer's firm. | · | E-MAIL ADDRESS | | | | ! | PREPARER'S TELEP | | |
| IAT | | | | | | | | | | | |
| GN | SIGN | ATURE | DATE (MMDDYYYY) | PREPARER'S SIGNATU | JRE | | | F | FEIN, SSN, OR PTIN | | |
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| | SPO | USE'S SIGNATURE (If filing combined, BOTH must sign) | DAYTIME TELEPHONE | PREPARER'S ADDRES | IS AND ZIP CO | DE | | | DATE (M | MDDYY | YY) |
| | | | () | | | | | | /_ | _/ | |
| | | This form is av | ailable upon request ir | alternative a | ccessible | e format(s) | | | MO- | 1040 (1 | 12-2012) |

This form is available upon request in alternative accessible format(s).

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MISSOURI DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX ADJUSTMENTS



Attachment Sequence No. 1040-01

ATTACH TO FORM MO-1040. ATTACH A COPY OF YOUR FEDERAL RETURN. See information beginning on page 11 to assist you in completing this form.

| PART 1 — MISSOURI MODIFICATIONS TO FEDERAL AJUSTED GROSS INCOME (SEE PAGE 1)). PART 1 — MISSOURI MODIFICATIONS TO FEDERAL AJUSTED GROSS INCOME (SEE PAGE 1)). ADDITIONS Interest on state and local obligations other than Missouri source If Y 00 15 One (description) Annoallife distancian expenses Interest on state and local obligations other than Missouri source If Y O 0 | LAST NAME | - FIRST NAM | E | | INITI | AL | SOCIAL | SECURITY NO. | |
|--|-----------------|---|--|------|-------------|------|--------|------------------------|---|
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| ADDITIONS Y - YOURSELF S - SPOUSE 1. Interest on state and local obligations other than Missouri source 1/1 00 15 00 2. Planneship: Fidudiay: S corporation: Net Operating Loss (Caryback/Caryforwath) 2/1 00 2/2 00 5/2 00 5/2 00 5/2 00 5/2 00 5/2 00 5/2 00 5/2 00 5/2 00 5/2 00 5/2 00 5/2 00 5/2 00 5/2 00 5/2 00 5/2 00 5/2 00 | PART 1 – | MISSOURI MODIFICATIONS TO FEDERAL ADJU | STED GROSS INCO | ME (| SEE PAGE 11 |). | | | |
| 1 Interesting in Character Comparison (Inc.) Net Operating Loss (Carryback/Carryforward); 2Y 00 2S 00 3 Norqualified distribution received from a qualified 52p bin (higher education savings program) 3Y 00 3S 00 4. Cood Panity contributions included on Federal Schedule A 4Y 00 4S 00 5. Norresident Property Tax 5Y 00 5S 00 6. TOTAL ADDITIONS — Add Lines 1. 2. 3. 4, and 5. Enter here and on Form MC-1040, Line 2. 6Y 00 6S 00 7. Interest from wampt federal adjusted gross income (refuced by related expenses if expenses were over \$500). Attach a detailed list or all Federal Forms 1099. 7Y 00 7S 00 8S 00 8. Any state income tax rulum included in federal adjusted gross income (refuced by related expenses if expenses were over \$500). Attach a detailed list or all Federal Forms 1099. 7Y 00 7S 00 8S 00 9S 00 9 | | | | | | | | S - SPOUSE | |
| Other (description) 2Y 00 2S 00 3. Morqualified dight-bidne received from a qualified 520 plan (higher education savings program) not used for qualified higher education expenses 3Y 00 3S 00 4. Food Party contributions included on Federal Schedule A 4Y 00 4S 00 5. Nonresident Property Tax 5Y 00 5S 00 6. TOTAL ADDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter here and on Form MO-1040, Line 2 6Y 00 6S 00 7. Interest from exempt federal obligations included in federal adjusted gross income (reduced by related expenses if expenses were ever \$300). Attach a detailed list or all Federal Forms 109 7Y 00 7S 00 8. Any state income tax refund included in federal adjusted gross income 8Y 00 8S 00 9. Partneship: Fiduciary: So oporation: Ralicoar refirement benefits: 8Y 00 8S 00 10. Contributions made to a qualified 529 plan (higher education savings program) 10Y 00 10S 00 11. Qualified Health Insurance Premiums. 10Y 00 11S 00 1 | 1. Interest of | n state and local obligations other than Missouri source | | 1Y | | 00 | 1S | 0(| 0 |
| ord used for qualified higher education expenses 3Y 00 3S 00 4. Food Parity contributions included on Federal Schedule A 4Y 00 4S 00 5. Nonresident Property Tax 5Y 00 5S 00 6. TOTAL ADDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter here and on Form MO-1040, Line 2 6Y 00 6S 00 7. Interest from exempt federal abligations included in federal adjusted gross income (reduced by related expenses were over 5500). Attach a detailed list or all Federal Forms 109a. 7Y 00 7S 00 8. Any state income tax refund included in federal adjusted gross income 8Y 00 8S 00 9. Partnership: Fiduciary; Scroporation: Maliroy formersident; Build America and Recovery Zone Bord Interest. 9Y 00 9S 00 10. Chardit contributions made to a qualified 529 plan (higher education savings program) 11Y 00 11S 00 12. Missouri depreciation adjustem (Section 143.121, RSMo) 12Y 00 12S 00 13. Home Energy Audit Expenses 13Y 00 13S 00 14. TOTAL SUBTRACT | | | | 2Y | | 00 | 2S | 0 | 0 |
| 5. Nonresident Property Tax 5Y 00 5S 00 6. TOTAL ADDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter here and on Form MO-1040, Line 2 | | | | 3Y | | 00 | 3S | 0(| 0 |
| 6. TOTAL ADDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter here and on Form MO-1040, Line 2 | 4. Food Pa | try contributions included on Federal Schedule A | | 4Y | | 00 | 4S | 00 | 0 |
| SUBTRACTIONS 7. Interest from exempt federal obligations included in federal adjusted gross income (reduced by related expenses if expenses were over \$500). Attach a detailed list of all Federal Forms 1099. 7. 00 7.5 00 8. Any state income tax refund included in federal adjusted gross income. 8. 9. 9. 9. 00 8.5 00 9. Partnership: Fiduciary; S corporation; Railroad retirement benefits; 8. 9. 9. 00 8.5 00 10. Exempt contributions made to a qualified 529 plan (higher education savings program) 10. 10. 10. 11. 00 11.5 00 11. Qualified Health Insurance Premiums. 12. 12. 00 12.5 00 12. Missouri depreciation adjustment (Section 143.121, RSMo) 12. 12. 00 12.5 00 13. Home Energy Audit Expenses and 2. 13.4 14. 14. 14. 00 14.5 00 14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enterhere and on Form MO-1040, Line 4 14. 14. 00 14.5 00 2. 2.0 | 5. Nonresid | ent Property Tax | | 5Y | | 00 | 5S | 0(| 0 |
| 7. Interest from exempt federal obligations included in federal adjusted gross income (reduced by related expenses if expenses were over \$500). Attach a detailed list or all Federal Forms 1099 7Y 00 7S 00 8. Any state income tax refund included in federal adjusted gross income 8Y 00 8S 00 9. Partnership: Fiduciary: S corporation: Railroad retirement benefits; 8Y 00 8S 00 10. Cher (description) Attach supporting documentation 10Y 00 10S 00 11. Qualified Health Insurance Premiums. 11Y 00 11S 00 11S 00 12. Missouri depreciation adjustment (Section 143.121, RSMo) 12Y 00 12S 00 13S 00 13. Home Energy Audit Expenses 13Y 00 13S 00 14 14Y 00 14S 00 14. TOTAL SUBTRACTIONS—Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4 14Y 00 14S 00 2. 2012 (FICA) — yourself Social security \$ + Medicare \$ 3 00 2. 2012 (FICA) — yourself - Social security \$ + Medicare \$ 5 00 < | 6. TOTAL A | DDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter here and on Fo | orm MO-1040, Line 2 | 6Y | | 00 | 6S | 0(| 0 |
| related expenses if expenses were over \$500). Attach a detailed list or all Federal Forms 1099 Y 00 /X 00 8. Any state income tax refund included in federal adjusted gross income 8Y 00 8S 00 9 | SUBTRAC | TIONS | | | | | | | |
| a. Ministriction based in codinal acquiseting loss income Image: Control acquiseting loss; Image: Control acquise | | | | 7Y | | 00 | 7S | 0(| 0 |
| Net Operating Loss: Military (nonresident); Build America and Recovery Zone Bond Interest 9Y 00 9S 00 Other (description) Attach supporting documentation 9Y 00 9S 00 10. Exempt contributions made to a qualified 529 plan (higher education savings program) 10Y 00 10S 00 11. Qualified Health Insurance Premiums. 11Y 00 11S 00 12. Missouri depreciation adjustment (Section 143.121, RSMo) 12Y 00 12S 00 13. Home Energy Audit Expenses 13Y 00 13S 00 14. TOTAL SUBTRACTIONS – Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4 14Y 00 14S 00 14. TOTAL SUBTRACTIONS – Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4 14Y 00 14S 00 2. 2012 (FICA) – yourself – Social security \$ + Medicare \$ 2 00 3. 2012 (FICA) – yourself – Social security \$ + Medicare \$ 3 00 4. 2012 Railroad retirement tax – yourself (Tier I and Tier II) \$ + Medicare \$ 5 00 5. 2012 Railroad retirement tax – spouse on Page 35 6 | 8. Any state | income tax refund included in federal adjusted gross income | | 8Y | | 00 | 8S | 0(| 0 |
| 10. Exempt contributions made to a qualified 529 plan (higher education savings program) 11 11 00 11S 00 11. Qualified Health Insurance Premiums. 11Y 00 11S 00 12. Missouri depreciation adjustment (Section 143.121, RSMo) 12Y 00 12S 00 13. Home Energy Audit Expenses. 13Y 00 13S 00 14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4 14Y 00 14S 00 14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4 14Y 00 14S 00 15. 2012 (FICA) — yourself Social security \$ — + Medicare \$ 2 00 2. 2012 (FICA) — yourself — Social security \$ + Medicare \$ 3 00 4. 2012 Railroad retirement tax — yourself (Tier I and Tier II) \$ + + Medicare \$ 5 00 6. 2012 Self-employment tax — See instructions on Page 35 | Net Op | erating Loss; Military (nonresident); Build America and Rec t pay included in federal adjusted gross income; MO Public-F | overy Zone Bond Interest Private Transportation Act | 9Y | | 00 | | | 0 |
| 11. Outsidined Preaminings 1 12 12. Missouri depreciation adjustment (Section 143.121, RSMo) 12 00 12S 00 13. Home Energy Audit Expenses 13 00 13S 00 14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4 14Y 00 14S 00 14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4 14Y 00 14S 00 14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4 14Y 00 14S 00 14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4 14Y 00 14S 00 15. 2012 (FICA) — yourself — Social security \$ — — 1 00 2 2 00 2. 2012 (FICA) — yourself — Social security \$ — + Medicare \$ 3 00 3. 2012 (FICA) — spouse — Social security \$ + + Medicare \$ 5 00 6. 2012 Railroad retirement tax — yourself (Tier I and Tier II) \$ + + Medicare \$ 5 00 6 00 | 10. Exempt c | ontributions made to a qualified 529 plan (higher education savin | gs program) | 10Y | | 00 | 10S | 00 | 0 |
| Sold or disposed property previously taken as addition modification 12Y 00 12S 00 13. Home Energy Audit Expenses 13Y 00 13S 00 14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4 14Y 00 14S 00 PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete this section only if you itemize deductions on your federal return. Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A. 1 00 14S 00 1. Total federal itemized deductions from Federal Form 1040, Line 40. 1 00 2 2 00 2. 2012 (FICA) — yourself — Social security \$ + Medicare \$ 2 00 3. 2012 (FICA) — spouse — Social security \$ + Medicare \$ 3 00 4. 2012 Railroad retirement tax — yourself (Tier I and Tier II) \$ + Medicare \$ 4 00 5. 2012 Self-employment tax — sepouse (Tier I and Tier II) \$ + Medicare \$ 5 00 6 00 7 00 8 00 9 00 9 00 9 00 10 00 00 11 00 <td>11. Qualified</td> <td>Health Insurance Premiums.</td> <td></td> <td>11Y</td> <td></td> <td>00</td> <td>11S</td> <td>00</td> <td>0</td> | 11. Qualified | Health Insurance Premiums. | | 11Y | | 00 | 11S | 00 | 0 |
| 14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4 14Y 00 14S 00 PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete this section only if you itemize deductions on your federal return. Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A. 1. Total federal itemized deductions from Federal Form 1040, Line 40 1 00 2. 2012 (FICA) — yourself — Social security \$ | | | | 12Y | | 00 | 12S | 0(| 0 |
| PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete this section only if you itemize deductions on your federal return. Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A. 1. Total federal itemized deductions from Federal Form 1040, Line 40 | 13. Home En | ergy Audit Expenses | | 13Y | | 00 | 13S | 0 | 0 |
| PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete this section only if you itemize deductions on your federal return. Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A. 1. Total federal itemized deductions from Federal Form 1040, Line 40 | 14. TOTAL SU | BTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and o | n Form MO-1040, Line 4 | 14Y | | 00 | 14S | 01 | 0 |
| 1. Total federal itemized deductions from Federal Form 1040, Line 40 | | | | | | educ | tions | on your federa | 1 |
| 2. 2012 (FICA) — yourself — Social security \$ | | | | | | | 1 | 0 | 0 |
| 3. 2012 (FICA) — spouse — Social security \$ | | | | | | | 2 | | |
| 4. 2012 Railroad retirement tax — yourself (Tier I and Tier II) \$ | | | | | | | | | |
| 5. 2012 Railroad retirement tax — spouse (Tier I and Tier II) \$+ Medicare \$ 5 00 6. 2012 Self-employment tax — See instructions on Page 35 | | | | | | | | | |
| 6. 2012 Self-employment tax — See instructions on Page 35 | | | | | | | | | |
| 7. TOTAL — Add Lines 1 through 6 | | | | | | | | | - |
| 8. State and local income taxes — from Federal Schedule A, Line 5. 8 00 9. Earnings taxes included in Line 8 9 00 10. Net state income taxes — Subtract Line 9 from Line 8. 10 00 11. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 from Line 7. Enter here and on Form MO-1040, Line 14. 11 00 | | | | | | | - | | |
| 9. Earnings taxes included in Line 8 9 00 10. Net state income taxes — Subtract Line 9 from Line 8 10 00 11. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 from Line 7. Enter here and on Form MO-1040, Line 14. 11 00 | | • | | | | | - | | - |
| 10. Net state income taxes — Subtract Line 9 from Line 8 10 00 11. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 from Line 7. Enter here and on Form MO-1040, Line 14 11 00 | | | | | | | | | |
| 11. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 from Line 7. Enter here and on Form MO-1040, Line 14 | | | | | 11 | | 0 | 0 | 0 |
| | | | | | | | | | |
| | | | | | | ···· | | i | - |

PART 3 - PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION

| | PUE | BLIC PENSION CALCULATION — Pensions received from any federal, state, or local governmen | t. | | | | |
|----------|------|--|-------|------------------------|-------|----------------|-----|
| | | Missouri adjusted gross income from Form MO-1040, Line 6 | 1 | | | | 00 |
| | | Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b | 2 | | | | 00 |
| | | | 3 | | | | 00 |
| | | Subtract Line 2 from Line 1 | F | | | | |
| | 4. | Select the appropriate filing status and enter amount on Line 4. Married filing combined - \$100,000; Single, Head of | 4 | | | | 00 |
| | | Household, Married Filing Separate, and Qualifying Widow - \$85,000 | 5 | | | | 00 |
| 4 | 5. | Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0 | | Y - YOURSELF | | S - SPOUSE | 100 |
| Ζ | 6. | Taxable pension for each spouse from public sources from Federal Form 1040A, Line 12b or 1040, Line 16b | 6Y | 00 | 6S | | 00 |
| 2 | 7. | Multiply Line 6 by 100% | 7Y | 00 | 7S | | 00 |
| <u>ບ</u> | 8. | Amount from Line 7 or \$35,234 (maximum social security benefit), whichever is less. | 8Y | 00 | 8S | | 00 |
| Ц С | 9. | Amount from Line 6 or \$6,000, whichever is less | 9Y | 00 | 9S | | 00 |
| | 10. | Amount from Line 8 or Line 9, whichever is greater | 10Y | 00 | 10S | | 00 |
| | 11. | If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s) | | | | | |
| | | 6Y and 6S. See instructions if Line 3 of Section C is more than \$0 | 11Y | 00 | 11S | | 00 |
| | 12. | Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter \$0 | 12Y | 00 | 12S | | 00 |
| | 13. | Add amounts on Lines 12Y and 12S | 13 | | | | 00 |
| | 14. | Total public pension, subtract Line 5, from Line 13. If Line 5 is greater than Line 13, enter \$0 | 14 | | | | 00 |
| | PRI | VATE PENSION CALCULATION — Annuities, pensions, IRA'S, and 401(k) plans funded by a priv | vate | source. | | | |
| | 1. | Missouri adjusted gross income from Form MO-1040, Line 6 | 1 | | | | 00 |
| | 2. | Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b | 2 | | | | 00 |
| | | Subtract Line 2 from Line 1 | 3 | | | | 00 |
| n | | Select the appropriate filing status and enter the amount on Line 4: Married filing combined: \$32,000; Single, | - | | | | |
| Z | | Head of Household and Qualifying Widower: \$25,000; Married Filing Separate: \$16,000 | 4 | | | | 00 |
| | 5. | Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0 | 5 | | | | 00 |
| ່ວ ເ | 6. | Taxable pension for each spouse from private sources from Federal Form 1040A, Lines 11b and 12b, or Federal | | Y - YOURSELF | | S - SPOUSE | |
| 2 L | | Form 1040, Lines 15b and 16b. | 6Y | 00 | | | 00 |
| | 7. | Amounts from Line 6Y and 6S or \$6,000, whichever is less | 7Y | 00 | 7S | | 00 |
| | 8. | Add Lines 7Y and 7S | 8 | | | | 00 |
| | 9. | Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0 | 9 | | | | 00 |
| | soc | CIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social sec | urity | deduction you mus | t be | 62 years of ag | ge |
| | by D | ecember 31 and have marked the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to | soci | al security disability | / ded | luction. | |
| | 1. | Missouri adjusted gross income from Form MO-1040, Line 6 | 1 | | | | 00 |
| | 2. | Select the appropriate filing status and enter the amount on Line 2. Married filing combined - \$100,000 | | | | | |
| 5 | | Single, Head of Household, Married Filing Separate, and Qualifying Widower - \$85,000 | 2 | | | | 00 |
| Ζ | 3. | Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0 | 3 | Y - YOURSELF | | 0.000005 | 00 |
| ECHON | 4. | Taxable social security benefits for each spouse from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b | 4Y | 00 | 4S | S - SPOUSE | 00 |
| 5 | | Taxable social security disability benefits for each spouse from Federal Form 1040A, Line 14b or 1040, Line 20b | 5Y | 00 | 55 | | 00 |
| И Г | | | | | | | |
| | | Multiply Line 4 or Line 5 by 100% | 6Y | 00 | 6S | | 00 |
| | | Add Lines 6Y and 6S | 7 | | | | 00 |
| | 8. | Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0 | 8 | | | | 00 |
| | MIL | ITARY PENSION CALCULATION | | | | | |
| ב | | Military retirement benefits included on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b | 1 | | | | 00 |
| | | Taxable public pension from Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b. | 2 | | | | 00 |
| ECHON | | Divide Line 1 by Line 2 (Round to whole number) | 3 | | | | % |
| 5 | 4. | Multiply Line 3 by Line 14 of Section A. If you are not claiming a public pension exemption, enter \$0 | 4 | | | | 00 |
| Ц Ц | | Subtract Line 4 from Line 1 | 5 | | | | 00 |
| | 6. | Total military pension, multiply Line 5 by 45% | 6 | | | | 00 |
| | тот | AL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION | | | | | |
| | | Add Line 14 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D). | | TOTAL | | | |
| ш | | Enter total amount here and on Form MO-1040, Line 8. | | EXEMPTION | | | 00 |

MISSOURI DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX RETURN—LONG FORM

2012 FORM MO-1040

FOR CALENDAR YEAR JAN. 1–DEC. 31, 2012, OR FISCAL YEAR BEGINNING 20 ENDING SOFTWARE VENDOR CODE AMENDED RETURN — CHECK HERE (Assigned by DOR) 000 SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER S Ш LAST NAME FIRST NAME M INITIAI SUFFIX (JR, SR, etc.) DECEASED ADDR 2012 SPOUSE'S LAST NAME FIRST NAME M. INITIAL DECEASED SUFFIX (JR, SR, etc.) AND 2012 IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) COUNTY OF RESIDENCE ш AN PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE) CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE You may contribute to any one or all of the trust funds on Line 45. See pages 9–10 After W.W Elderly Home Workers Childhood General 𝞎 Missouri Missouri General Revenue LIFE School National Guard Memorial Lead Military Workers Fund Retreat Organ Donor for a description of each trust fund, as well Children's Veterans Delivered Fund Testina Family Relief Fund Meals Trust Fund Fund as trust fund codes to enter on Line 45. Trust Fund Trust Fund Trust Fund Fund PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2012. AGE 62 THROUGH 64 AGE 65 OR OLDER **BLIND** 100% DISABLED **NON-OBLIGATED SPOUSE** YOURSELF YOURSELF YOURSELF YOURSELF YOURSELF SPOUSE SPOUSE SPOUSE SPOUSE SPOUSE Yourself Spouse 00 00 1Y 1S 1. Federal adjusted gross income from your 2012 federal return (See worksheet on page 6.)... 00 2. Total additions (from Form MO-A, Part 1, Line 6) 00 2S 2Y 00 3. Total income — Add Lines 1 and 2. 3Y 00 3S NCO NCO 4. Total subtractions (from Form MO-A, Part 1, Line 14)..... 4Y 00 4S 00 5. Missouri adjusted gross income — Subtract Line 4 from Line 3. 5Y 00 5S 00 00 6. Total Missouri adjusted gross income — Add columns 5Y and 5S..... 6 7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%.) 7S 7Y % % 8. Pension and Social Security/Social Security Disability/Military exemption (from Form MO-A, Part 3, Section E.)... 00 8 9. Mark your filing status box below and enter the appropriate exemption amount on Line 9. A. Single — \$2,100 (See Box B before checking.) E. Married filing separate (spouse B. Claimed as a dependent on another person's federal NOT filing) — \$4,200 tax return — \$0.00 F. Head of household - \$3,500 C. Married filing joint federal & combined Missouri — \$4,200 G. Qualifying widow(er) with 00 9 D. Married filing separate — \$2,100 dependent child — \$3,500 10. Tax from federal return (Do not enter federal income tax withheld.) Federal Form 1040, Line 55 minus Lines 45, 64a, 66, 67, and amounts from Forms 8801, 8839 and 8885 on Line 71 Federal Form 1040A, Line 35 minus Lines 38a and 40 and any alternative minimum tax included on Line 28 Federal Form 1040EZ, Line 10 minus Line 8a 00 10 11. Other tax from federal return — Attach copy of your federal return (pages 1 and 2).......... 11 00 E U 00 12 12. Total tax from federal return — Add Lines 10 and 11. EDU Federal tax deduction — Enter amount from Line 12 not to exceed \$5,000 for individual filer; 00 \$10,000 for combined filers..... 13 AND 14. Missouri standard deduction or itemized deductions. Single or Married Filing Separate — \$5,950; Head of Household— \$8,700; Married Filing a Combined Return or Qualifying Widow(er) — \$11,900; If you are age 65 or ഗ older, blind, or claimed as a dependent, see your federal return or page 7. 00 14 If you are itemizing, see Form MO-A, Part 2..... 2 Do not 15. Number of dependents from Federal Form 1040 or 1040A, Line 6c 2 00 ínclude 15 (DO NOT INCLUDE YOURSELF OR SPOUSE.) X \$1.200 = yourself $\mathbf{\tilde{m}}$ 16. Number of dependents on Line 15 who are 65 years of age or older and do not or 00 16 spouse. receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE.) X \$1,000 = 00 17 17. Long-term care insurance deduction..... 00 B. New jobs deduction \$ 18 18. A. Health care sharing ministry deduction \$ 00 19 19. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and 18. 20 00 20. Subtotal — Subtract Line 19 from Line 6. 00 00 21S 21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S. 21Y 00 22S 00 22Y 22. Enterprise zone or rural empowerment zone income modification 23. Subtract Line 22 from Line 21. Enter here and on Line 24. 23Y 00 235 00

For Privacy Notice, see Instructions.

MO-1040 (12-2012)

| | | | | | | Yourself | | | Spous | e | |
|---------------------------|--|--|--|---------------------|---------------------------------------|------------------------|----------|---------------|---------------------|----------|-----------|
| | 24. | Taxable income amount from Lines 23Y and 23S | | | 24Y | | (|)0 24S | | | 00 |
| | | Tax (See tax table on page 25 of the instructions. | | | 25Y | | | 00 255 | | | 00 |
| | | Resident credit — Attach Form MO-CR and other s | | | 26Y | | | 00 26S | | | 00 |
| | | | 1 A A A A A A A A A A A A A A A A A A A | | 201 | | | 200 | | | -00 |
| | 27. 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% | | | | | | | | | | % |
| × | 00 | 1 | | | 2/1 | | | <u>% 27S</u> | | | /0 |
| Ě | 28. | Balance — Subtract Line 26 from Line 25; OR | 07 | | 001/ | | 1 | 285 | | | 00 |
| | ~~ | Multiply Line 25 by percentage on Line | | | 28Y | | | <u>JU 285</u> | | | 00 |
| | 29. | Other taxes (Check box and attach federal form in | ndicated.) | | | | | | | | |
| | | Lump sum distribution (Form 4972) | (Farma 0014) | | 001/ | | | | | | 00 |
| | ~~ | Recapture of low income housing credit (| | | | | | <u>00 295</u> | | | |
| | | Subtotal — Add Lines 28 and 29. | | | | | | 00 30S | ; | 00 | 00 |
| | 31. | Total Tax — Add Lines 30Y and 30S | | | | | 31 | | | 00 | |
| പ | 32. | MISSOURI tax withheld - Attach Forms W-2 and | 1099 | | | | 32 | | | 00 | |
| PAYMENTS / CREDITS | 33. | 2012 Missouri estimated tax payments (include ove | rpayment from 2011 applied | to 2012) | | | 33 | | | 00 | |
| H | | Missouri tax payments for nonresident partners or S co | | | | | 34 | | | 00 | |
| 2 | | Missouri tax payments for nonresident entertained | | | | | 35 | | | 00 | |
| TS | | Amount paid with Missouri extension of time to file | | | | | 36 | | | 00 | |
| E | | Miscellaneous tax credits (from Form MO-TC, Lin | | | | 1 | 37 | | | 00 | |
| Σ | | Property tax credit — Attach Form MO-PTS | · · · · · · · · · · · · · · · · · · · | | | | 38 | | | 00 | |
| P | | | | | | | 39 | | | 00 | |
| | | Total payments and credits — Add Lines 32 throu | | | | | 29 | | | 00 | |
| | | p Lines 40–42 if you are not filing an amer | | | | | | | | <u> </u> | |
| RETURN | | Amount paid on original return | | | | | 40 | | | 00 | |
| 2 | 41. | Overpayment as shown (or adjusted) on original i | return | | | | 41 | | | 00 | |
| Ш | | INDICATE REASON FOR AMENDING. | | | M, M ₁ I | D, D ₁ Y, Y | | | | | |
| | | A. Federal audit | Enter dat | e of IRS report. | | | | | | | |
| Ö | | B. Net operating loss carryback | En | ter year of loss. | | | | | | | |
| AMENDED | | C. Investment tax credit carryback | | | | | | | | | |
| A | | D. Correction other than A, B, or C En | | | | | | | | | |
| | 42 | Amended Return — total payments and credits. | | | from Line | 39 | 42 | | | 00 | |
| | | If Line 39, or if amended return, Line 42, is larger t | | | | | | | | | |
| | 43. | | | | | | 43 | | | 00 | |
| | | (amount of OVERPAYMENT) here. | | | | | - | | | | |
| | | Amount of Line 43 to be applied to your 2013 esti | mated tax | | | | 44 | | | 00 | |
| | 45. | Enter the amount of your | Workers | | the second | General | (D) | | Additional | | ditional |
| REFUND | | | lerly Home National Guard Worker | - | Missouri Military | General Af | ter Scho | 0 | | | e Instr.) |
| H | | Doxes to the right. See Trust Fund Trust Fund Deliv | vered Meals Trust Fund Memori | al Lead Testing I | Family Relief Fund | Revenue | Retreat | | | | |
| 8 | | | | 00 00 | 00 | Fund 00 | Fund | 00 | 00 00 | | 00 |
| | | | | | | | - i | 50 | | <u> </u> | 00 |
| | 46. | REFUND - Subtract Lines 44 and 45 from Line 43 | | ow and mail retu | irn to: Dep | artment of | | | | | |
| | | Revenue, PO Box 500, Jefferson City, MO 65106 | | 6 H 10 | | | | | | 00 | |
| | | Check the box if you want your refund issued on a | a debit card. See instructio | ons for Line 46 | | Debit Card | 46 | | | 00 | |
| | 47. | If Line 31 is larger than Line 39 or Line 42, enter t | the difference (amount of L | INDERPAYMEN | NT) here a | nd go to | T | | | | |
| | | instructions for Line 48. | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | - | 47 | | | 00 | |
| Ш | 18 | Underpayment of estimated tax penalty — Attach | Form MO-2210 Enter ne | nalty amount he | ro | | 48 | | | 00 | |
| 2 | | | | - | | | | | | | |
| Ξ | 49. | AMOUNT DUE - Add Lines 47 and 48 and enter | 0 | | | | 10 | | | 00 | |
| AMOUNT DUE | | Department of Revenue, PO Box 329, Jefferson (| | | | | 49 | | | 00 | |
| A | | If you pay by check, you | | | | | elec | tronically | /. | | |
| | | Anyı | returned check may be p | presented agai | in electro | nically. | | | | | |
| | Und | er penalties of perjury, I declare that I have examined this retu | Irn including accompanying sche | dules and statemen | nts and to th | e best of my know | wledge | and belief | it is true correct | and cor | mnlete |
| | Dec | aration of preparer (other than taxpayer) is based on all inform | mation of which he or she has an | y knowledge. As pro | ovided in Ch | apter 143, RSMo | , a per | nalty of up t | o \$500 shall be im | posed | on any |
| | indiv | idual who files a frivolous return. I also declare under penalties | | | | | | | | | |
| ш | | it or abatement if I employ such aliens. | and the second | | | | | 1. | | | |
| SIGNATURE | | thorize the Director of Revenue or delegate to discuss the preparer or any member of the preparer's firm. | · | E-MAIL ADDRESS | | | | ! | PREPARER'S TELEP | | |
| IAT | | | | | | | | | | | |
| GN | SIGN | ATURE | DATE (MMDDYYYY) | PREPARER'S SIGNATU | JRE | | | F | FEIN, SSN, OR PTIN | | |
| ิเง | | | // | | | | | | | | |
| | SPO | USE'S SIGNATURE (If filing combined, BOTH must sign) | DAYTIME TELEPHONE | PREPARER'S ADDRES | IS AND ZIP CO | DE | | | DATE (M | MDDYY | YY) |
| | | | () | | | | | | /_ | _/ | |
| | | This form is av | ailable upon request ir | alternative a | ccessible | e format(s) | | | MO- | 1040 (1 | 12-2012) |

This form is available upon request in alternative accessible format(s).

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|-----------|---------------|-----|
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MISSOURI DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX ADJUSTMENTS



Attachment Sequence No. 1040-01

ATTACH TO FORM MO-1040. ATTACH A COPY OF YOUR FEDERAL RETURN. See information beginning on page 11 to assist you in completing this form.

| LAST NAME | FIRST NAME | | | INITIA | L | SOCIAL | SECURITY NO. | |
|--|--|---------------------------------------|-------|--------------|------|--------|----------------------|------|
| | | | | | | | | |
| SPOUSE'S LAST NAME | FIRST NAME | | | INITIA | IL | SPOUSE | S SOCIAL SECURITY NO |). |
| PART 1 — MISSOURI MODIFICATION | S TO FEDERAL ADJUS | TED GROSS INCO | ME (| SEE PAGE 11 |). | | | |
| ADDITIONS | | | | Y - YOURSEL | | | S - SPOUSE | |
| 1. Interest on state and local obligations other t | nan Missouri source | | 1Y | | 00 | 1S | | 00 |
| 2. Partnership; Fiduciary; S corporation | on; Net Operating Loss (Ca | | 2Y | | 00 | 28 | | 00 |
| 3. Nonqualified distribution received from a qualifi not used for qualified higher education expense | | | 3Y | | 00 | 3S | | 00 |
| 4. Food Pantry contributions included on Feder | al Schedule A | | 4Y | | 00 | 4S | | 00 |
| 5. Nonresident Property Tax | | | 5Y | | 00 | 5S | | 00 |
| 6. TOTAL ADDITIONS — Add Lines 1, 2, 3, 4, | and 5. Enter here and on Forr | m MO-1040, Line 2 | 6Y | | 00 | 6S | | 00 |
| SUBTRACTIONS | | | | | | | | |
| Interest from exempt federal obligations inclu related expenses if expenses were over \$500 | | · · · · · · · · · · · · · · · · · · · | 7Y | | 00 | 7S | | 00 |
| 8. Any state income tax refund included in feder | al adjusted gross income | | 8Y | | 00 | 8S | | 00 |
| 9. Partnership; Fiduciary; S corp Net Operating Loss; Military (nonresider Combat pay included in federal adjusted gr Other (description) | nt); Build America and Recor coss income; MO Public-Pri | very Zone Bond Interest | 9Y | | 00 | 9S | | 00 |
| 10. Exempt contributions made to a qualified 529 | plan (higher education saving | s program) | 10Y | | 00 | 10S | | 00 |
| 11. Qualified Health Insurance Premiums | | | 11Y | | 00 | 11S | | 00 |
| 12. Missouri depreciation adjustment (Section 14 | | | 12Y | | 00 | 12S | | 00 |
| 13. Home Energy Audit Expenses | | | 13Y | | 00 | 13S | | 00 |
| 14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, | 11, 12 and 13. Enter here and on | Form MO-1040, Line 4 | 14Y | | 00 | 14S | | 00 |
| PART 2 — MISSOURI ITEMIZED DE | DUCTIONS — Complet | te this section onl | y if | | educ | tions | on your fede | eral |
| return. Attach a copy of your Federa | | | | | | 4 | | 00 |
| 1. Total federal itemized deductions from Fede | | | | | – | 1 | | 00 |
| 2. 2012 (FICA) — yourself — Social security \$ | | | | | | 2 | | 00 |
| 3. 2012 (FICA) — spouse — Social security \$ | | | | | | 3 | | 00 |
| 4. 2012 Railroad retirement tax — yourself (Tie | | | | | | 4 | | 00 |
| 5. 2012 Railroad retirement tax — spouse (Tie | | | | | | 5 | | 00 |
| 6. 2012 Self-employment tax — See instruction | | | | | | 6 | | 00 |
| 7. TOTAL — Add Lines 1 through 6 | | | | | | 7 | | 00 |
| 8. State and local income taxes — from Feder | | | | | 00 | | | |
| 9. Earnings taxes included in Line 8 | | | | I I | 00 | | | |
| 10. Net state income taxes — Subtract Line 9 fr | | | | | | 0 | | 00 |
| 11. MISSOURI ITEMIZED DEDUCTIONS - Su | btract Line 10 from Line 7. E | nter here and on Form N | 10-10 | 40, Line 14 | 1 | 1 | | 00 |
| NOTE: IF LINE 11 IS LESS TH | AN YOUR FEDERAL S | TANDARD DEDUCT | ΓΙΟΝ | , SEE INFORM | ATIC | N OI | N PAGE 7. | |

PART 3 - PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION

| | DUU | | | | | | |
|--------|-----|---|------------|-------------------|------|----------------|-----|
| | | BLIC PENSION CALCULATION — Pensions received from any federal, state, or local government | t. | | | | 00 |
| | | Missouri adjusted gross income from Form MO-1040, Line 6 | | | | | 00 |
| | 2. | Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b | 2 | | | | 00 |
| | 3. | Subtract Line 2 from Line 1 | 3 | | | | 00 |
| | 4. | Select the appropriate filing status and enter amount on Line 4. Married filing combined - \$100,000; Single, Head of Household, Married Filing Separate, and Qualifying Widow - \$85,000 | 4 | | | | 00 |
| | 5. | Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0 | 5 | | | | 00 |
| | | - | | Y - YOURSELF | 00 | S - SPOUSE | 00 |
| NO | | Taxable pension for each spouse from public sources from Federal Form 1040A, Line 12b or 1040, Line 16b Mail Hill Alia Charles and Alia Charles a | 6Y | 00 | | | 00 |
| | | Multiply Line 6 by 100% | 7Y | 00 | - | | 00 |
| С П | | Amount from Line 7 or \$35,234 (maximum social security benefit), whichever is less. | <u>8</u> Y | 00 | | | 00 |
| S | 9. | Amount from Line 6 or \$6,000, whichever is less | 9Y | 00 | 9S | | 00 |
| | 10. | Amount from Line 8 or Line 9, whichever is greater | 10Y | 00 | 10S | | 00 |
| | 11. | If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than \$0 | 11Y | 00 | 11S | | 00 |
| | 12. | Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter \$0 | 12Y | 00 | 12S | | 00 |
| | 13. | Add amounts on Lines 12Y and 12S | 13 | | | | 00 |
| | 14. | Total public pension, subtract Line 5, from Line 13. If Line 5 is greater than Line 13, enter \$0 | 14 | | | | 00 |
| | PRI | VATE PENSION CALCULATION — Annuities, pensions, IRA'S, and 401(k) plans funded by a priv | vate | source. | | | |
| | | Missouri adjusted gross income from Form MO-1040, Line 6 | 1 | | | | 00 |
| | | Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b | 2 | | | | 00 |
| | | Subtract Line 2 from Line 1 | 3 | | | | 00 |
| n | | Select the appropriate filing status and enter the amount on Line 4: Married filing combined: \$32,000; Single, | | | | | 00 |
| NO | | Head of Household and Qualifying Widower: \$25,000; Married Filing Separate: \$16,000 | 4 | | | | 00 |
| | | Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0 | 5 | Y - YOURSELF | | S - SPOUSE | 00 |
| S E C | 6. | Taxable pension for each spouse from private sources from Federal Form 1040A, Lines 11b and 12b, or Federal Form 1040, Lines 15b and 16b. | 6Y | 00 | 6S | 0-01000L | 00 |
| | 7. | Amounts from Line 6Y and 6S or \$6.000, whichever is less | 7Y | 00 | 7S | | 00 |
| | 8. | Add Lines 7Y and 7S | 8 | | | | 00 |
| | | Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0 | 9 | | | | 00 |
| | _ | CIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social secu | urity. | deduction you mus | t bo | 62 years of an | 1.1 |
| | | December 31 and have marked the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to | | | | | e |
| | | Missouri adjusted gross income from Form MO-1040, Line 6 | 1 | | | | 00 |
| | | Select the appropriate filing status and enter the amount on Line 2. Married filing combined - \$100,000 | | | | | 00 |
| ย | | Single, Head of Household, Married Filing Separate, and Qualifying Widower - \$85,000 | 2 | | | | 00 |
| Z | 3. | Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0 | - 3 | Y - YOURSELF | | S - SPOUSE | 00 |
| ECHON | 4. | Taxable social security benefits for each spouse from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b | 4Y | 00 | 4S | | 00 |
| ບ ເ | 5. | Taxable social security disability benefits for each spouse from Federal Form 1040A, Line 14b or 1040, Line 20b | 5Y | 00 | 5S | | 00 |
| S | 6 | Multiply Line 4 or Line 5 by 100% | 6Y | 00 | 6S | | 00 |
| | | Add Lines 6Y and 6S | | | 00 | | |
| | | | 7 | | | | 00 |
| | - | Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0 | 8 | | | | 00 |
| | | | | | | | 00 |
| ב | | Military retirement benefits included on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b | 1 | | | | 00 |
| Z | | Taxable public pension from Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b. | 2 | | | | 00 |
| | | Divide Line 1 by Line 2 (Round to whole number) | 3 | | | | % |
| U U | | Multiply Line 3 by Line 14 of Section A. If you are not claiming a public pension exemption, enter \$0 | 4 | | | | 00 |
| S Г | | Subtract Line 4 from Line 1 | 5 | | | | 00 |
| | | Total military pension, multiply Line 5 by 45% | 6 | | | | 00 |
| | ТОТ | TAL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION | | | | | |
| ы | | Add Line 14 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D). | | TOTAL | | | |
| 1 | | Enter total amount here and on Form MO-1040, Line 8. | | EXEMPTION | | | 00 |

| MISSOURI DEPARTMENT O | - | 2012 | Attachment Sequence No. 1040-03 | | | | | | |
|--|-------------------------------------|----------------------------------|--|--------------------------|--------------|--------|--|--|--|
| OTHER STATES OR POI | | MO-CR | | | | | | | |
| Complete this form if you or your spo | | | • Attach a copy of all income tax returns for each | | | | | | |
| political subdivision. If you had multi each state or political subdivision. | | political subdi Form MO-CR to | | | | | | | |
| YOUR NAME | ИЕ | | SPOU | SE'S SOCIAL SECURITY NO. | | | | | |
| | | | | | | | | | |
| 1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S) | | 1 YOL | IRSELF | 1 | SPOUSE 00 | | | | |
| 2. Claimant's Missouri income tax (Form MO-1040, Line 25Y and Line 25S) | | | 2 | 00 | 2 | 00 | | | |
| USE TWO LETTER ABBREVIATION FOR STATE NAME OF POLITICAL SUBDIVISION. See table | | | STATE O | F: | STA | TE OF: | | | |
| 3. Wages and commissions | | | 3 | 00 | 3 | 00 | | | |
| 4. Other (describe nature) | | | 4 | 00 | 4 | 00 | | | |
| 5. Total — Add Lines 3 and 4 | | | 5 | 00 | 5 | 00 | | | |
| 6. Less: related adjustments (from Federal For | m 1040A, Line 20, or Federal Forn | n 1040, Line 36) | 6 | 00 | 6 | 00 | | | |
| 7. Net amounts — Subtract Line 6 from Line | 5 | | 7 | 00 | 7 | 00 | | | |
| 8. Percentage of your income taxed — Divide | e Line 7 by Line 1 | | 8 | % | 8 | % | | | |
| 9. Maximum credit — Multiply Line 2 by perce | entage on Line 8 | | 9 | 00 | 9 | 00 | | | |
| 10. Income tax you paid to another state or politi The income tax is reduced by all credits, ex | cal subdivision. This is not tax wi | thheld. | 10 | 00 | 10 | 00 | | | |
| 11. Credit — Enter the smaller amount of Line Line 26Y or Line 26S. (If you have multiple each Form MO-CR before entering on For | e credits, add the amounts on Lin | e 11 from | 11 | 00 | 11 | 00 | | | |

For Privacy Notice see instructions

MO-CR (12-2012)

| | | 2012 | Attachment Sequence No. 1040-03 | | | | | | |
|--|--|-------------------|---------------------------------|-------|--------------|---------------------------|--|--|--|
| CREDIT FOR INCOME OTHER STATES OR POL | | FORM MO-CR | | | | | | | |
| Complete this form if you or your spo political subdivision. If you had multi each state or political subdivision. | Attach a copy of all income tax returns for each state or political subdivision. Attach Form MO-CR to Form MO-1040. | | | | | | | | |
| YOUR NAME | YOUR SOCIAL SECURITY NO. | YOUR SPOUSE'S NAM | ИE | | SPO | USE'S SOCIAL SECURITY NO. | | | |
| | | | | | | | | | |
| 1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S) | | 1 | OURSELF | 1 | SPOUSE 00 | | | | |
| 2. Claimant's Missouri income tax (Form MO-1040, Line 25Y and Line 25S) . | | | 2 | 00 | 2 | 00 | | | |
| USE TWO LETTER ABBREVIATION FOR STATE NAME OF POLITICAL SUBDIVISION. See table | | | STATE | E OF: | ST | ATE OF: | | | |
| 3. Wages and commissions | | | 3 | 00 | 3 | 00 | | | |
| 4. Other (describe nature) | | | 4 | 00 | 4 | 00 | | | |
| 5. Total — Add Lines 3 and 4 | | | 5 | 00 | 5 | 00 | | | |
| 6. Less: related adjustments (from Federal For | m 1040A, Line 20, or Federal Forr | m 1040, Line 36) | 6 | 00 | 6 | 00 | | | |
| 7. Net amounts — Subtract Line 6 from Line | 5 | | 7 | 00 | 7 | 00 | | | |
| 8. Percentage of your income taxed - Divide | e Line 7 by Line 1 | | 8 | % | 8 | % | | | |
| 9. Maximum credit — Multiply Line 2 by perce | entage on Line 8 | | 9 | 00 | 9 | 00 | | | |
| 10. Income tax you paid to another state or politi The income tax is reduced by all credits, ex | 10 | 00 | 10 | 00 | | | | | |
| Credit — Enter the smaller amount of Line Line 26Y or Line 26S. (If you have multiple each Form MO-CR before entering on For | e credits, add the amounts on Lir | ne 11 from | 11 | 00 | 11 | 00 | | | |

INFORMATION TO COMPLETE FORM MO-CR

Complete this form if you are a Missouri resident, resident estate, or resident trust with income from another state(s). A part-year resident may elect to use this form to determine his or her tax as if he or she were a resident for the entire taxable year. If you pay tax to more than one state, you must complete a separate Form MO-CR for each state. Before you begin:

- Complete your Missouri return, Form MO-1040 (Lines 1-25).
- Complete the other state's return(s) to determine the amount of income tax you paid to the other state(s).

Line 1 — Enter the amount from Form MO-1040, Line 5Y and 5S.

Line 2 — Enter the amount from Form MO-1040, Line 25Y and 25S.

Lines 3 and 4 — Enter the total amount of wages, commissions, and other income you or your spouse received from the other state(s), as reported on the other state(s) return.

Line 5 — Add Lines 3 and 4; enter the total on Line 5.

Line 6 — Enter any federal adjustments from: Federal Form 1040.....Line 36 Federal Form 1040A....Line 20

Line 7 — Subtract Line 6 from Line 5. Enter the difference on Line 7.

Line 8 — Divide Line 7 by Line 1. If greater than 100 percent, enter 100 percent. Round whole percent, such as 91 percent instead of 90.5 percent. If percentage is less than 0.5 percent, use exact percentage. Enter percentage on Line 8.

Line 9 — Multiply Line 2 by percentage on Line 8. Enter amount on Line 9.

Line 10 — Enter your income tax liability as reported on the other state(s) income tax return. This is not income tax withheld. The income tax entered must be reduced by all credits, except withholding and estimated tax. If both you and your spouse paid income tax to the other state(s), each must claim his or her own portion of the tax liability.

Line 11 — Enter the smaller amount from Form MO-CR, Line 9 or Line 10. This is your Missouri resident credit. Enter the amount on Form MO-1040, Lines 26Y and 26S. (If you have multiple credits, add the amounts on Line 11 from each MO-CR). Your total credit cannot exceed the tax paid or the percent of tax due Missouri on that part of your income.

Two Letter Abbreviations for States

| AL—Alabama | CT—Connecticut | HI—Hawaii | KY—Kentucky | MN-Minnesota | NJ—New Jersey | OK-Oklahoma | TN—Tennessee | WV-West Virginia |
|---------------|----------------|-------------|------------------|------------------|-------------------|-------------------|---------------|------------------|
| AK—Alaska | DC—District of | ID—Idaho | LA-Louisiana | MS-Mississippi | NM—New Mexico | OR—Oregon | TX—Texas | WI-Wisconsin |
| AZ—Arizona | Columbia | IL—Illinois | ME-Maine | MT-Montana | NY-New York | PA—Pennsylvania | UT—Utah | WY—Wyoming |
| AR—Arkansas | DE-Delaware | IN—Indiana | MD-Maryland | NE-Nebraska | NC—North Carolina | RI—Rhode Island | VT—Vermont | |
| CA-California | FL—Florida | IA—Iowa | MA-Massachusetts | NV-Nevada | ND—North Dakota | SC—South Carolina | VA—Virginia | |
| CO-Colorado | GA—Georgia | KS—Kansas | MI-Michigan | NH-New Hampshire | OH—Ohio | SD—South Dakota | WA—Washington | |

MO-CR (12-2012)

INFORMATION TO COMPLETE FORM MO-CR

Complete this form if you are a Missouri resident, resident estate, or resident trust with income from another state(s). A part-year resident may elect to use this form to determine his or her tax as if he or she were a resident for the entire taxable year. If you pay tax to more than one state, you must complete a separate Form MO-CR for each state. Before you begin:

- Complete your Missouri return, Form MO-1040 (Lines 1–25).
- Complete the other state's return(s) to determine the amount of income tax you paid to the other state(s).

Line 1 — Enter the amount from Form MO-1040, Line 5Y and 5S.

Line 2 — Enter the amount from Form MO-1040, Line 25Y and 25S.

Lines 3 and 4 — Enter the total amount of wages, commissions, and other income you or your spouse received from the other state(s), as reported on the other state(s) return.

Line 5 — Add Lines 3 and 4; enter the total on Line 5.

Line 6 — Enter any federal adjustments from: Federal Form 1040.....Line 36 Federal Form 1040A....Line 20

Line 7 — Subtract Line 6 from Line 5. Enter the difference on Line 7.

Line 8 — Divide Line 7 by Line 1. If greater than 100 percent, enter 100 percent. Round whole percent, such as 91 percent instead of 90.5 percent. If percentage is less than 0.5 percent, use exact percentage. Enter percentage on Line 8.

Line 9 — Multiply Line 2 by percentage on Line 8. Enter amount on Line 9.

Line 10 — Enter your income tax liability as reported on the other state(s) income tax return. This is not income tax withheld. The income tax entered must be reduced by all credits, except withholding and estimated tax. If both you and your spouse paid income tax to the other state(s), each must claim his or her own portion of the tax liability.

Line 11 — Enter the smaller amount from Form MO-CR, Line 9 or Line 10. This is your Missouri resident credit. Enter the amount on Form MO-1040, Lines 26Y and 26S. (If you have multiple credits, add the amounts on Line 11 from each MO-CR). Your total credit cannot exceed the tax paid or the percent of tax due Missouri on that part of your income.

Two Letter Abbreviations for States

| AL-Alabama | CT—Connecticut | HI—Hawaii | KY—Kentucky | MN-Minnesota | NJ—New Jersey | OK-Oklahoma | TN—Tennessee | WV-West Virginia |
|---------------|----------------|-------------|------------------|------------------|-------------------|-------------------|---------------|------------------|
| AK—Alaska | DC—District of | ID—Idaho | LA-Louisiana | MS-Mississippi | NM—New Mexico | OR—Oregon | TX—Texas | WI-Wisconsin |
| AZ—Arizona | Columbia | IL—Illinois | ME-Maine | MT-Montana | NY-New York | PA—Pennsylvania | UT—Utah | WY—Wyoming |
| AR—Arkansas | DE-Delaware | IN—Indiana | MD-Maryland | NE-Nebraska | NC—North Carolina | RI—Rhode Island | VT—Vermont | |
| CA-California | FL—Florida | IA—Iowa | MA-Massachusetts | NV-Nevada | ND—North Dakota | SC—South Carolina | VA-Virginia | |
| CO-Colorado | GA-Georgia | KS—Kansas | MI-Michigan | NH-New Hampshire | OH—Ohio | SD—South Dakota | WA-Washington | |

| 2. | MISSOURI DEPARTMENT OF REVE | NUE | | 20 [,] | | Attachment Sequence | ce No | o. 1040-04 | | |
|--|--|--|--|---|-------------------------|---|---|--|------------------------------|---|
| | MISSOURI INCOME PERCENTAGE | | | | RM NRI | | | | | |
| | PART A — RESIDENT/NONRESIDENT S | STATUS | | | | status in the ar | opro | opriate b | ox below | |
| NAME | (YOURSELF) | | | AME (SF | | | | | | - |
| | | | | | | | | | | |
| ADDR | ESS | | AD | DDRESS | | | | | | |
| CITY | STATE, ZIP CODE SOCIAL SECURIT | | | TV OTA | TE, ZIP CODE | | | | SOCIAL SECURI | |
| UIT, | STATE, ZIP CODE SOCIAL SECONT | TNUMBER | CI | 11, 514 | TE, ZIP CODE | | | | SOCIAL SECURI | |
| | 1. NONRESIDENT OF MISSOURI What was your state of resider | and during 0 | 0122 | | NONDE | | | bet wee your et | ate of realidance | o. during 00102 |
| | I. NUNRESIDENT OF MISSOURI What was your state of resider | | U12? | | NUNKE | SIDENT OF MISSOU | | nat was your st | ate of residence | e during 2012? |
| | 2. PART-YEAR MISSOURI RESIDENT | | | | | EAR MISSOURI RES | | | | |
| | a. Indicate the date you were a Missouri resident in 2012. Date From: | Date To |): | - a | a. Indicate the | e date you were a Missouri r | resider | nt in 2012. | Date From: | Date To: |
| | | | | | | | | | D. F | D . T |
| | b. Indicate other state of residence and date you resided there. Date From: | Date To |): | ľ | . Indicate ot | her state of residence and d | ate yo | u resided there. | Date From: | Date To: |
| | | | | | | | | | | |
| bee | sed on the Military Spouse's Residency Relief Act, cause your spouse is there on military orders, and Missou not complete Form MO-NRI. You must report 100% on | ri is your | state of | f resid | e of a mil dence, an | itary servicemembe y income you earn is | er re s tax | siding outs able to Miss | ide of Miss souri. | ouri solely |
| | 3. MILITARY/NONRESIDENT TAX STATUS — Indicat | e vour t | ax [| 3 | . MILITA | RY/NONRESIDENT | TA | X STATUS | Indicate | vour tax |
| | status below and complete Part C-Missouri Income P | | | | | below and complete | | | | |
| | a. <u>Missouri Home of Record</u> | | | a | | Home of Record | | | | |
| | I did not at any time during the 2012 tax year maintain a permanen | | | | | at any time during the 20 | | | | |
| | abode in Missouri nor did I spend more than 30 days in Missouri d year. I did maintain a permanent place of abode in the state of | - | | | | Missouri nor did I spend d maintain a permanent | | | | - |
| | b. Non-Missouri Home of Record | | | h | · · | souri Home of Record | | | | |
| | I resided in Missouri during 2012 solely because my spouse or I w | as statione | d | | | in Missouri during 2012 s | solelv | because my s | pouse or I was | s stationed |
| | at on military orders, | | | | | | | | | |
| | record is in the state of | | | | record is | in the state of | | | | |
| | | | | | | | | | | |
| | PART B — WORI | KSHEE | T FOF | r MI | SSOUF | RI SOURCE INC | OM | E | | |
| | | FEDERAL | FEDERAL | _ | | NI SOURCE INC | OM | | OUSE (ON | A |
| | ADJUSTED GROSS INCOME | FEDERAL FORM 1040A | FEDERAL FORM 1040 | _ | YO | | OM | SP | OUSE (ON BINED RET | |
| | | FEDERAL FORM | FEDERAL FORM | _ | YO ONE | URSELF OR | OM | SP Come | | URN) |
| A. | ADJUSTED GROSS INCOME | FEDERAL FORM 1040A LINE | FEDERAL FORM 1040 LINE | _ | YO ONE | URSELF OR INCOME FILER OURI SOURCES | 00 | SP Come | BINED RET | URN) ICES |
| | ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc Taxable interest income | FEDERAL FORM 1040A LINE NO. 7 8a | FEDERAL FORM 1040 LINE NO. 7 8a | L A B | YO ONE | URSELF OR INCOME FILER OURI SOURCES | 00 | A B | BINED RET | URN) CES 00 00 |
| В. С. | ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc Taxable interest income Dividend income | FEDERAL FORM 1040A LINE NO. 7 8a 9a | FEDERAL FORM 1040 LINE NO. 7 8a 9a | L A B C | YO ONE | URSELF OR INCOME FILER OURI SOURCES | 00 | A COME MISS A C | BINED RET | URN) CES 00 00 00 |
| B. C. D. | ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc Taxable interest income Dividend income State and local income tax refunds | FEDERAL FORM 1040A LINE NO. 7 8a 9a none | FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 | A A C D | YO ONE | URSELF OR INCOME FILER OURI SOURCES (((((((((((((((((((| 00 00 00 00 | A COME MISS A C C D | BINED RET | URN) CES 00 00 00 00 |
| B. C. D. E. | ADJUSTED GROSS INCOME COMPUTATIONS Wages, salaries, tips, etc Taxable interest income Dividend income State and local income tax refunds Alimony received | FEDERAL FORM 1040A LINE NO. 7 8a 9a none none | FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 | A A C D E | YO ONE | URSELF OR INCOME FILER OURI SOURCES (((((((((((((((((((| 00 00 00 00 00 | SP COME MISS A B C C D E | BINED RET | URN) aces 00 00 00 00 00 |
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| PART C — MISSOURI INCOME PERCENTAGE Yourself or One Income File Spouse (on a Combined Return) Missouri return if the amount on this line is more than \$500, Trappyor's fold adjused goes income (from Form MO-1040, Lines SY and SS or hom your folderal form fyou are a milliary nonesident and you are not required to file a Missouri return) Missouri return if the amount on this line is more than \$500, Missouri return if the amount on this line is more than \$500, Missouri return if the amount on this line is more than \$500, Missouri return if the amount on this line is more than \$500, Missouri return Missouri ret | 2012 FORM MO-NRI | | | | PAGE 2 |
|--|--|--|--|---|---|
| 1. Missouri neome — Enter wages, salaries, etc. from Missouri. (You must file a file and under the adjusted gross income from Fam S000). 2. Tapagver's fold adjusted gross income (from Form MO-1400, Lines SY and SS or from your federal form if you are a military nomesident and you are net required to file a Mussouri return. 3. MISSOURI INCOME PERCENTAGE (divide Line 1 by Line 2). If greater than 100%, enter 100%, File reporting a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5%, use the exact precentage a lise stand to 5% use the exact preventes the file stand to 5% use the exact preventes of the file stand the stand the stand the stand the stand the stand to 5% use the exact preventes of the file stand to 500 or to 200 or 100 or 16 and 200 or 16 detail enter and the stand to 100 or 100 | PART C — MIS | SOURI INCOME PER | RCENTAGE | | |
| Missouri return if the amount on this line is more than \$600. 1 00 1 00 2. Taxpayer's total adjusted gross income (timo form M0-1040, Lines SY and SS or from your feederal form if you are an illilary nonesident and you are an illilary nonesident 2 00 2 00 3. MSSDURI HOURE PERCENTABCE (fields Line 1 by Line 2). If greater than 100%, enter and the surface is the sacet percentage is the sime of \$5%, use the exact percentage, be is the more than \$600. 3 % 3 % 9. MSSDURI HOURE PERCENTABCE (fields Line 1 by Line 2). If greater than 100%, enter and 050.4%, however, if powartage is less than 05%, use the exact percentage here and on Form MO-1040, Lines 27Y and 27S. % 3 % 3 % MISSUENT SOF MISSOURI — If you are a Missouri nonresident and had Missouri source income and income from another state; you may use form MO-1040. Lines 27 PMT 24AR RESIDENT TAX STATUS — Missouri hours of your federal return and this form to your Missouri nonre sident with Missouri source income and income from another state; you may use form MO-1040. Lines 2 PMT 24AR RESIDENT TAX STATUS — Missouri hours on the fitter military income. Do return your wave a Missouri nonre sident with Missouri source income and income from another state; you may use the Missouri nonre state; you may use the Missouri nonre of the AL Line 2. A text a copy of your federal return and this form to your Missouri return. PART A, Line 2 : PMT 24AR RESIDENT TAX STATUS — | | You | urself or One Income Filer | Spo | ouse (on a Combined Return) |
| or from your federal form if you are a milliary nonresident and you are not required to file a Missouri fetury) a MissOuri INCOME PERCENTAGE (divide Line by Line 2). If greater than 100%, enter 100%, Round to a whole parcent such as 91% instead of 90.4%, however, if percentage is less than 05%, use the exact percentage). The precentage here and on Form MO-1040, Lines 27Y and 27S. S. MISSOURI MONE PERCENTS OF MISSOURI | | | 00 | 1 | 00 |
| 100%. (Round to a whole percent such as 91% instead of 00.% and 00% instead of 00.4%, However, I procentagia is essential 0.5%, set Meach percentagia. Enter percentage here and on Form MO-1040, Lines 27Y and 27S. INSTRUCTIONS PART A. LINE 1: NONRESIDENTS OF MISSOURI — If you are a Missouri nonresident and had Missouri source income, complete Part A, Line 1, Part B, and Part C. Attach a copy of your federal return and this form to your Missouri return. PART A. LINE 1: NONRESIDENTS OF MISSOURI — If you are a Missouri nonresident with Missouri source income and income from another state; you may use form MO-NEN (complete Part A, Line 2, Part B, and Part C. Missouri return. PART A. LINE 2: PART-YEAR RESIDENT — If you were a Missouri part-year resident with Missouri source income and income from another state; you may use form MO-NEN (complete Part A, Line 2, Part B, and Part C. Missouri source income and income from another state; you may use form MO-NEN (MISOUFI Part A, Line 2, Part B, and Part C. Missouri and the your benefit. When using form MO-NEN (complete Part A, Line 2, Part B, and Part C. Missouri and the your benefit. When using form MO-NEN (complete Part A, Line 2, Part B, and Part C. Missouri during the year, but did maintain ling quarter selewhere), you qualify as a noresident to trave upropese. Complete Part A, Line 3 and enter "0" on Part C, Line 1. Did not have Missouri income other than military income, were in Missouri for more than 30 days or maintained a home in Missouri during the year, but did maintain ling quarter selewhere, you qualify as a noresident to trave any Biosouri on military income. Do not complete this form. Did not have Missouri income other than military income, were in Missouri form maintained a home in Missouri during the year, you cannot use this form MO-1040 because 100 percent of your unside of Missouri on military income, you must file Form MO-1040 because 100 percent of your unside of Missouri on military income, you must file F | or from your federal form if you are a military nonresident | | 00 | 2 | 00 |
| INSTRUCTIONS PART A, LINE 1: NONRESIDENTS OF MISSOURI — If you are a Missouri nonresident and had Missouri source income, complete Part A, Line 1, Part B, and Part C. Attach a copy of your federal return and this form to your Missouri return. PART A, LINE 2: PART-YEAR RESIDENT — If you are a Missouri part-year resident with Missouri source income and income from another state; you may use Form MO-NRI or Form MO-CR, whichever is to your benefit. When using Form MO-NRI, complete Part A, Line 2, Part B, and Part C. Missouri source income includes any income (pensions, annulites, etc.) that you received while living in Missouri. Attach a copy of your federal return and this form to your Missouri return. PART A, LINE 3: MILITARY NONRESIDENT TAX STATUS — MISSOURI HOME OF FECORD — If you have a Missouri home of record and you: a) Did not have any Missouri income other than military income, were not in Missouri forme than 30 days, did not maintain a home in Missouri during the year, you cannot use this form. You must life Form MO-1040 because 100 percent of your income is taxable, including your military income. Do not complete this form. b) Did not have Missouri resident, who is not in the military. but lives with you oustie of Missouri and you: d) Are maried to a Missouri resident, who is not in the military norme than 30 days in Missouri or may use Form MO-NRI to calculate your Missouri income perturbated or your income is taxable, including your military orders, you may use Form MO-NRI to calculate your Missouri income perturbated in Missouri, you must file Form MO-1040 because 100 percent dy our income. Is adable, adulating unceresident Military orders, you may use Form MO-NRI. MILTARY NONRESIDENT STATONED IN MISSOURI — If you are a military nonresident, stationed in Missouri and you: a) Earned non-military income while in Missouri, you must file Form MO-1040. Complete Part A, Line 9, as a "Military (nonresident) Subtraction'. b) Only had military income while in Missouri, you must file Form MO-1040. Complete Part | 100%. (Round to a whole percent such as 91% instead of 90.5% and 9 However, if percentage is less than 0.5%, use the exact percentage.) | 90% instead of 90.4%. Enter percentage here | % | 3 | % |
| PART A, LINE 1: NONRESIDENTS OF MISSOURI — If you are a Missouri nonresident and had Missouri source income, complete Part A, Line 1, Part B, and Part C. Attach a copy of your federal return and this form to your Missouri return. PART A, LINE 2: PART-YEAR RESIDENT — If you were a Missouri part-year resident with Missouri source income and income from another state; you may use Form MO-NRI or Form MO-CR, whichever is to your benefit. When using Form MO-NRI, complete Part A, Line 2, Part B, and Part C. Missouri source income includes any income (pensions, annuilies, etc.) that you received while living in Missouri. Attach a copy of your federal return and this form to your Missouri return. PART A, LINE 3: MILITARY NONRESIDENT TAX STATUS — MISSOURI HOME OF RECORD — If you have a Missouri home of record and you: a) Did not have any Missouri income other than military income, were not in Missouri for more than 30 days, did not maintain a home in Missouri during the year, you cannot but of than a military income, were in Missouri for more than 30 days or maintained a home in Missouri during the year, you cannot use this form. You must life Form MO-1040 because 100 percent of your income is taxable, including your military income. Jour end because 100 percent of your income is taxable, including your military income. Jour end because 100 percent of your incomes is taxable, including your military income. Jour end because 100 percent of your incomes is taxable, including your military income. Jour end because 100 percent of your income site atable including your military income. Jour end the military income will be missouri and the souri and the souri and the searce you and the searce and the military income. Jour end the percent and your is a difficult on another searce and the military income. Jour end the military income will be military income. Jour end the military income will be military income. Jour end the military income will be military income. Jour end the military income will be military income. Jour end th | | | | | |
| MISSOURI HOME OF RECORD — If you have a Missouri home of record and you: Did not have any Missouri income other than military income, were not in Missouri for more than 30 days, did not maintain ling quarters elsewhere, you qualify as a nonresident for tax purposes. Complete Part A, Line 3 and enter '0' on Part C, Line 1. Did have Missouri income other than military income, were in Missouri for more than 30 days or maintained a home in Missouri during the year, you cannot use this form. You must file Form MO-1040 because 100 percent of your income is taxable, including your military income. Do not complete this form. Did not have Missouri income other than a military income but speat more than 30 days in Missouri or military orders, you must file Form MO-1040 because 100 percent of your income is taxable, including your military income. Do not complete this form. Are married to a Missouri resolution to your income is taxable, including your military income. Do not complete this form. Are married to a Missouri resolution to worker, any income earned by your spouse is taxable. Missouri and you: Earned non-military income while in Missouri, you must file Form MO-1040. Complete Part A, Line 3, Part B and Part C. The nonresident military pay should be subtracted from your federal adjusted gross income using Form MO-A, Part 1, Line 9, as a "Military (nonresident) Subtraction". Ohly had military income while in Missouri, you may complete a No Return Required-Military Online Form at the following address: http://dor.mo.gov/personal/individual/. Not: IF YOU FILE A JOINT FEDERAL RETURN, YOU MUST FILE A COMBINED MISSOURI RETURN (REGARDLESS OF WHOM EARNED THE INCOME). COMPLETE EACH COLUMN OF PART B AND PART C OF THIS FORM. DO NOT COMBINE INCOMES FOR YOU AND YOUR SPOUSE. Use this diagram to determine if you or | Part C. Attach a copy of your federal return and this form to your Miss PART A, LINE 2: PART-YEAR RESIDENT — If you were a Missour Form MO-NRI or Form MO-CR, whichever is to your benefit. When includes any income (pensions, annuities, etc.) that you received while | Missouri nonresident and had ouri return. i part-year resident with Misso using Form MO-NRI, comple | ouri source income and inc ete Part A, Line 2, Part B, | ome from | m another state; you may use rt C. Missouri source income |
| Are you domiciled* in Missouri? Did you maintain a permanent place of residency in Missouri? Did you spend more than 30 days in Missouri? Did you spend more than 183 days in Missouri? Did you maintain a permanent place of residency in Missouri? Did you maintain a permanent place of residency in Missouri? Did you maintain a permanent place of residency in Missouri? Did you maintain a permanent place of residency elsewhere? | a) Did not have any Missouri income other than military income, w but did maintain living quarters elsewhere, you qualify as a nome b) Did have Missouri income other than military income, were in I use this form. You must file Form MO-1040 because 100 percet c) Did not have Missouri income other than military income but sp file Form MO-1040 because 100 percent of your income is taxal d) Are married to a Missouri resident, who is not in the military, bu your Missouri income percentage. However, any income earned MILITARY NONRESIDENT STATIONED IN MISSOURI — If you at a) Earned non-military income while in Missouri, you must file should be subtracted from your federal adjusted gross income b) Only had military income while in Missouri, you may http://dor.mo.gov/personal/individual/. | tere not in Missouri for more the resident for tax purposes. Con Missouri for more than 30 day ent of your income is taxable, ir ent more than 30 days in Miss ble, including your military inco- it lives with you outside of Miss I by your spouse is taxable to N are a military nonresident, st e Form MO-1040. Complete F using Form MO-A, Part 1, Line complete a No Return Re E A COMBINED MISSOURI F | nplete Part A, Line 3 and e s or maintained a home in including your military incor- souri or maintained a home ome. Do not complete thi souri on military orders, you dissouri. Your spouse is me tationed in Missouri and Part A, Line 3, Part B and e 9, as a "Military (nonresi equired-Military Online RETURN (REGARDLESS | nter "0" Missou ne. Do r in Misso s form. u may u ot eligible you: Part C. dent) Su <i>Form</i> | on Part C, Line 1. uri during the year, you cannot not complete this form. souri during the year, you must use Form MO-NRI to calculate e to complete Form MO-NRI. The nonresident military pay ubtraction". <i>at the following address:</i> OM EARNED THE INCOME). |
| Did you maintain a permanent place of residency in Missouri? Did you spend more than 30 days in Missouri? Did you spend more than 183 days in Missouri? Did you maintain a permanent place of residency in Missouri? Did you maintain a permanent place of residency elsewhere? | | | | | |
| Did you maintain a permanent place of residency in Missouri? Did you spend more than 30 days in Missouri? Did you spend more than 183 days in Missouri? Did you maintain a permanent place of residency in Missouri? Did you maintain a permanent place of residency elsewhere? | Are vou | u domiciled* in Missouri? | | | |
| days in Missouri? YES NO to both both Pid you maintain a permanent place of residency elsewhere? You are a Resident. | 1. Did you maintain a permanent | | | | |
| You are a Resident. To both both Did you maintain a permanent place of residency elsewhere? Yes Yes both You are a | days in Missouri? | | | | |
| You are a Resident. Did you maintain a permanent place of residency elsewhere? You are a You are a | | | | VEC | |
| | You are a both both Did you maintain a p | | | to | You are a |
| You are a Nonresident (for tax purposes). You are a Resident. | Nonresident (for tax purposes). | re a Resident. | Resident. | | Nomesident. |
| *Domicile (Home of Record) — The place an individual intends to be his or her permanent home; a place that he or she intends to return whenever absent. A domicile, once established, continues until the individual moves to a new location with the true intention of making his or her permanent home there. An individual can only have one domicile at a time. | A domicile, once established, continues until the individual moves to | | | | |
| Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. | | | | | |
| SIGNATURE DATE SPOUSE'S SIGNATURE DATE | | | | ao roturn. | |



| MISSOURI DEPARTMENT OF RE | | 2012 FORM MO-HEA | | | |
|---|--|--|---|--|----------|
| NAME OF TAXPAYER | | | | | |
| ADDRESS | CITY | | STATE | ZIP | |
| QUALIFICATIONS | 1 | | | | |
| Any taxpayer who paid an individual certified by the D for the audit and the implementation of any energy ef for a single taxpayer or a married couple filing a com you must have incurred expenses in the taxable ye federal adjusted gross income or reimbursed through | ficiency recommendatio bined return. The maxim ar for which you are fili any other state or feder | ns made by the audito num total lifetime subtr ng a claim, and the e | or. The maximum y action you may cla | early subtraction may not exceed \$1,00 im is \$2,000. To qualify for the deductio | 0, n, |
| INSTRUCTIONS - IN THE SPACES PROVIDED E | BELOW: | | | | |
| Report the name of the auditor who conducted the a Report the auditor's certification number Summarize each of the auditor's recommendations Enter the amount paid for the audit on Line A | Enter theAttach ap | | the audit and any ir | gy efficiency recommendations on Line I nplemented recommendations on Line (10-1040 | |
| NAME OF AUDITOR | | | AUD | TOR CERTIFICATION NUMBER | |
| SUMMARY OF RECOMMENDATIONS | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| A. Amount paid for audit | | | A. | (|)0 |
| B. Amount paid to implement recommendations | | | В. | (|)0 |
| | | | | | |

| U. | I otal Paid - Add Lines A and B and enter nere. Enter Line C or \$1,000, whichever is less, on Line 13 of Form |
|----|--|
| | MO-A. If you are filing a combined return, you may split the amount reported on Line 13 between both taxpayers |

| MO-HEA (| 12-2012 |
|----------|---------|

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C.

| | 2012 TAX TABLE | | | | | | | | | | | | | | | | |
|-----------------------|---|----------------|----------------|---------------------|----------------|----------------|---------------------|----------------|----------------|---------------------|----------------|----------------|---------------------|----------------|---------------------|-------------------------|----------------|
| | If Missouri taxable income from Form MO-1040, Line 24, 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/. | | | | | | | | | | | | | | | | |
| If Line 24 | 4 is | | If Line 2 | 4 is | | If Line 2 | 4 is | | If Line 2 | 4 is | | If Line | 24 is | | If Line 24 | 4 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 | \$ 0 | 1,500 | 1,600 | \$ 26 | 3,000 | 3,100 | \$ 62 | 4,500 | 4,600 | \$109 | 6,000 | 6,100 | \$167 | 7,500 | 7,600 | \$238 |
| 100 | 200 | 2 | 1,600 | 1,700 | 28 | 3,100 | 3,200 | 65 | 4,600 | 4,700 | 113 | 6,100 | 6,200 | 172 | 7,600 | 7,700 | 243 |
| 200 | 300 | 4 | 1,700 | 1,800 | 30 | 3,200 | 3,300 | 68 | 4,700 | 4,800 | 116 | 6,200 | 6,300 | 176 | 7,700 | 7,800 | 248 |
| 300 | 400 | 5 | 1,800 | 1,900 | 32 | 3,300 | 3,400 | 71 | 4,800 | 4,900 | 120 | 6,300 | 6,400 | 181 | 7,800 | 7,900 | 253 |
| 400 | 500 | 7 | 1,900 | 2,000 | 34 | 3,400 | 3,500 | 74 | 4,900 | 5,000 | 123 | 6,400 | 6,500 | 185 | 7,900 | 8,000 | 258 |
| 500 600 | 600 | 8 10 | 2,000 | 2,100 | 36 39 | 3,500 | 3,600 | 77 80 | 5,000 | 5,100 | 127 | 6,500 | 6,600 | 190 | 8,000 | 8,100 | 263 268 |
| 700 | 700 800 | 10 | 2,100 2,200 | 2,200 2,300 | 39 41 | 3,600 3,700 | 3,700 3,800 | 80 | 5,100 5,200 | 5,200 5,300 | 131 135 | 6,600 6,700 | 6,700 6,800 | 194 199 | 8,100 8,200 | 8,200 8,300 | 208 274 |
| 800 | 900 | 13 | 2,200 | 2,300 | 41 | 3,700 | 3,800 | 86 | 5,200 | 5,300 | 135 | 6.800 | 6,800 | 203 | 8,200 | 8,300 | 274 |
| 900 | 1.000 | 13 | 2,300 | 2,400 | 44 | 3,800 | 4.000 | 89 | 5,300 | 5,500 | 143 | 6.900 | 7.000 | 203 | 8,300 | 8,400 | 285 |
| 1,000 | 1,100 | 16 | 2,500 | 2,600 | 49 | 4.000 | 4,100 | 92 | 5,500 | 5,600 | 147 | 7,000 | 7,100 | 213 | 8,500 | 8.600 | 290 |
| 1.100 | 1.200 | 18 | 2.600 | 2,700 | 51 | 4.100 | 4.200 | 95 | 5.600 | 5,700 | 151 | 7.100 | 7.200 | 218 | 8.600 | 8,700 | 296 |
| 1,200 | 1,300 | 20 | 2,700 | 2,800 | 54 | 4,200 | 4,300 | 99 | 5,700 | 5,800 | 155 | 7,200 | 7,300 | 223 | 8,700 | 8,800 | 301 |
| 1,300 | 1,400 | 22 | 2,800 | 2,900 | 56 | 4,300 | 4,400 | 102 | 5,800 | 5,900 | 159 | 7,300 | 7,400 | 228 | 8,800 | 8,900 | 307 |
| 1,400 | 1,500 | 24 | 2,900 | 3,000 | 59 | 4,400 | 4,500 | 106 | 5,900 | 6,000 | 163 | 7,400 | 7,500 | 233 | 8,900 | 9,000 | 312 |
| | | | | | | | You | rself | | S | pouse | | Exan | nple | 9,000 | | 315 |
| | Missouri touchis income (Line 24) | | | | | | | | | | | | | | | | |
| NG TAX \$9,000 | | oct \$9,00 | | | | | 5 9 | ,000 | - | \$ | 9,000 | | | ,000 < | exce | ss over \$ | 9,000. |
| | Differe | ence | | | | = \$ | 5 | | = | \$ | | | = \$ 3, | 000 | | to neares | |
| FIGURING OVER \$9, | | ly by 6% | | | | | | 6% | x | · | 6% | | = \$ 3, x | 6% | dollar a MO-1040 | nd enter o), Page 2 | |
| ЧË | Tax or | n income | e over \$ | 9,000 | | = \$ | 5 | | = | \$ | | | = \$ | 180 | | | |
| IGURII OVER | Add \$3 | 315 (tax | on first | \$9,000) | | + \$ | ; ; | 315 | + | \$ | 315 | | | 315 | | | |
| | TOTA | L MISSO | DURI TA | λX | | = \$ | 5 | | = | \$ | | | = \$ | 495 | | | |
| | | | | A sepai | rate tax | must be | compu | ted for y | ou and | your sp | ouse. | | $= \mathbf{\Psi}$ | | | | |

QUALIFIED HEALTH INSURANCE PREMIUMS WORKSHEET FOR MO-A, LINE 11

Complete this worksheet and attach it to Form MO-1040 if you included health insurance premiums paid as an itemized deduction or had health insurance premiums withheld from your social security benefits.

If you had premiums withheld from your social security benefits, complete Lines 1 through 4 to determine your taxable percentage of social security income and the corresponding taxable portion of your health insurance premiums included in your taxable income.

| 1. | Enter amount from Federal Form 1040A, Line 14a or Federal Form 1040, Line 2 If \$0, skip to Line 6 and enter your total health insurance premiums paid | | |
|-----|---|----------|------|
| 2. | Enter amount from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b | 2 | |
| 3. | Divide Line 2 by Line 1. | 3 | •//0 |
| 4. | Enter the health insurance premiums withheld from your social security income | Yourself | 1 |
| 5. | Multiply the amounts on Line 4Y and 4S by the percentage on Line 3 5Y. | | _ 5S |
| 6. | Enter the total of all other health insurance premiums paid, which were not included in 4Y or 4S | | _ 6S |
| 7. | Add the amounts from Lines 5 and 6. If you itemized on your federal return and your federal itemized deductions included health insurance premiums as medical expenses, go on to Line 8. If not, enter amounts from 7Y and 7S on Line 11 of Form MO-A | | 7S |
| 8. | Add the amounts from 7Y and 7S. | 8 | |
| 9. | Divide Line 7Y and 7S by the total found on Line 8 | | 9S |
| 10. | Enter the amount from Federal Schedule A, Line 1. | 10 | |
| 11. | Enter the amount from Federal Schedule A, Line 4. | 11 | |
| 12. | Divide Line 11 by Line 10 (round to full percent). | 12 | |
| 13. | Multiply Line 8 by percent on Line 12. | 13 | |
| 14. | Subtract Line 13 from Line 8. | 14 | |
| 15. | Multiply Line 14 by the percentages found on Lines 9Y and 9S. Enter the amounts on Line 15Y and 15S of this worksheet on Line 11 of Form MO-A | | 155 |



MISSOURI DEPARTMENT OF REVENUE PROPERTY TAX CREDIT

| 2012 | |
|--------|--|
| 2012 | |
| FORM | |
| MO-PTS | |

| | THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FO | DRM MO-1040P . |
|----------------|---|------------------------------------|
| ИЕ | LAST NAME FIRST NAME INITIAL BIRTHDATE (MM/DD/Y) | YYY) SOCIAL SECURITY NO. |
| NAME | | |
| | SPOUSE'S LAST NAME FIRST NAME INITIAL BIRTHDATE (MM/DD/Y) | |
| | You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, | etc., must be included with claim. |
| SNO | A. 65 years of age or older (Attach a copy of Form C. 100% Disabled (Attach a | copy of the letter from Social |
| QUALIFICATIONS | SSA-1099.) Security Administration of | |
| LIFI | B. 100% Disabled Veteran as a result of military service D. 60 years of age or older an | 0 |
| QUA | (Attach a copy of the letter from Department of spouse benefits (Attach a Veterans Affairs.) | copy of Form SSA-1099.) |
| | | If married filing combined, |
| FI | LING STATUS Single Married — Filing Combined Married — Living Separate for Entire Yo | ear you must report both incomes. |
| | Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), Forms 1099, W-2, etc.) will result in denial or dela | ay of your claim. |
| 1 | 1. Enter the amount of income from Form MO-1040, Line 6, or Form MO-1040P, Line 4 | |
| 2 | 2. Enter the amount of nontaxable social security benefits received by you, your spouse, and your minor children | |
| | before any deductions and the amount of social security equivalent railroad retirement benefits. Attach a copy of Form SSA-1099 and RRB-1099. | |
| 3 | 3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line | |
| | Include tax exempt interest from Form MO-A, Part 1, Line 7 (if filing Form MO-1040). Attach Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc. | |
| 4 | Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. | |
| | Attach Form RRB-1099-R (Tier II). If filing Form MO-1040, refer to Form MO-A, Part 1, Line 9. | |
| | 5. Enter the amount of veterans payments or benefits before any deductions. Attach letter from Veterans Affairs | |
| 0 | Enter the total amount received by you, your spouse, and your minor children from: public assistance, SSI, child sup or Temporary Assistance payments (TA and TANF). Attach a copy of Forms SSA-1099, a letter from the Soc | |
| | Security Administration and Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable. | |
| 7 | Employment Security 1099, if applicable. Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income | |
| | (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.) | |
| | 8. TOTAL household income — Add Lines 1 through 7. Enter total here | |
| 9 | Mark the box that applies and enter the appropriate amount. a. Enter \$0 if filing status is Single or Married Living Separate; | |
| | If married and filing combined; | |
| | b. Enter \$2,000 if you rented or did not own your home for the entire year; c. Enter \$4,000 if you owned and occupied your home for the entire year; | |
| 10 | D. Net household income — Subtract Line 9 from Line 8 and enter the amount; mark the box that applies. | |
| | □ a. If you rented or did not own and occupy your home for the entire year, Line 10 cannot exceed \$27, lf the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. | ,500. |
| | □ b. If you owned and occupied your home for the entire year, Line 10 cannot exceed \$30,000. | |
| 11 | If the total is greater than \$30,000, STOP - no credit is allowed. Do not file this claim | |
| '' | or \$1,100, whichever is less. Attach a copy of PAID real estate tax receipt(s). If your home is on more that | |
| | five acres or you own a mobile home, attach Form 948, Assessor's Certification | |
| 12 | If you rented, enter the total amount from Form(s) MO-CRP, Line 9, or \$750, whichever is less. Attach rent receip a signed statement from your landlord. NOTE: If you rent from a facility that does not pay property tax, you a | |
| | not eligible for a Property Tax Credit. | |
| 13 | 3. Enter the total of Lines 11 and 12, or \$1,100, whichever is less | |
| | Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 41-43 or MO-1040P, pages 29-31 to | |
| ['' | your Property Tax Credit. You must use the chart to see how much credit you are allowed. | |
| | Enter this amount on Form MO-1040, Line 38 or Form MO-1040P, Line 20. | |

| | DEPARTMENT OF | | DR 20 1 | 12 | | 2012 FORM O-CRP | INFORMATI | ON V | OVIDE LAND WILL RESUL LAY OF YOU | T IN |
|---|--|--|---|-------------------|---------|-----------------------------|----------------------------|--------|--|------------------|
| 1. SOCIAL SECURITY NUME | ER | SPOUSE'S SOCIAL | SECURITY | NUMBER | | ARE YOU REL IF YES, EXPL | LATED TO YOUR LAN AIN. | NDLOR | RD? YES | NO |
| 2. NAME | | | | 3. LANDLORD'S | NAME, I | LAST 4 DIGITS C | OF SSN, OR FEIN (MU | ST BE | COMPLETED) | |
| PHYSICAL ADDRESS OF REM | NTAL UNIT (P.O. BOX NOT A | ALLOWED) APT | . NUMBER | LANDLORD'S | ADDRES | SS, CITY, STATE | E, AND ZIP CODE (MU | JST BE | COMPLETED) | APT. NUMBER |
| CITY, STATE, AND ZIP CODE | | I | | | | | 4. LANDLORD'S PH | | NUMBER (MUST BE | E COMPLETED) |
| 5. RENTAL PERIOD DURING YEAR | FROM: MONTH | DAY | | - 2012 | | TO: MON | NTH | C | YAC | YEAR 2012 |
| | paid. Attach rent receipt checks (front and back). om a facility that does i | If you received ho | using ass | istance, enter th | e amoi | unt of rent YOL | J paid. | 6 | | 00 |
| B. MOBILE HO C. BOARDING D. SKILLED OF E. HOTEL If me F. LOW INCOM G. SHARED RE | T, HOUSE, MOBILE HO ME LOT — 100% HOME / RESIDENTIAL R INTERMEDIATE CAR eals are included, enter IE HOUSING — 100% (ESIDENCE — If you sha | CARE — 50% E NURSING HOM — 50%; Otherwis (RENT CANNOT I ared your rent with | (— 100% IE — 45% e, enter - EXCEED relatives | 6 | HER T | | · · | | | |
| | EN UNDER 18), check persons sharing rent/ | | | · · | | 2 (33%) | □ 3 (25%) | 7 | | % |
| 8. Net rent paid — Mult | iply Line 6 by the perce | ntage on Line 7 | | | | | | 8 | | 00 |
| 9. Multiply Line 8 by 20 | %. Enter amount here a | and on Line 10 of F | Form MO- | PTC or Line 12 | of Fo | rm MO-PTS | | 9 | | 00 |
| | | For | Privacy | Notice, see in | structi | ons. | | | Ν | MO-CRP (12-2012) |

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and in

| MISSOURI DEPARTMENT OF CERTIFICATION OF RE | | 12 | 2012 FORM MO-CRP | INFORMATI | O PROVIDE LAN ON WILL RESU DELAY OF YO | LT IN |
|---|-------------------------------|---------------------|-----------------------------|----------------------------|--|---------------|
| 1. SOCIAL SECURITY NUMBER | SPOUSE'S SOCIAL SECURIT | Y NUMBER | ARE YOU REI IF YES, EXPL | LATED TO YOUR LAN AIN. | NDLORD? YES | Ом |
| 2. NAME | | 3. LANDLORD'S NA | ME, LAST 4 DIGITS C | OF SSN, OR FEIN (MU | IST BE COMPLETED) | |
| PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT A | APT. NUMBER | R LANDLORD'S AD | DRESS, CITY, STATE | , AND ZIP CODE (MI | JST BE COMPLETED) | APT. NUMBER |
| CITY, STATE, AND ZIP CODE | | • | | 4. LANDLORD'S PH | HONE NUMBER (MUST E | BE COMPLETED) |
| 5. RENTAL PERIOD DURING YEAR | DAY | - 2012 | TO: MOI | NTH | DAY | - 2012 |
| Enter your gross rent paid. Attach rent receipt or copies of cancelled checks (front and back). NOTE: If you rent from a facility that does r | If you received housing as | sistance, enter the | amount of rent YOL | J paid. | 6 | 00 |
| 7. Check the appropriate box and enter the cor A. APARTMENT, HOUSE, MOBILE HO B. MOBILE HOME LOT — 100% | DME, OR DUPLEX — 1009 | | | | | |
| C. BOARDING HOME / RESIDENTIAL D. SKILLED OR INTERMEDIATE CAR E. HOTEL If meals are included, enter- | E NURSING HOME - 45 | | | | | |
| F. LOW INCOME HOUSING — 100% (G. SHARED RESIDENCE — If you sha OR CHILDREN UNDER 18), check | ared your rent with relatives | s or friends (OTHE | | ' | | |
| Additional persons sharing rent/ | | | 2 (33%) | 3 (25%) | 7 | % |
| 8. Net rent paid — Multiply Line 6 by the perce | ntage on Line 7 | | | | 8 | 00 |
| 9. Multiply Line 8 by 20%. Enter amount here a | and on Line 10 of Form MC | -PTC or Line 12 o | f Form MO-PTS | | 9 | 00 |

For Privacy Notice, see instructions.

MO-CRP (12-2012)



NAME (LAST, FIRST)



Attachment Sequence No. 1040-02, 1120-04, 1120S-02

| SOCIAL | SECURITY | NUMBER/F | |
|--------|----------|----------|--|

| SPOUSE'S NAME (LAST, FIRST) | |
|-----------------------------|--|

| POLISE'S | SOCIAL | SECURITY | |
|----------|--------|----------|--|

| | | | | | 1 | 1 | 1 | 1 | 1 | |
|------------------|--------------------|------|-------|------|----|---|---|-------|---|--|
| CORPORATION NAME | MO TAX I.D. NUMBER | CHAR | TER N | NUMB | ER | | | | | |

• Each credit will apply against your tax liability in the order they appear on the form.

• If you are claiming more than 10 credits, attach an additional sheet.

- If you are filing a combined return, both names must be on the certificate/form from the issuing agency.
- If you are a shareholder or partner and claiming a credit, you must attach a copy of the shareholder listing, specifying your percentage of ownership, including the corporation's percentage of ownership, if applicable.

USE THIS FORM TO CLAIM INCOME TAX CREDITS ON FORM MO-1040, MO-1120, MO-1120S, OR MO-1041. ATTACH TO FORM MO-1040, MO-1120, MO-1120S, OR MO-1041.

| | BENEFIT NUMBER | ALPHA CODE (3 Characters) | CREDIT NAME | | YOURSELF (one income) Corporation Income Fiduciary | SPOUSE (on a combined return) Corporation Franchise |
|-----|--------------------------------------|------------------------------------|---|----------|---|--|
| | | ` from back ´ | | | Column 1 | Column 2 |
| 1. | | | | 1. | 00 | 00 |
| 2. | | | | 2. | 00 | 00 |
| 3. | | | | 3. | 00 | 00 |
| 4. | | | | 4. | 00 | 00 |
| 5. | | | | 5. | 00 | 00 |
| 6. | | | | 6. | 00 | 00 |
| 7. | | | | 7. | 00 | 00 |
| 8. | | | | 8. | 00 | 00 |
| 9. | | | | 9. | 00 | 00 |
| 10. | | | | 10. | 00 | 00 |
| 11. | SUBTOTALS — a | dd Lines 1 throu | ıgh 10 | 11. | 00 | 00 |
| 12. | for your spouse, o | r from Form MO | / from Form MO-1040, Line 30Y for yourself and Line 30S -1120, Line 14 plus Line 15 for income or Line 16 for 5 for franchise tax; or Form MO-1041, Line 18 | 12. | 00 | 00 |
| 13. | Total Credits — ac Form MO-1120S, | dd amounts from Line 16; Form N | Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 18 IO-1040, Line 37; or Form MO-1041, Line 19.) Line 13 cannot exceed th dit is refundable. | B; Ie | 13. | 00 |

MO-TC (12-2012)

For Privacy Notice, see the instructions.

Instructions

- If you are filing an individual income tax return and you have only one income, use Column 1.
- If you are filing a combined return and **both** you and your spouse have income, use Column 1 for yourself and Column 2 for your spouse.
- If you are filing a fiduciary return, use Column 1.
- If you are filing a corporation income tax return, use Column 1. If you are filing a corporation franchise tax return, use Column 2.
- Include a copy of your certificate or form from the issuing agency.

Benefit Number:

The number is located on your Certificate of Eligibility Schedule (Certificate).

Alpha Code:

This is the three character code located on the back of the form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.

I 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. I also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services.

Miscellaneous tax credits are administered by various agencies. For more information, forms, and approval to claim these credits, contact the following Departments. Visit http://dor.mo.gov/taxcredit/ for a description of each credit and more contact information for agencies administering each credit.

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT

P.O. BOX 118, JEFFERSON CITY, MO 65102-0118

| | http://www.ded.mo.gov | |
|-------|--|--------------------------------------|
| Alpha | | Attach to |
| Code | Name of Credit and Phone Number | Form MO-TC |
| BFC | New or Expanded Business Facility — (573) 522-2790 | Schedule 150, Fed. K-1, Form 4354 |
| BJI | Brownfield "Jobs and Investment" — (573) 522-8004 | Certificate* |
| CBC | Community Bank Investment — (573) 522-8004 | Certificate* |
| DAL | Distressed Area Land Assemblage — (573) 522-8004 | Certificate* |
| DFH | Dry Fire Hydrant — (573) 751-4539 | Certificate* |
| DPC | Development Tax Credit — (573) 526-3285 | Certificate* |
| EZC | Enterprise Zone — (573) 522-2790 | Schedule 250, Fed. K-1, Form 4354 |
| FDA | Family Development Account — (573) 522-2629 | Certificate* |
| FPC | Film Production — (573) 751-9048 | Certificate* |
| HPC | Historic Preservation — (573) 522-8004 | Certificate* |
| ISB | Small Business Investment (Capital) — (573) 522-2790 | Certificate* |
| MQJ | Missouri Quality Jobs — (573) 751-4539 | Certificate* |
| NAC | Neighborhood Assistance — (573) 522-2629 | Certificate* |
| NEC | New Enterprise Creation — (573) 522-2790 | Certificate* |
| NEZ | New Enhanced Enterprise Zone — (573) 751-4539 | Certificate* |
| NMC | New Market Tax Credit — (573) 522-8004 | Certificate* |
| RCC | Rebuilding Communities — (573) 526-3285 | Certificate* |
| RCN | Rebuilding Communities and Neighborhood | |
| | Preservation Act — (573) 522-8004 | Certificate* |
| REC | Qualified Research Expense — (573) 526-0124 | Certificate* |
| RTC | Remediation — (573) 522-8004 | Certificate* |
| SBG | Small Business Guaranty Fees — (573) 751-9048 | Certificate* |
| SBI | Small Business Incubator — (573) 751-4539 | Certificate* |
| SCC | Missouri Business Modernization and | |
| | Technology (Seed Capital) — (573) 522-2790 | Original Certificate* |
| TDC | Transportation Development — (573) 522-2629 | Certificate* |
| WGC | Wine and Grape Production — (573) 751-9048 | Certificate* |
| YOC | Youth Opportunities — (573) 522-2629 | Certificate* |

MISSOURI DEVELOPMENT FINANCE BOARD

P.O. BOX 567, JEFFERSON CITY, MO 65102-0567 http://www.mdfb.org • (573) 751-8479

| Alpha <u>Code</u> | Name of Credit | Attach to Form MO-TC |
|----------------------|--|-------------------------|
| BEC | Bond Enhancement | Certificate* |
| BUC | Missouri Business Use Incentives for Large | Certificate* |
| | Scale Development (BUILD) | |
| DRC | Development Reserve | Certificate* |
| EFC | Export Finance | Certificate* |
| IDC | Infrastructure Development | Certificate* |
| | | |

MISSOURI HOUSING DEVELOPMENT COMMISSION

3435 BROADWAY, KANSAS CITY, MO 64111 http://

| http://www.mndc.com |
|---------------------|
|---------------------|

| Alpha <u>Code</u> | Name of Credit and Phone Number | Attach to Form MO-TC |
|----------------------|--|-------------------------|
| AHC | Affordable Housing Assistance — (816) 759-6600 | Certificate* |
| LHC | Missouri Low Income Housing — (816) 759-6668 | Eligibility Statemen |
| | | Fed K-1 8600 |

ent. Fed. K-1, 8609A. 8609 (first year)

MISSOURI DEPARTMENT OF REVENUE

P.O. BOX 2200, JEFFERSON CITY, MO 65105-2200 In the second second (570) 506 0700 --- (570) 754 4544

| | http://dor.mo.gov/ • (573) 526-8733 or (573) 751-4541 | | | | | |
|----------------------|---|---|--|--|--|--|
| Alpha <u>Code</u> | Name of Credit | Attach to Form MO-TC | | | | |
| ATC | Special Needs Adoption | Form ATC, and Federal Form 8839 | | | | |
| BFT | Bank Franchise Tax | Form INT-2, INT-2-1 | | | | |
| BTC | Bank Tax Credit for S Corporation | Form BTC, and Form | | | | |
| | Shareholders | INT-3, 2823, INT-2, Fed. K-1 | | | | |
| CIC | Children In Crisis | Contribution Verification from IssuingAgency | | | | |
| DAC | Disabled Access | Federal Form 8826 and Form MO-8826 | | | | |
| DAT | Residential Dwelling Accessibility | Form MO-DAT | | | | |
| FPT | Food Pantry Tax | Form MO-FPT | | | | |
| SHC | Self-Employed Health Insurance | Form MO-SHC | | | | |
| SSC | Public Safety Officer Surviving Spouse | Form MO-SSC | | | | |

MISSOURI AGRICULTURAL AND SMALL **BUSINESS DEVELOPMENT AUTHORITY**

P.O. BOX 630, JEFFERSON CITY, MO 65102-0630 http://www.mda.mo.gov. • (573) 751-212

| | nttp://www.mda.mo.gov • | (573) 751-2129 |
|----------------------|--|-------------------------|
| Alpha <u>Code</u> | Name of Credit | Attach to Form MO-TC |
| APU | Agricultural Product Utilization Contributor | Certificate* |
| FFC | Family Farms Act | Certificate* |
| NGC | New Generation Cooperative Incentive | Certificate* |
| QBC | Qualified Beef | Certificate* |

MISSOURI DEPARTMENT OF NATURAL RESOURCES

JEFFERSON CITY, MO 65105

| http://www.dnr.mo.go | v |
|----------------------|---|
|----------------------|---|

| Name of Credit and Phone Number | Attach to Form MO-TC |
|--|---|
| Alternative Fuel Infrastructure - (573) 751-2254 | Certificate* |
| Charcoal Producers — (573) 751-4817 | Certificate* |
| Processed Wood Energy — (573) 526-1723 | Certificate* |
| | Alternative Fuel Infrastructure - (573) 751-2254 Charcoal Producers — (573) 751-4817 |

MISSOURI DEPARTMENT OF SOCIAL SERVICES

JEFFERSON CITY, MO 65109

| h | ttp://www.dss.mo.gov/dfas/taxcredit/index.htm | • (573) 751-7533 |
|-------|---|------------------|
| Alpha | | Attach to |
| Code | Name of Credit | Form MO-TC |
| DDC | Developmental Disability Care Provider | Certificate* |

| DDC | Developmental Disability Care Provider | Certificate* |
|-----|--|--------------|
| DVC | Shelter for Victims of Domestic Violence | Certificate* |
| MHC | Maternity Home | Certificate* |
| PRC | Pregnancy Resource | Certificate* |
| RTA | Residential Treatment Agency | Certificate* |

MISSOURI DEPARTMENT OF HEALTH **DIVISION OF SENIOR SERVICES**

P.O. BOX 570, JEFFERSON CITY, MO 65102-0570

http://www.dhss.mo.gov

| Alpha | |
|-------|----------------|
| Code | Name of Credit |

HCC Health Care Access - (573) 751-6014

SCT Shared Care — (573) 751-4842

Attach to Form MO-TC

Certificate * Must Register Each Year With Division of Senior and Disability Services—Attach Form MO-SCC

* Must be approved by the issuing agency

Individuals with speech/hearing impairments may call TDD (800) 735-2966 or fax (573) 526-1881.



MISSOURI DEPARTMENT OF REVENUE UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS

| 2012 FORM | Atta | | |
|---------------------|------|--|--|
| | DLN | | |
| | | | |

Attachment Sequence No. 1040-06

| - Ollininger | DI | IDUAL | 3 | |
|--------------|----|-------|---|--|
| | | | | |

| ATTACH THIS FORM TO FORM MO-1040 | | |
|---|---|------------------------------|
| LAST NAME, FIRST NAME, INITIAL | SOCIAL SECUR | ITY NUMBER |
| | | |
| SPOUSE'S LAST NAME, FIRST NAME, INITIAL | SPOUSE'S SOC | IAL SECURITY NO. |
| PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE) | CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE | |
| ······································ | | |
| You may qualify for the Short Method to calculate your penalty. You match a. You qualify to use the Short Method on the Federal Form 2210 or b. All withholding and estimated tax payments were made equally the c. You do not annualize your income. If (a) applies or both (b) and (c) apply to you, complete Part I, Required Part I, Required Annual Payment and Part III, Regular Method. | r nroughout the year and | , complete |
| PART I — REQUIRED ANNUAL PAYMENT | | |
| Enter your 2012 tax after credits (Form MO-1040, Line 31 less APPROVED Credit from Line 38.). | | |
| 2. Multiply Line 1 by 90% (66 2/3% for qualified farmers) | | |
| 3. Withholding taxes. Do not include any estimated tax payments on this line | | |
| 4. Subtract Line 3 from Line 1. If less than \$500, stop here; do not complete or file th | is form. You do not owe the penalty 4 | |
| 5. Enter the tax shown on your 2011 tax return. If you did not file a 2011 Missouri skip line 5 and enter the amount from Line 2 on Line 6 | return or only filed a Property Tax Credit Claim, 5 | |
| Required annual payment. Enter the smaller of Line 2 or Line 5 (Note: If Line 3 stop here; you do not owe the penalty. Do not file Form MO-2210.) | 3 is equal to or more than Line 6, 6 | |
| PART II — SHORT METHOD | | |
| 7. Enter the amount, if any, from Line 3 above | | |
| 8. Enter the total amount, if any, of estimated tax payments you made | | |
| 9. Add Lines 7 and 8 | | |
| 10. Total underpayment for year . Subtract Line 9 from Line 6. If zero or less, stop not owe the penalty. Do not file Form MO-2210 | here; you do | |
| 11. Multiply Line 10 by .01992 | | |
| If the amount on Line 10 was paid on or after 04/15/13, enter 0 (zero). If the amount make the following computation to find the amount to enter on Line 12. | unt on Line 10 was paid before 04/15/13, | |
| Amount onNumber of days paidLine 10Xbefore 04/15/13X.000 | 0822 12 | |
| 13. Penalty. Subtract Line 12 from Line 11. Enter result here and on Form MO-1040, | Line 48 13 | |
| PART II INSTRUCTION | S — SHORT METHOD | |
| A. Purpose of the Form — Use this form to determine whether your income tax was If it is not, you may owe a penalty on the underpaid amount. | sufficiently paid throughout the year by withholding or by estimate | d tax payments. |
| D. Chart Mathed | Asthed on the Federal Ferry 0010 on all withhelding and estimate | al dans in an inclusion of a |

B. Short Method — You may use the Short Method if you qualify to use the Short Method on the Federal Form 2210 or, all withholding and estimated tax payments were made equally throughout the year and you do not annualize your income.

If you do not qualify to use the Short Method, you must use the Regular Method on page 2.

NOTE: IF THIS FORM IS NOT FILED WITH FORM MO-1040, ATTACH CHECK OR MONEY ORDER PAYABLE TO "DEPARTMENT OF REVENUE" AND MAIL TO P.O. BOX 329, JEFFERSON CITY, MO 65107-0329.

| | | | | | | | | Pag | je 2 |
|-----|---|---|-------------------------------------|--------------|----------|---------|---------|--------|------|
| NAM | E AS SHOWN ON FRONT | | SOCIAL SECURITY NUMBER | | | | | | |
| PA | RT III — REGULAR METHOD | | | | | | | | ┶┥ |
| | CTION A — FIGURE YOUR UNDERPAYMENT (COMPLETE LII rou meet any of the exceptions (see instruction D) to the penalty for A | | | 19 and do | directly | to L in | e 20 | | _ |
| - | Required annual payment (Enter payment as computed on Part I, Line 6) | | - | - | ancony | | 020. | | _ |
| 1-1 | | | DUE DATES OF | | ENTS | | | | _ |
| | [| APR. 15, 2012 JUNE 15, 2012 SEPT | | | | | | | |
| 15 | Required installment payments | | | | | | | | |
| | Estimated tax paid | | | | | | | | _ |
| | Overpayment of previous installment | | | | | | | | |
| | Total payments | | | | | | | | _ |
| | Underpayment of current installment | | | | | | | | _ |
| | | | | | | | | | |
| | Overpayment of current installment | | | | | | | | _ |
| | Underpayment of previous installment | | | | | | | | |
| | Total overpayment | | | | | | | | |
| | Total underpayment | | | | | | | | |
| | CTION B — EXCEPTIONS TO THE PENALTY (see instruction D, r special exceptions see instruction I for service in a "combat zone" | | J for farmers.) | | | | | | |
| 20. | Total amount paid and withheld from January 1 through the installment date indicated | | | | | | | | |
| 21 | Exception No. 1 — prior year's tax 2011 tax | 25% OF 2011 TAX | 50% OF 2011 TAX | 75% OF 2 | 011 TAX | 100 |)% OF 2 | 011 TA | X |
| 22 | Exception No. 2 — tax on prior year's income using 2012 rates and exemptions | 25% OF TAX | 50% OF TAX | 75% O | F TAX | | 100% OF | TAX | |
| 23 | Exception No. 3 — tax on annualized 2012 income | 22.5% OF TAX | 45% OF TAX | 67.5% (| OF TAX | | | | |
| | Exception No. 4 — tax on 2012 income over 3, 5 and 8-month periods | 90% OF TAX | 90% OF TAX | 90% O | F TAX | | | | |
| | CTION C — FIGURE THE PENALTY (Complete Lines 25 through | 1 29) | | | | | | | |
| | | - / | | | | | | | |
| | . Amount of underpayment . Date of payment, due date of installment, or April 15, 2013, | | | | | | | | |
| 20 | whichever is earlier | | | | | | | | |
| 27a | . Number of days between the due date of installment, and either the date of payment, the due date of the next installment, or December 31, 2012, whichever is earlier | | | | | | | | |
| 27b | Number of days from January 1, 2013 or installment date to date | | | | | | | | |
| 28a | . Multiply the 3% annual interest rate times the amount on Line 25 for the number of days shown on Line 27a | | | | | | | | |
| 28b | . Multiply the 3% annual interest rate times the amount on Line 25 for the number of days shown on Line 27b | | | | | | | | |
| 28c | . Total penalty (Line 28a plus Line 28b) | | | | | | | | |
| 29 | . Total amounts on Line 28c. Show this amount on Line 48 of Form MO-1040 as If you have an underpayment on Line 47 of Form MO-1040, enclose your check total of Line 47 and the penalty amount on Line 48. If you have an overpayment or will reduce your overpayment by the amount of the penalty | or money order for p Line 46, the Departme | ayment in the amount ent of Revenue | equal to the | | | | _ | |
| | NOTE: IF THIS FORM IS NOT FILED WITH FORM TO "DEPARTMENT OF REVENUE" AND M | | | | | | | | |

PART III INSTRUCTIONS — REGULAR METHOD

A. **Purpose of the Form** — Use this form to determine whether your income tax was sufficiently paid throughout the year by withholding or by estimated tax payments. If it is not, you may owe a penalty on the underpaid amount.

B. Filing an Estimated Tax Payment and Paying the Tax for Calendar Year Taxpayers — If you file returns on a calendar year basis and are required to file Form MO-1040ES, you are generally required to file an estimated tax payment by April 15, and to pay the tax in four installments. (If you are not required to file an estimated tax payment until later in the year because of a change in your income or exemptions, you may be required to pay fewer installments.) The chart below shows the due date for estimated tax payments and the maximum number of installments required for each.

| Period Requirements First Met | Due Date of Estimated Tax Payments | Maximum Number of Installments Required |
|-------------------------------------|--|---|
| Between January 1 and April 1 | April 15 | 4 |
| Between April 2 and June 1 | June 15 | 3 |
| Between June 2 and Sept.1 | Sept. 15 | 2 |
| After Sept. 1 | Jan. 15 | 1 |

When the due date falls on a Saturday, Sunday, or legal holiday, the estimated tax payment will be considered timely if filed on the next business day.

C. **Fiscal Year Taxpayers** — Fiscal year taxpayers should substitute for the due dates above, the 15th day of the first and last months of the second quarter of your fiscal year; the 15th day of the last month of the third quarter; and the 15th day of the first month of your next fiscal year.

D. **Exception to the Penalty** — You will not be liable for a penalty if your 2012 tax payments (amounts shown on Line 20) equal or exceed any amount determined for the same period under the following exception provisions. You may apply a different exception to each underpayment. Please enclose a separate computation page for each payment. If none of the exceptions apply, complete Lines 15 through Line 29.

The percentages shown on Lines 21, 22, and 23, for the April 15, June 15, and Sept. 15 installment dates, are for calendar year taxpayers required to pay installments on four dates.

Exception 1 — Prior Year's Tax. — This exception applies if your 2012 tax payments equal or exceed the tax shown on your 2011 tax return. The 2011 return must cover a period of 12 months and show a tax liability.

Exception 2 — Tax on Prior Year's Income using 2012 Rates and Exemptions — This exception applies if your 2012 tax withheld and estimated tax payments equal or exceed the tax that would have been due on your 2011 income if you had computed it at 2012 rates. To determine if you qualify for this exception, use the personal exemptions allowed for 2012, but use the other facts and law applicable to your 2011 return.

Exception 3 — Tax on Annualized 2012 Income — This exception applies if your 2012 tax payments equal or exceed 90 percent of the tax on your annualized taxable income for periods from the first of the year to the end of the month preceding that in which an installment is due. To annualize your taxable income, follow these four steps.

- (a) Figure your adjusted gross income less itemized deductions from the first of your tax year up to and including the month prior to that in which an installment is due; or, if you use the standard deduction, figure your adjusted gross income for that period.
- (b) Divide the result of step (a) by the number of months in your computation period.
- (c) Multiply the result of step (b) by 12.
- (d) Subtract the deduction for personal exemptions, federal tax and, if you did not itemize, subtract the standard deduction. The result is your annualized taxable income.

Exception 3 may not be used for the fourth installment period.

Example I (combined return with one dependent)

- 1. Wages, received during Jan., Feb., and Mar......\$6,000
- Self-employment income during Jan., Feb., and Mar.....\$4,000
 Adjusted gross income.....\$10,000

If your tax withheld and estimated tax payment for the first installment

period of 2012 were at least \$236 (22.5 percent of \$1,047) you do not owe a penalty for that period.

Exception 4 — Tax on 2012 Income Over Periods of 3, 5, and 8 months – This exception applies if your 2012 tax payments equal or exceed 90 percent of the tax on your taxable income for periods starting from the first of the year to the end of the month preceding that in which an installment is due. This exception does not apply to the fourth quarter. To determine if this exception applies for the first three quarters, figure your taxable income from January 1, 2012 to the end of the month preceding that in which an installment is due. Then compute your tax on that amount as though it represented your taxable income for 2012.

| Example II | | | | | | | | | | |
|--|----------|-------|------------|----------|--|--|--|--|--|--|
| (combined return with one dependent, using standard deduction) | | | | | | | | | | |
| (1) | (2) | (3) | (4) | (5) | | | | | | |
| Computation | Income | Тах | 90 percent | Tax | | | | | | |
| Period | | | of Tax | Withheld | | | | | | |
| Jan. 1 to Mar. 31 | \$15,000 | \$0 | \$0 | \$275 | | | | | | |
| Jan. 1 to May 31 | \$21,665 | \$102 | \$92 | \$458 | | | | | | |
| Jan. 1 to Aug. 31 | \$31,665 | \$636 | \$572 | \$733 | | | | | | |

Since the amounts in column (5) are greater than those in column (4) for each of the first three computation periods, there is no penalty for the first three installment periods.

E. **Figure the Addition to Tax** — For Line 27a, enter the number of days from the due date of the installment to the date of payment or December 31, 2012, whichever is earlier. If the payment date on Line 26 is December 31, 2012, or later and the due date of the installment is April 15, 2012, then enter 260 days; for June 15, 2012, 199 days; and for September 15, 2012, 107 days.

For Line 27b, enter the number of days from January 1, 2013, or the 2013 installment due date to date of payment or appropriate due date of return, whichever is earlier. If the payment date is April 15, 2013, enter 105 days for the first, second, and third quarters and 91 days for the fourth quarter.

F. **Tax Withheld** — You may consider an equal part of the income tax withheld during the year as paid on each required installment date, unless you establish the dates on which the withholding occurred and consider it paid on those dates.

G. **Overpayment** — Apply as credit against the next installment any installment overpayment shown on Line 19a that is greater than all prior underpayments.

H. **Installment Payments** – If you made more than one payment for any installment, enclose a separate computation for each payment. If you filed your return and paid the balance of tax due by February 1, 2013, consider the balance paid as of January 15, 2013.

I. Exception from the Addition to Tax for Service in a Combat Zone — You may be exempt from a penalty for underpayment of estimated tax if you served in the U.S. Armed Forces in an area designated by the President as a combat zone under conditions which qualified you for hostile fire pay. If you are exempt for this reason, write on Line 19, for the applicable installment dates, "Exempt, combat zone."

J. **Farmers** — If (1) your Missouri gross income from farming is at least two-thirds of your total Missouri gross income and (2) you filed a Missouri Individual Income Tax Return and paid tax on or before March 1, 2013, you are exempt from charges for underpayment of estimated tax. If so, write on Line 1, "Exempt, farmer".

If you meet this gross income test but did not file a return or pay the tax when due, complete this form with respect to the last quarter only. Qualified farmers would enter all of Line 14 in the fourth quarter and calculate the appropriate underpayment.

Page 3

Line-by-Line Instructions

- 14. Enter the required annual payment, as computed on Part I, Line 6.
- 15. Divide the required annual payment (Line 14) by the number of required installments. If the estimated tax was the result of a change in income or exemptions during the year, you may require fewer installments. Otherwise, divide the required annual payment by four and place the amount in each column. (See instructions for farmers.)
- 16. Enter the amount of tax paid during the installment period. (The tax withheld throughout the year may be considered as paid in four equal parts on the due date of the installment, unless a different date is established.)
- 17. Enter the amount, if any, of overpayment reported on Line 19c from the previous installment period.
- 18. Enter the sum of Line 16 and Line 17.
- 19. If the amount on Line 15 is greater than the amount on Line 18, enter the difference here. You have underpaid for the installment period. If not, skip this line and go to Line 19a.
- 19a. If the amount on Line 18 is greater than the amount on Line 15, enter the difference here. You have overpaid for the installment period.
- 19b. Enter the amount of the underpayment (if any) from Line 19d of the previous column.
- 19c. and 19d.

If you filled in Line 19 of this column, add the amount on Line 19b to the amount on Line 19 and enter that total on Line 19d. If you filled in Line 19a of this column, and the amount on Line 19a is greater than any amount on Line 19b, enter the difference on Line 19c. You are overpaid. If the amount on Line 19b is greater than the amount on Line 19a, enter the difference on Line 19d. You are underpaid. See page 3 for instructions for Lines 20 through 24.

- 25. If you have an underpayment for the installment period and none of the exceptions on Lines 20 through 24 apply, enter on Line 25 the amount of the underpayment on Line 19d. If you do not have an underpayment, or if an exception applies, leave this blank and skip the remaining lines of the column.
- 26. Enter the date a payment was made on the installment, the due date of the following installment, or April 15, 2013, whichever is earlier. If more than one late payment was made to cover the installment, attach a separate computation for each payment during the installment period.
- 27a. Enter the number of days from the due date of the installment to the date entered on Line 26.
- 27b. Enter the number of days from January 1, 2013 (or a later date, if the installment date was after January 1) until either the date of the payment or April 15, 2013, whichever is earlier.
- 28a. Multiply the amount on Line 25 by the number of days on Line 27a. Divide this amount by 366 days and multiply the product by three percent. This is the penalty accruing on the underpayment during 2012.
- 28b. Multiply the amount on Line 25 by the number of days on Line 27b. Divide this amount by 365 days and multiply the product by three percent. This is the penalty accruing on the underpayment during 2013.
- 28c. Add the amounts on Lines 28a and 28b.
- 29. Add the sum of the amounts on Line 28c in the final column, if applicable.



Diagram 1: Form W-2

The maximum annual exempt contribution is \$8,000 for single individuals or \$16,000 for married couples filing a combined return. If you are a participant claiming a subtraction for a contribution made to the savings program, you must **attach your statement provided by the program manager.** The statement must be in the name of a plan participant (account owner) claiming the subtraction.

LINE 11 — QUALIFIED HEALTH INSURANCE PREMIUMS

Enter the amount you paid for health insurance premiums. Do not include any pre-tax premiums paid, any premiums excluded from federal taxable income, or any long term care insurance premiums. Use the worksheet on page 26 to determine your allowable subtraction.

LINE 12 — DEPRECIATION ADJUSTMENT

If you purchased an asset between July 1, 2002, and June 30, 2003, and you elected to use the 30 percent depreciation on your federal return, you may be able to subtract a portion of the depreciation. Enter the additional depreciation created by the Job Creation and Worker Assistance Act previously added back in prior years to the extent allowable by Section 143.121, (RSMo). This amount is computed by figuring the allowable depreciation prior to the Job Creation and Worker Assistance Act less the depreciation taken on your federal return. If you have previously taken an addition modification for a qualifying property, but have sold or disposed of the property during the taxable year, check the box on Line 12 and take a subtraction for the amount not previously recovered. More information and examples can be found on the Department's web site at http://dor.mo.gov/pdf/depreciation_examples.pdf.

LINE 13 — HOME ENERGY AUDIT EXPENSES

Enter the amount you paid for the costs incurred for a home energy audit or the implementation of any energy efficiency recommendations, to the extent the amounts paid were not subtracted from federal taxable income. The amount of the subtraction is limited to \$1,000 per taxpayer or taxpayers filing a combined return per year, not to exceed \$2,000 cumulatively. Please complete and attach Form MO-HEA found on page 25.

LINE 14 — TOTAL SUBTRACTIONS

Add Lines 7 through 13. Enter the total on Form MO-A, Part 1, Line 14 and on Form MO-1040, Line 4.

Note: Do not include income earned in other states on Line 14. Complete Form MO-NRI (Missouri Income Percentage) or Form MO-CR (Credit for Income Taxes Paid to Other States or Political Subdivisions). See Form MO-1040, Line 26 or Line 27.

PART 2 MISSOURI ITEMIZED DEDUCTIONS

You cannot itemize your Missouri deductions if you took the standard deduction on your federal return. See Page 7, Line 14. You must itemize your Missouri deductions if you were required to itemize on your federal return.

LINE 1— FEDERAL ITEMIZED DEDUCTIONS

Include your total federal itemized deductions from Federal Form 1040, Line 40, and any **approved** cultural contributions (literary, musical, scholastic, or artistic) to a tax exempt agency or institution that is operated on a not-for-profit basis. **Cash contributions do not qualify.**

LINES 2 AND 3 — SOCIAL SECURITY TAX (FICA)

Social security tax is the amount in social security tax withheld box on your Forms W-2. **This amount cannot exceed \$4,624.** Medicare is the amount in the Medicare tax withheld box on your Forms W-2. Enter the total on Line 2. Repeat for your spouse and enter the total on Line 3.

LINES 4 AND 5 — RAILROAD RETIREMENT TAX

Include the amount of railroad retirement tax withheld from your wages, Tier I and Tier II, during 2012. **This amount cannot exceed \$7,818** (Tier I maximum of \$4,624 and Tier II maximum of \$3,194). Enter the total on Line 4. Repeat for your spouse and enter the total on Line 5. If you have both FICA and railroad retirement tax, the maximum deduction allowed is the amount withheld as shown on the Forms W-2 less, either the amount entered on Federal Form 1040, Line 69, or, if only one employer, the amount refunded by the employer.

LINE 6 — SELF-EMPLOYMENT TAX

Include the amount from Federal Form 1040, Line 56 minus Line 27 or Federal Form 1040NR, Line 54 minus Line 27.

LINE 8 — STATE AND LOCAL INCOME TAXES

Include the amount of income taxes from Federal Form 1040, Schedule A, Line 5. The amount you paid in state income taxes included in your federal itemized deductions, must be subtracted to determine Missouri itemized deductions.

LINE 9 — EARNINGS TAXES

If you entered an amount on Line 8 and you live or work in the Kansas City or St. Louis area, you may have included earnings taxes. Include on Line 9 the amount of earnings taxes withheld shown on Forms W-2. See Diagram 1, Page 34, Box 19.

LINE 11 — TOTAL MISSOURI ITEMIZED DEDUCTIONS

If your total Missouri itemized deductions are less than your standard deduction (see Page 7, Line 14), you should take the standard deduction on Form MO-1040, Line 14, unless you were required to itemize your federal deductions.

PART 3 PENSION AND SOCIAL SECURITY/ SOCIAL SECURITY DISABILITY/ MILITARY EXEMPTION

If you are claiming a pension, social security, social security disability, or military exemption, you must attach a copy of your federal return (pages 1 and 2), your Forms 1099-R, and SSA-1099. Failure to provide this information will result in your exemption being disallowed.

PUBLIC PENSION CALCULATION

Public pensions are pensions received from any federal, state, or local government. If you have questions about whether your pension is a public or a private pension, contact your pension administrator.

LINE 1 — MISSOURI ADJUSTED GROSS INCOME

Include your Missouri adjusted gross income from Form MO-1040, Line 6.

LINE 2 — TAXABLE SOCIAL SECURITY BENEFITS

Include the **taxable** 2012 social security benefits for each spouse. This information can be found on:

- Federal Form 1040A—Line 14b
- Federal Form 1040—Line 20b

LINE 6 — TAXABLE PUBLIC PENSION

Include the taxable 2012 public pension for each spouse. This information can be found on:

• Federal Form 1040A—Line 12b

• Federal Form 1040—Line 16b

Do not include any payments from private pensions, social security benefits or railroad retirement payments on this line.

(Exception: If you are 100 percent disabled, you may consider railroad retirement as taxable public pension.)

LINE 11 — SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY EXEMPTION

Include the amount from Lines 6Y and 6S from Part 3 of the MO-A, Section C (social security or social security disability calculation), unless you are a single individual with income greater than \$85,000 or a married couple with income greater than \$100,000. For single individuals with income greater than \$85,000 enter the amount from Line 8 of Section C. For married couples with income greater than \$100,000, multiply Line 8 by the percentages on Line 3Y and 3S of the worksheet for Lines 4 and 5 (next page), and enter those amounts here. If you are not eligible for the social security or social security disability exemption, enter a \$0 on Line 11.

PRIVATE PENSION CALCULATION

LINE 2 — TAXABLE SOCIAL SECURITY BENEFITS

Include the taxable 2012 social security benefits. This information can be found on:

Federal Form 1040A—Line 14bFederal Form 1040—Line 20b

LINE 6 — TAXABLE PENSION

Include the taxable 2012 pension received from private sources for each spouse. This information can be found on:

• Federal Form 1040A— Lines 11b and 12b

• Federal Form 1040—Lines 15b and 16b Do not include any payments from public pensions, social security benefits, or railroad retirement payments on this line.

SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION

LINE 4 — TAXABLE SOCIAL SECURITY BENEFITS

To take the social security exemption, you must be age 62 or older. An individual that receives social security retirement benefits, partial benefits at age 62, full benefits at age 65 or older, or a disabled individual receiving social security disability income (SSDI), who reaches full retirement age during the taxable year and receives retirement benefits should include on Line 4, the amount of federal taxable benefits, which can be found on:

- Federal Form 1040A—Line 14b
- Federal Form 1040—Line 20b

Taxable social security benefits must be allocated by each spouse's share of the benefits received for the year. To determine each spouse's portion of the taxable social security on Line 4, complete worksheet for Lines 4 and 5 (below).

LINE 5 — TAXABLE SOCIAL SECURITY DISABILITY BENEFITS

A disabled individual, receiving social security disability income (SSDI) for the entire taxable year should enter on Line 5, the amount of **federal taxable benefits**, which can be found on:

- Federal Form 1040A— Line 14b
- Federal Form 1040—Line 20b

Taxable social security disability benefits must be allocated by each spouse's share of the benefits received for the year. To determine each spouse's portion of the taxable social security disability on Line 5, complete worksheet for Lines 4 and 5 (below).

Note: A taxpayer filing single, head of household, qualifying widower, or married filing separate may **not** enter amounts on both Line 4, Taxable Social Security Benefits, and Line 5, Taxable Social Security Disability Benefits. Report only Social Security Benefits on Line 4 and

Social Security Disability Benefits on Line 5. However, if you are married filing a combined return, one spouse may enter an amount on Line 4 and the other spouse may enter an amount on Line 5.

MILITARY PENSION CALCULATION

A military pension is a pension received for your service in a branch of the armed services of the United States, including the Missouri Army Reserve and Missouri National Guard. You must reduce your military pension exemption by any portion of your military pension that is included in the calculation of your public pension exemption. Therefore, if you qualify for the public pension, make sure you complete the Public Pension Calculation (Section A) before you calculate your military pension exemption.

LINE 1 — TAXABLE MILITARY RETIREMENT BENEFITS

Include your total military retirement benefits reported on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b. If you are filing a combined return and both spouses had military retirement, combine those amounts on Line 1.

LINE 2 — TAXABLE PUBLIC PENSION

Include your total retirement benefits from public sources (including military) reported on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b. If you are filing a combined return and both spouses had retirement benefits from public sources, combine those amounts on Line 2.

LINE 4 — MILITARY BENEFITS INCLUDED IN PUBLIC PENSION EXEMPTION

Multiply the percentage calculated on Line 3 by the total public pension amount reported on Line 14 of Section A. If you did not claim a public pension, enter \$0.

LINE 6 — TOTAL MILITARY PENSION

The maximum military exemption you may claim in 2012 is equal to 45 percent of your military pension. Multiply the amount on Line 5 by 45 percent.

FORM MO-PTS

INFORMATION TO COMPLETE FORM MO-PTS

If you qualify for the Property Tax Credit you must attach your Form MO-PTS to your Form MO-1040 and mail to: Missouri Department of Revenue, P.O. Box 2800, Jefferson City, MO 65105-2800.

Important: You must complete Form MO-1040, Line 1 through Line 37, before you complete Form MO-PTS.

Note: If your filing status on Form MO-1040 is married filing combined, but you and your spouse lived at different addresses the entire year, you may file a separate Form **MO-PTC**. Do not include spouse name or social security number if you marked married filing separate. (Example: One spouse lives in a nursing home or residential care facility while the other spouse remains in the home the entire year.) If filing a separate **Form MO-PTC**, you cannot take the \$2,000 or \$4,000 deduction on Line 7 and you cannot calculate your Property Tax Credit on the Form MO-PTS.

QUALIFICATIONS

Check the applicable box to indicate under which qualification you are filing the Form MO-PTS. You must check a qualification box to be eligible for the credit. Check **only** one box. **Attach the appropriate documentation to verify your qualification**. (The required documentation is listed behind each qualification on Form MO-PTS.)

HELPFUL HINTS

If you are legally married and living together, you must file married filing combined and include all household income.

Please use the social security number of the person filing the claim.

LINE 2 — SOCIAL SECURITY BENEFITS

Enter the amount of nontaxable social security benefits before any deductions and the amount of social security equivalent railroad retirement benefits. See the follow ing to determine nontaxable benefits:

Federal Form 1040, Line 20a less Line 20b
Federal Form 1040A, Line 14a less Line 14b

1 _

Spouse

%

2S

Yourself

2Y

4

3Y % 3S

WORKSHEET FOR LINES 4 AND 5

- Total social security Enter amount from:
 Federal Form 1040A, Line 14a
 Federal Form 1040, Line 20a
- 2. Enter each spouse's portion of the total social security
- 3. Divide Line 2Y and 2S by Line 1
- 4. Taxable social security Enter amount from:
 - Federal Form 1040A, Line 14b
 - Federal Form 1040, Line 20b
- 5. Multiply Line 4 by percentages on 3Y and 3S and enter 5Y_____ 5S_ amounts here and on Lines 4 or 5 of Part 3 of the MO-A, Section C

• Form SSA-1099 and RRB-1099, total amount before deductions (if you did not include an amount on Federal Forms 1040 or 1040A)

Lump sum distributions from Social Security Administration and other agencies must be claimed in the year in which they are received.

HELPFUL HINTS

Wait to file your return until you get your Form SSA-1099 received in January, 2013, that states what your benefits were for the entire 2012 year. See the sample Form SSA-1099 on page 38.

If you are receiving railroad retirement benefits, you should get two Forms RRB-1099. Form RRB-1099-R shows annuities and pensions and the Form RRB-1099 is your social security equivalent railroad retirement benefits. Include the amount from Form RRB-1099 that states social security equivalent (usually Tier I benefits) on Line 2.

LINE 3 — EXEMPT INTEREST AND PENSION INCOME

Enter the amount of pensions, annuities, rental income, dividends, or exempt interest income not included on Form MO-PTS, Line 1. (Do not include amount of excludable costs of pensions or annuities.) See the following to determine the amount of your pension or exempt interest:

- Forms 1099-R or W-2P Total amount before deductions not included on Form MO-1040, Line 6 (Missouri adjusted gross income).
- Forms 1099-INT— Total amount not included on Form MO-1040, Line 6 (Missouri adjusted gross income). Include tax exempt interest from Form MO-A, Part 1, Line 7.

If grants or long-term care benefits are made payable to the nursing facility, do not include as income or rent.

LINE 4 — RAILROAD RETIREMENT BENEFITS

Enter railroad retirement benefits **before deductions** for medical premiums or withholdings of any kind from Form MO-A, Part 1, Line 9. (Attach a copy of your Form **RRB-1099-R.)** (Do not include social security equivalent railroad retirement included on Line 2).

LINE 5 — VETERAN BENEFITS

Include your veteran payments and benefits. Veteran payments and benefits include education or training allowances, disability compensation, grants, and insurance proceeds.

Exceptions: If you are 100 percent disabled as a result of military service, you are not required to include your veteran payments and benefits. You must attach a letter from the Veterans Administration that states that you are 100 percent disabled as a result of military service. To request a copy of the letter, call the Veterans Administration at (800) 827-1000.

If you are a surviving spouse and your spouse was 100 percent disabled as a result of military service, all the veteran payments and benefits must be included.

LINE 6 — PUBLIC ASSISTANCE

Include the amount of public assistance, Supplemental Security Income (SSI), child support, unemployment compensation, and Temporary Assistance payments received by you and your minor children. Temporary Assistance payments include Temporary Assistance for Needy Families (TANF) payments. In Missouri, the program is referred to as Temporary Assistance (TA).

HELPFUL HINTS

Supplemental Security Income (SSI) is paid by the Social Security Administration. You have to request an SSI form indicating total benefits received from your local social security office. The form should be stamped or signed by the Social Security Administration. If you have minor children who receive SSI benefits, the children do not qualify for a credit. However, if you qualify for a credit, you must include the children's SSI benefits on Line 6.

If you receive temporary assistance from the Children's Division (CD) or Family Support Division (FSD), you must include **all** cash benefits received for your **entire** household. The Department of Revenue verifies this information and failure to include total benefits may delay your refund.

This includes any payments received from the government. Do not include the value of commodity foods, food stamps, or heating and cooling assistance. Attach a copy of Forms SSA-1099, a letter from the Social Security Administration, a letter from Social Services that includes the total amount of assistance received, and Employment Security 1099, if applicable.

LINE 7 — NONBUSINESS LOSS(ES) Complete Line 7 only if nonbusiness losses reduced the amount reported on Form MO-PTS, Line 1. If Line 1 was reduced by nonbusiness losses, add back the amount of the loss on Line 7. A nonbusiness loss is a loss of income that did not result from a trade or business. (Losses from Federal Form 1040, Schedule F and Schedule C are considered business losses and should not be included here.)

LINE 9 — FILING STATUS DEDUCTION

If you are single, enter "0". If you are **married—living separate for entire year**, and you are filing married filing separate on Form MO-1040, enter "0".

If your filing status is **Married and Filing Combined**, see below to determine the amount you will enter on Line 9.

- If you OWNED and OCCUPIED your home for the ENTIRE YEAR, enter \$4,000 on Line 9.
- If you RENTED or did not own your home for the **ENTIRE YEAR**, enter \$2,000 on Line 9.

Enter the amount that you determined on Line 9. Be sure to include both incomes on Lines 1–6.

LINE 10 — NET HOUSEHOLD INCOME

Subtract Line 9 from Line 8 and enter amount on Line 10. If you RENTED or did not own and occupy your home for the **ENTIRE YEAR**, the amount you enter on Line 10 cannot exceed \$27,500. If the amount of your net household income on Line 10 is above \$27,500, and you are not eligible for the credit. There is no need to complete and submit the form.

If you OWNED AND OCCUPIED your home for the **ENTIRE YEAR**, the amount you enter on Line 10 cannot exceed \$30,000. If the amount of your net household income on Line 10 is above \$30,000, you are not eligible for the credit. There is no need to complete and submit the form.

Note: Your home or dwelling is the place in which you reside in Missouri, whether owned or rented, and the surrounding land, not to exceed five acres, as is reasonably necessary for use of the dwelling as a home. A home may be part of a larger unit such as a farm or building partly rented or used for business.

LINE 11 — OWN YOUR HOME

If you owned and occupied your home, include the amount of real estate tax you paid for 2012 only, or \$1,100, whichever is less. **Do not include special assessments** (sewer lateral), penalties, service charges, and interest listed on your tax receipt. You can only claim the taxes on your primary residence that you occupy. Secondary homes are not eligible for the credit.

If you submit more than one receipt from a city or county for your residence, please submit a letter of explanation.

If your home or farm has more than five acres or you own a mobile home and it is classified as personal property, a Form 948 Assessors Certification must be attached with a copy of your paid personal or real property tax receipt. If you own a mobile home and it is classified as real property, a Form 948 isn't needed. In such cases, you can claim property tax for the mobile home and if applicable, rent for the lot. A credit **will not** be allowed on vehicles and other items listed on the personal property tax receipt.

If you share a home, report only the portion of real estate tax that was actually paid by you.

If you use your home for business purposes, the percentage of your home that is used for business purposes must be subtracted from your real estate taxes paid. If you need to use a Form 948 to calculate the amount of real estate tax, you must subtract the percentage of your home that is used for business purposes from allowable real estate taxes paid.

Example: Ruth has 10 acres surrounding her house. She needs to use a Form 948, because she is only entitled to receive credit for 5 acres. By her calculations, she enters \$500 on Form 948, Line 6. Ruth also uses 15 percent of her house for her business. She will multiply \$500 by 85 percent and enter this figure (\$425) on Form MO-PTS, Line 11.

LINE 12 — RENT YOUR HOME

Complete one Form MO-CRP, Certification of Rent Paid, for **each** rented home (including mobile home or lot) you occupied during 2012. The Form MO-CRP is on the back of the Form MO-PTS.

HELPFUL HINTS

If you receive low income housing assistance the rent you claim may not exceed 40 percent of your income. Please claim only the amount of rent you pay or your refund will be delayed or denied.

You cannot claim returned check fees, late fees, security and cleaning deposits, or any other deposits.

HELPFUL HINTS

If you rent from a facility that does not pay real estate taxes, you are not eligible for a Property Tax Credit.

If your gross rent paid exceeds your house hold income, you must attach a detailed statement explaining how the additional rent was paid or the claim will be denied.

Add the totals from Line 9 on all Forms MO-CRP completed, and enter the amount on Line 12, or \$750, whichever is less. Attach rent receipt(s) or a signed statement from your landlord for any rent you are claiming, along with Form MO-CRP. The rent receipt(s) or statement, must be signed by the landlord and include his or her tax identification or social security number and phone number. Copies of cancelled checks (front and back) will be accepted if your landlord will not provide rent receipts or a statement.

If you have the same address as your landlord, please verify the number of occupants and living units.

LINE 13 — TOTAL REAL ESTATE TAX/RENT PAID

Add amounts from Form MO-PTS, Lines 11 and 12 and enter amount on Line 13, or \$1,100, whichever is less.

Example: Ester owns her home for three months and pays \$100 in property taxes. For nine months she rents an apartment and pays \$4,000 in rent. The amount on Line 9 of the MO-CRP is \$800 (\$4,000 x 20%). Form MO-PTS, Line 11, is \$100; Line 12 is \$750; and Line 13 is \$850. The \$800 for rent is limited on Line 12 to \$750.

LINE 14 — PROPERTY TAX CREDIT

Apply Lines 10 and 13 to the Property Tax Credit Chart on pages 41, 42 and 43 to determine the amount of your property tax credit. If you have another income tax or property tax credit liability, this property tax credit may be applied to that liability in accordance with Section 143.782, RSMo. You will be notified if your credit is offset against any debts.

Information to Complete Form MO-CRP

If you rent from a tax exempt facility, you do not qualify.

STEP 1: Enter all information requested on Lines 1–5. If rent is paid to a relative, the relationship to the landlord must be indicated on Line 1. Your claim may be delayed if you fail to enter all required information.

STEP 2: Enter on Line 6 the gross rent paid. Exclude rent paid for any portion of your home used in the production of income, and the rent paid for surrounding land with attachments not necessary nor maintained for homestead purposes. Also, exclude any rent paid to your landlord on your behalf by any organization.

STEP 3: If you were a resident of a nursing home or boarding home during 2012, use the applicable percentage on Line 7. If you live in a hotel and meals are included in your rent payment, enter 50 percent; otherwise enter 100 percent. If two or more unmarried individuals over 18 years of age share a residence and each pay part of the rent, enter the total rent on Form MO-CRP, Line 6 and mark the appropriate percentage on box G of Line 7.

If the rent receipt is for the total rent amount, then the percentage on box G of the Form MO-CRP must be used to determine your credit.

If none of the reductions apply to you, enter 100 percent on Line 7.

STEP 4: Multiply Line 6 by the percentage on Line 7. Enter this amount on Form MO-CRP, Line 8.

STEP 5: Multiply Line 8 by 20 percent and enter the result on Line 9. Add the totals from Line 9 on all completed Forms MO-CRP and enter the amount on Line 12 of MO-PTS.

HELPFUL HINTS

An apartment is a room or suite of rooms with separate facilities for cooking and other normal household functions.

A boarding home is a house that provides meals, lodging, and the residents share common facilities.

| FORM SSA-1099 – SOCIAL SECURITY BENER | IT STATEMENT |
|---------------------------------------|---------------------|
|---------------------------------------|---------------------|

| lox 1. Name | | | | Box 2. Beneficiary's Social Security Number | | | | |
|------------------------------------|-----------------|-----------------|--|--|--|--|--|--|
| BETTY TAXPAYER | | | 555-66-7777 | | | | | |
| Box 3. Benefits Paid in 2013 | Box 4. Benefits | s Repaid to SSA | A in 2013 Box 5. Net Benefits for 2013 (Box 3 minus) | | | | | |
| *\$8,400.00 | NONE | | \$8,400.00 | | | | | |
| DESCRIPTION OF A | | Х З | DESCRIPTION OF AMOUNT IN BOX 4 | | | | | |
| aid by check or direct deposit | | \$7,800.00 | | NONE | | | | |
| Medicare premiums deducted from | your benefit | \$600.00 | | | | | | |
| Fotal Additions | | \$8,400.00 | | | | | | |
| Benefits for 2013 | | \$8,400.00 | | | | | | |
| | | | NONE | | | | | |
| | | | Box 7. A | Address | | | | |
| | | | | | | | | |
| | | | | Y TAXPAYER TAXES LANE | | | | |
| | | | TAXT | rown, mo 55555-5555 | | | | |
| | | | Box 8. C | Claim Number (Use this number if you need to contact S | | | | |
| Includes: \$12.00 Paid in 2013 for | 2012 | | 555-6 | 6-7777 | | | | |

| MISSOURI DEPARTMENT OF REVENUE 2012 INDIVIDUAL CONSUMER'S USE TAX RETURN | | | FORM 4340 REV. (12-2012) | Jan | x PERIO . – Dec 201212 | . 12 | DUE DATE | 1. MISSOURI TAX ID NUMBER (LEAVE BLANK IF YOU DO NOT HAVE ONE) | | | DNE) | | | | |
|---|-----------------|-----|---------------------------------------|----------------|--|----------------|------------|---|---------------------------|-----------|-------------------------|-----------------|-------|--------------|------|
| 2. LAST NAME | FIRST NAME | | M.I. | SSN | | STREE | ET ADDRESS | | | CITY | | | STATE | ZIP | |
| 3. SPOUSE'S LAST NAME | FIRST NAME | | M.I. | SPOUSE SSN | | STREET ADDRESS | | ET ADDRESS | | CITY | | s | | ZIP | |
| 4. STREET ADDRE | SS | | CITY | | Z | ZIP | 5. INS | IDE CITY LIMITS | 6. CITY/COL CODE(S | | 7. TAXABLE PURCHASES | 8. TAX RATE | | AMOUN TAX | T OF |
| | | | | | Yes | | Yes | | | | | | | | |
| | | | | | | | | Yes | | | | | | | |
| | | | | | | | | Yes | | | | | | | |
| | | | | | | | | 🗌 Yes | | | | | | | |
| 15. PROVIDE A DESCRIPTION OF F | PURCHASES YOU M | ADE | | | | | | | TOTAL TAXA PURCHAS | | 10. | TOTAL TAX DU | | | |
| | | | | | | | | - | | | INTEREST F | | 12. | | |
| 16. ONE TIME PURCHASE I I EXPECT TO MAKE FUTURE TAXABLE PURCHASES. (SEE INSTRUCTIONS) | | | | | | | | | | ADDITIONS | ΤΟ ΤΑΧ | 13. | | | |
| I have direct control, supervision, or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare that this is a true, accurate, and complete return. | | | | | | | | | PAY THIS A (U.S. funds | | 14. | | | | |
| 17. SIGNATURE(S) | | | | DATE (MMDDYYY | DATE (MMDDYYYY) DAYTIME TELEPHONE DOR ONLY | | | | | | | | | | |
| MAKE CHECK PAYABLE TO: MISS | SOURI DEPARTME | | MAII | TO MISSOURI DE | PAR | | | VENUE PO BOX | 840 JEFE | RSON | CITY MO 65105 | -0840 D | | | літн |

MAKE CHECK PAYABLE TO: MISSOURI DEPARTMENT OF REVENUE. MAIL TO MISSOURI DEPARTMENT OF REVENUE, PO BOX 840, JEFFERSON CITY, MO 65105-0840. DO NOT SEND WITH INDIVIDUAL INCOME TAX RETURN. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.

MISSOURI DEPARTMENT OF REVENUE INDIVIDUAL CONSUMER'S USE TAX INSTRUCTIONS

Individual Consumer's Use Tax Return (Form 4340) WHAT IS CONSUMER'S USE TAX?

Use tax is imposed on the storage, use, or consumption of tangible personal property in this state. You must pay consumer's use tax on tangible personal property stored, used, or consumed in Missouri unless you paid tax to the seller or the property is exempt from tax. If an out-of-state seller does not collect use tax from the purchaser, the purchaser is responsible for remitting the use tax to Missouri. A purchaser is required to file a use tax return if the cumulative purchases subject to use tax exceed \$2,000 in a calendar year. Use tax is computed on the purchase price of the goods. Please refer to the Department's web site for additional information: http://dor.mo.gov/personal/consumer.

TAXABLE PURCHASES

Compile a list of all purchases you made during the calendar year and didn't previously pay Missouri sales or use tax. You can find this information from invoices, bills, credit card statements, and cancelled checks. Examples are purchases you made from the Internet, catalogues, food purchases, TV or telephone marketing, goods from foreign countries, and aircraft. The total of all purchases during the year that were not previously taxed must be used in computing the amount of use tax due.

DUE DATE

The due date each year is April 15. When the due date falls on a Saturday, Sunday, or a legal holiday, the return and payment are considered timely if made on the next business day.

LINE BY LINE INSTRUCTIONS

- 1. Enter your Missouri Tax ID Number. If you do not have a number, leave blank.
- 2. Enter your full name, Social Security Number, and complete address.
- 3. Enter your spouse's full name, Social Security Number, and complete address.
- 4. List each address in which you made purchases subject to Missouri consumer's use tax. Typically, this is your home address.
- Check the box "Yes" if your address is inside the city limits. This information is used to determine the correct tax rate.
- Enter the city and county code for your address. These codes can be found at http://dor.mo.gov/business/sales/rates.
- Enter the taxable purchases for each reporting location during the tax period. Enter zero if you made no taxable purchases at a location during the tax period.

This form is not intended for use by businesses. Businesses that have a use tax liability should contact the Department of Revenue. See the address and phone number below.

- 8. Enter the tax rate found at http://dor.mo.gov/business/sales/rates. Select the use tax rate where you reside unless you are storing, using, or consuming tangible personal property at a different location. For qualifying food purchases you will use the food use tax rate. For aircraft purchases the tax rate is calculated based on where the aircraft is hangared.
- 9. Enter the amount of tax by multiplying taxable purchases times the tax rate.
- 10. Enter total taxable purchases.
- 11. Enter total tax due.
- 12. Enter interest for late payment. The interest rate is subject to change each year. Refer to the Department's web site http://dor.mo.gov/calculators/interest/ to calculate the amount of interest due.
- 13. Enter the amount of additions to tax. The rate is 5% per month of total tax due, not to exceed 25%. Refer to the Department's web site at http://dor.mo.gov/calculators/ interest/ to calculate the amount of additions due.
- 14. Enter the sum of Lines 11 through 13.
- 15. Enter a description of the purchases you made subject to use tax.
- 16. Check one of the blanks. If you indicate one time purchase, you will be issued a Missouri Tax ID number to process your return, but you will not be required to register with the Department unless you have ongoing purchases.

If you expect to make future taxable purchases, the Department will issue a Missouri Tax ID number and request you complete a Missouri Tax Registration Application (Form 2643). Following the registration process you will receive a preprinted Consumer's Use Tax Return (Form 53-C) to complete each year by April 15, unless you indicate a different filing frequency on your registration application.

17. Sign, date, and enter your daytime telephone number.

Do not send cash. You may not use your individual income tax refund to pay your use tax liability.

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

MAIL TO: Missouri Department of Revenue PO Box 840 Jefferson City MO 65105-0840

If you require additional information regarding consumer's use tax, please e-mail salesuse@dor.mo.gov or call (573) 751-2836. Speech and hearing impaired may use TDD (800) 735-2966 or fax (573) 526-1881.

The use tax rates may be found on the internet at http://dor.mo.gov/business/sales/rates/2012/. Use the "USE RATE" column to ensure correct rates.



MISSOURI DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX PAYMENT VOUCHER INSTRUCTIONS

What Is Form MO-1040V and Why Should I Use It?

Form MO-1040V, Individual Income Tax Payment Voucher, is the voucher you send with your payment when you do not make the payment with your income tax return. It is similar to vouchers returned with loan, utility, and credit card payments. Form MO-1040V ensures that your payment will be processed more efficiently and accurately. Form MO-1040V allows you to file your completed income tax return and send your payment at a later date. Your income tax return and payment are due no later than April 15, 2013.

When Should I Use Form MO-1040V?

If you have an amount due on an electronically filed return, or do not submit payment in full when you file your income tax return, send Form MO-1040V with your payment.

How Do I Fill In the Payment Voucher?

Complete the name(s) and address block. Use the label from the front cover of your book if the address information on the label is correct.

Line 1 — Enter your social security number (SSN) on Line 1. If you are filing a combined return, enter on Line 1 the first SSN as shown on your return.

Line 2 — Enter the first four letters of your last name on Line 2. See examples.

| NAME | ENTER | | |
|--------------------|-------|---|--------------------|
| John Brown | BROW | 1 | |
| Juan De Jesus | DEJE | | |
| Joan A. Lee | LEE | | Please use capital |
| Jean McCarthy | MCCA | | letters as shown. |
| John O'Neill | ONEI | | |
| Pedro Torres-Lopez | TORR | J | |

Line 3 — If you are filing a combined return, enter on Line 3 your spouse's SSN.

Line 4 — Enter the first four letters of your spouse's last name on Line 4. See examples for Line 2, above,

Line 5 — Enter the amount of your payment in whole dollars on Line 5.

How Do I Make My Payment?

- Make your check or money order payable to the "Missouri Department of Revenue." Do not send cash (U.S. funds only). Do not postdate your check; it will be cashed upon receipt. The Department of Revenue may collect checks returned for insufficient or uncollected funds electronically.
- Write your name, address, SSN, daytime telephone number, and "2012 MO Income Tax" on your check or money order.
- Detach the payment voucher at the perforation, and mail with your payment.
- Please mail your Form MO-1040V and payment to: **Missouri Department of Revenue** P.O. Box 371 Jefferson City, MO 65105-0371

Please print as shown below in black or dark blue ink. Do not use red ink or pencil.



Federal Privacy Notice

The Federal Privacy Act requires the Missouri Department of Revenue (Department) to inform taxpayers of the Department's legal authority for requesting identifying information, including social security numbers, and to explain why the information is needed and how the information will be used.

Chapter 143 of the Missouri Revised Statutes authorizes the Department to request information necessary to carry out the tax laws of the state of Missouri. Federal law 42 U.S.C. Section 405 (c)(2)(C) authorizes the states to require taxpayers to provide social security numbers.

The Department uses your social security number to identify you and process your tax returns and other documents, to determine and collect the correct amount of tax, to ensure you are complying with the tax laws, and to exchange tax information with the Internal Revenue Service, other states, and the Multistate Tax Commission (Chapters 32 and 143, RSMo). In addition, statutorily provided non-tax uses are: (1) to provide information to the Department of Higher Education with respect to applicants for financial assistance under Chapter 173, RSMo and (2) to offset refunds against amounts due to a state agency by a person or entity (Chapter 143, RSMo). Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having the statutory right to obtain it [as indicated above]. In addition, information may be disclosed to the public regarding the name of a tax credit recipient and the amount issued to such recipient (Chapter 135, RSMo). (For the Department's authority to prescribe forms and to require furnishing of social security numbers, see Chapters 135, 143, and 144, RSMo.)

You are required to provide your social security number on your tax return. Failure to provide your social security number or providing a false social security number may result in criminal action against you.

(12-2012)

| | HE MISSOURI | Social security number Name control | * | | .00 |
|---|--|---|---|--|--------------------|
| CITY STATE Z | ZIP CODE | | | | |
| FULL PAYMENT OF TAXES MUST BE SUBMITTED BY APRIL 15, 2 INTEREST AND ADDITION TO TAX FOR FAILURE TO PAY. If you pa authorize the Department of Revenue to process the check electronical check may be presented again electronically. | 2013 TO AVOID ay by check, you lly. Any returned | DOR USE ONLY | * | | |
| PLEASE SEND CHECK OR MONEY ORDER (U.S. FUNDS ONLY) | | | | | MO-1040V (12-2012) |

A. Enter amount from Line 10 here ____

B. Enter amount from Line 13 here _

C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTS, Line 14.

2012 PROPERTY TAX CREDIT CHART

| AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE 13 — TOTAL REAL ESTATE TAX PAID | | | | | | | | | | | | | | | |
|--|------------------|------------|------------|--------------|--------------|------------|------------|-------------|------------|------------|-------------|------------|-------------|------------|------------|
| | | | | FROM — | | | | FRC | рм —— | | | | - FROM | 1 | |
| | | 1076 | 1051 | 1026 | 1001 | 976 | 951 | 926 | 901 | 876 | 851 | 826 | 801 | 776 | 751 |
| | | | | то — | | | | — те | 0 | | | | — то - | | |
| | | 1100 | 1075 | 1050 | 1025 | 1000 | 975 | 950 | 925 | 900 | 875 | 850 | 825 | 800 | 775 |
| FROM | то | | Pofun | d is the act | tual total a | mount of | allowable | real estate | tax paid | not to ov | cood \$1 1(|)0 (Earm A | AO-PTS, Li | no 12) | |
| FROM | TO | | | | | | | | | | | | perty Tax C | | |
| 14,301 | 14,300 14,600 | 1078 | 1053 | 1028 | 1003 | 978 | 953 | 928 | 903 | 878 | 853 | 828 | 803 | 778 | 753 |
| 14,501 | 14,900 | 10/0 | 1033 | 1020 | 994 | 969 | 944 | 919 | 894 | 869 | 844 | 819 | 794 | 769 | 744 |
| 14,901 | 15,200 | 1059 | 1034 | 1009 | 984 | 959 | 934 | 909 | 884 | 859 | 834 | 809 | 784 | 759 | 734 |
| 15,201 | 15,500 | 1049 | 1024 | 999 | 974 | 949 | 924 | 899 | 874 | 849 | 824 | 799 | 774 | 749 | 724 |
| 15,501 | 15,800 | 1039 | 1014 | 989 | 964 | 939 | 914 | 889 | 864 | 839 | 814 | 789 | 764 | 739 | 714 |
| 15,801 | 16,100 | 1028 | 1003 | 978 | 953 | 928 | 903 | 878 | 853 | 828 | 803 | 778 | 753 | 728 | 703 |
| 16,101 | 16,400 | 1016 | 991 | 966 | 941 | 916 | 891 | 866 | 841 | 816 | 791 | 766 | 741 | 716 | 691 |
| 16,401 | 16,700 | 1005 | 980 | 955 | 930 | 905 | 880 | 855 | 830 | 805 | 780 | 755 | 730 | 705 | 680 |
| 16,701 | 17,000 | 993 | 968 | 943 | 918 | 893 | 868 | 843 | 818 | 793 | 768 | 743 | 718 | 693 | 668 |
| 17,001 | 17,300 | 980 | 955 | 930 | 905 | 880 | 855 | 830 | 805 | 780 | 755 | 730 | 705 | 680 | 655 |
| 17,301 | 17,600 | 968 | 943 | 918 | 893 | 868 | 843 | 818 | 793 | 768 | 743 | 718 | 693 | 668 | 643 |
| 17,601 | 17,900 | 954 | 929 | 904 | 879 | 854 | 829 | 804 | 779 | 754 | 729 | 704 | 679 | 654 | 629 |
| 17,901 | 18,200 | 941 | 916 | 891 | 866 | 841 | 816 | 791 | 766 | 741 | 716 | 691 | 666 | 641 | 616 |
| 18,201 | 18,500 | 927 | 902 | 877 | 852 | 827 | 802 | 777 | 752 | 727 | 702 | 677 | 652 | 627 | 602 |
| 18,501 | 18,800 | 913 898 | 888 873 | 863 848 | 838 823 | 813 798 | 788 773 | 763 748 | 738 723 | 713 698 | 688 673 | 663 648 | 638 623 | 613 598 | 588 573 |
| 18,801 19,101 | 19,100 19,400 | 883 | 858 | 833 | 808 | 783 | 758 | 733 | 723 | 683 | 658 | 633 | 608 | 583 | 575 |
| 19,401 | 19,700 | 868 | 843 | 818 | 793 | 768 | 743 | 718 | 693 | 668 | 643 | 618 | 593 | 568 | 543 |
| 19,701 | 20,000 | 852 | 827 | 802 | 777 | 752 | 727 | 702 | 677 | 652 | 627 | 602 | 577 | 552 | 527 |
| 20,001 | 20,300 | 836 | 811 | 786 | 761 | 736 | 711 | 686 | 661 | 636 | 611 | 586 | 561 | 536 | 511 |
| 20,301 | 20,600 | 819 | 794 | 769 | 744 | 719 | 694 | 669 | 644 | 619 | 594 | 569 | 544 | 519 | 494 |
| 20,601 | 20,900 | 802 | 777 | 752 | 727 | 702 | 677 | 652 | 627 | 602 | 577 | 552 | 527 | 502 | 477 |
| 20,901 | 21,200 | 785 | 760 | 735 | 710 | 685 | 660 | 635 | 610 | 585 | 560 | 535 | 510 | 485 | 460 |
| 21,201 | 21,500 | 767 | 742 | 717 | 692 | 667 | 642 | 617 | 592 | 567 | 542 | 517 | 492 | 467 | 442 |
| 21,501 | 21,800 | 749 | 724 | 699 | 674 | 649 | 624 | 599 | 574 | 549 | 524 | 499 | 474 | 449 | 424 |
| 21,801 | 22,100 | 731 | 706 | 681 | 656 | 631 | 606 | 581 | 556 | 531 | 506 | 481 | 456 | 431 | 406 |
| 22,101 | 22,400 | 712 | 687 | 662 | 637 | 612 | 587 | 562 | 537 | 512 | 487 | 462 | 437 | 412 | 387 |
| 22,401 | 22,700 | 693 | 668 | 643 | 618 | 593 | 568 548 | 543 | 518 | 493 | 468 | 443 | 418 | 393 | 368 |
| 22,701 | 23,000 23,300 | 673 653 | 648 628 | 623 603 | 598 578 | 573 553 | 548 | 523 503 | 498 478 | 473 453 | 448 428 | 423 403 | 398 378 | 373 353 | 348 328 |
| 23,001 23,301 | 23,600 | 633 | 608 | 583 | 558 | 533 | 508 | 483 | 478 | 433 | 408 | 383 | 358 | 333 | 308 |
| 23,601 | 23,900 | 613 | 588 | 563 | 538 | 513 | 488 | 463 | 438 | 413 | 388 | 363 | 338 | 313 | 288 |
| 23,901 | 24,200 | 591 | 566 | 541 | 516 | 491 | 466 | 441 | 416 | 391 | 366 | 341 | 316 | 291 | 266 |
| 24,201 | 24,500 | 570 | 545 | 520 | 495 | 470 | 445 | 420 | 395 | 370 | 345 | 320 | 295 | 270 | 245 |
| 24,501 | 24,800 | 548 | 523 | 498 | 473 | 448 | 423 | 398 | 373 | 348 | 323 | 298 | 273 | 248 | 223 |
| 24,801 | 25,100 | 526 | 501 | 476 | 451 | 426 | 401 | 376 | 351 | 326 | 301 | 276 | 251 | 226 | 201 |
| 25,101 | 25,400 | 504 | 479 | 454 | 429 | 404 | 379 | 354 | 329 | 304 | 279 | 254 | 229 | 204 | 179 |
| 25,401 | 25,700 | 481 | 456 | 431 | 406 | 381 | 356 | 331 | 306 | 281 | 256 | 231 | 206 | 181 | 156 |
| 25,701 | 26,000 | 457 | 432 | 407 | 382 | 357 | 332 | 307 | 282 | 257 | 232 | 207 | 182 | 157 | 132 |
| 26,001 | 26,300 | 434 | 409 | 384 | 359 | 334 | 309 | 284 | 259 | 234 | 209 | 184 | 159 | 134 | 109 |
| 26,301 | 26,600 | 410 385 | 385 360 | 360 335 | 335 310 | 310 285 | 285 260 | 260 235 | 235 210 | 210 185 | 185 160 | 160 135 | 135 110 | 110 85 | 85 60 |
| 26,601 26,901 | 26,900 27,200 | 361 | 336 | 311 | 286 | 263 | 236 | 233 | 186 | 161 | 136 | 111 | 86 | 61 | 36 |
| 27,201 | 27,200 | 335 | 310 | 285 | 260 | 235 | 210 | 185 | 160 | 135 | 110 | 85 | 60 | 35 | 10 |
| 27,501 | 27,300 | 310 | 285 | 260 | 235 | 210 | 185 | 160 | 135 | 110 | 85 | 60 | 35 | 10 | 10 |
| 27,801 | 28,100 | 284 | 259 | 234 | 209 | 184 | 159 | 134 | 109 | 84 | 59 | 34 | 9 | | |
| 28,101 | 28,400 | 258 | 233 | 208 | 183 | 158 | 133 | 108 | 83 | 58 | 33 | 8 | | | |
| 28,401 | 28,700 | 231 | 206 | 181 | 156 | 131 | 106 | 81 | 56 | 31 | 6 | | | | |
| 28,701 | 29,000 | 204 | 179 | 154 | 129 | 104 | 79 | 54 | 29 | 4 | | | | | |
| 29,001 | 29,300 | 177 | 152 | 127 | 102 | 77 | 52 | 27 | 2 | | | | | | |
| 29,301 | 29,600 | 149 | 124 | 99 | 74 | 49 | 24 | | | | | | | | |
| 29,601 | 29,900 | 121 | 96 | 71 | 46 | 21 | | | | | | | | | |
| 29,901 | 30,000 | 95 | 70 | 45 | 20 | | 4.1 | | | | | | | | |

A. Enter amount from Line 10 here

B. Enter amount from Line 13 here _

C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTS, Line 14.

AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE 13 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID

| AMOUN | NT FROM | | | | OM FC | | J-P15, L | | | AL KEAL | ESTAT | ΕΙΑΧΟ | | | |
|------------------|------------------|------------|------------|---------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|---------------------------------------|------------|
| | | 726 | 701 | FROM — 676 | 651 | 626 | 601 | | 551 | 526 | 501 | 476 | | 426 | 401 |
| | | 720 | 701 | | 031 | 020 | 001 | | | 520 | 501 | 470 | | 420 | 401 |
| | | 750 | 725 | - TO | 675 | 650 | 625 | 600 | 575 | 550 | 525 | 500 | | 450 | 425 |
| | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | | | | | | | uivalent no | | |
| 1 | 14,300 | | | | | | | | | | | | ible for a F | | |
| 14,301 14,601 | 14,600 14,900 | 728 719 | 703 694 | 678 669 | 653 644 | 628 619 | 603 594 | 578 569 | 553 544 | 528 519 | 503 494 | 478 469 | 453 444 | 428 419 | 403 394 |
| 14,901 | 15,200 | 709 | 694 684 | 659 | 634 | 609 | 594 | 559 | 534 | 509 | 494 | 469 | 444 | 419 | 384 |
| 15,201 | 15,500 | 699 | 674 | 649 | 624 | 599 | 574 | 549 | 524 | 499 | 474 | 449 | 424 | 399 | 374 |
| 15,501 | 15,800 | 689 | 664 | 639 | 614 | 589 | 564 | 539 | 514 | 489 | 464 | 439 | 414 | 389 | 364 |
| 15,801 | 16,100 | 678 | 653 | 628 | 603 | 578 | 553 | 528 | 503 | 478 | 453 | 428 | 403 | 378 | 353 |
| 16,101 | 16,400 | 666 | 641 | 616 | 591 | 566 | 541 | 516 | 491 | 466 | 441 | 416 | 391 | 366 | 341 |
| 16,401 | 16,700 | 655 | 630 | 605 | 580 | 555 | 530 | 505 | 480 | 455 | 430 | 405 | 380 | 355 | 330 |
| 16,701 | 17,000 | 643 | 618 | 593 | 568 | 543 | 518 | 493 | 468 | 443 | 418 | 393 | 368 | 343 | 318 |
| 17,001 | 17,300 | 630 | 605 | 580 | 555 | 530 | 505 | 480 | 455 | 430 | 405 | 380 | 355 | 330 | 305 |
| 17,301 | 17,600 | 618 | 593 | 568 | 543 | 518 | 493 | 468 | 443 | 418 | 393 | 368 | 343 | 318 | 293 |
| 17,601 | 17,900 | 604 | 579 | 554 | 529 | 504 | 479 | 454 | 429 | 404 | 379 | 354 | 329 | 304 | 279 |
| 17,901 | 18,200 | 591 | 566 | 541 | 516 | 491 | 466 | 441 | 416 | 391 | 366 | 341 | 316 | 291 | 266 |
| 18,201 | 18,500 | 577 | 552 | 527 | 502 | 477 | 452 | 427 | 402 | 377 | 352 | 327 | 302 | 277 | 252 |
| 18,501 | 18,800 | 563 | 538 | 513 | 488 | 463 | 438 | 413 | 388 | 363 | 338 | 313 | 288 | 263 | 238 |
| 18,801 19,101 | 19,100 19,400 | 548 533 | 523 508 | 498 483 | 473 458 | 448 433 | 423 408 | 398 | 373 358 | 348 333 | 323 308 | 298 | 273 258 | 248 233 | 223 208 |
| 19,101 | 19,400 | 535 | 493 | 463 | 430 | 433 | 393 | 383 368 | 343 | 318 | 293 | 283 268 | 230 | 233 | 193 |
| 19,701 | 20,000 | 502 | 493 | 400 | 443 | 402 | 393 | 352 | 343 | 302 | 293 | 252 | 243 | 202 | 193 |
| 20,001 | 20,300 | 486 | 461 | 436 | 411 | 386 | 361 | 336 | 311 | 286 | 261 | 236 | 211 | 186 | 161 |
| 20,301 | 20,600 | 469 | 444 | 419 | 394 | 369 | 344 | 319 | 294 | 269 | 244 | 219 | 194 | 169 | 144 |
| 20,601 | 20,900 | 452 | 427 | 402 | 377 | 352 | 327 | 302 | 277 | 252 | 227 | 202 | 177 | 152 | 127 |
| 20,901 | 21,200 | 435 | 410 | 385 | 360 | 335 | 310 | 285 | 260 | 235 | 210 | 185 | 160 | 135 | 110 |
| 21,201 | 21,500 | 417 | 392 | 367 | 342 | 317 | 292 | 267 | 242 | 217 | 192 | 167 | 142 | 117 | 92 |
| 21,501 | 21,800 | 399 | 374 | 349 | 324 | 299 | 274 | 249 | 224 | 199 | 174 | 149 | 124 | 99 | 74 |
| 21,801 | 22,100 | 381 | 356 | 331 | 306 | 281 | 256 | 231 | 206 | 181 | 156 | 131 | 106 | 81 | 56 |
| 22,101 | 22,400 | 362 | 337 | 312 | 287 | 262 | 237 | 212 | 187 | 162 | 137 | 112 | 87 | 62 | 37 |
| 22,401 | 22,700 | 343 | 318 | 293 | 268 | 243 | 218 | 193 | 168 | 143 | 118 | 93 | 68 | 43 | 18 |
| 22,701 | 23,000 | 323 | 298 | 273 | 248 | 223 | 198 | 173 | 148 | 123 | 98 | 73 | 48 | 23 | |
| 23,001 | 23,300 | 303 | 278 | 253 | 228 | 203 | 178 | 153 | 128 | 103 | 78 | 53 | 28 | 3 | |
| 23,301 23,601 | 23,600 23,900 | 283 263 | 258 238 | 233 213 | 208 188 | 183 163 | 158 138 | 133 113 | 108 88 | 83 63 | 58 38 | 33 13 | 8 | | |
| 23,901 | 23,900 | 265 | 230 | 191 | 166 | 141 | 116 | 91 | 66 | 41 | 16 | 15 | | | |
| 24,201 | 24,500 | 220 | 195 | 170 | 145 | 120 | 95 | 70 | 45 | 20 | 10 | | | | |
| 24,501 | 24,800 | 198 | 173 | 148 | 123 | 98 | 73 | 48 | 23 | 20 | | | | | |
| 24,801 | 25,100 | 176 | 151 | 126 | 101 | 76 | 51 | 26 | 1 | | | Ν | | | |
| 25,101 | 25,400 | 154 | 129 | 104 | 79 | 54 | 29 | 4 | | | | | | | |
| 25,401 | 25,700 | 131 | 106 | 81 | 56 | 31 | 6 | | | | | | | | |
| 25,701 | 26,000 | 107 | 82 | 57 | 32 | 7 | | | | | | | | | |
| 26,001 | 26,300 | 84 | 59 | 34 | 9 | | | | | | E | XAMPL | E: | | |
| 26,301 | 26,600 | 60 | 35 | 10 | | | | | | | | | 0 is \$2 | 23.980 | and |
| 26,601 | 26,900 | 35 | 10 | | | | | | | | | | of For | · · · · · · · · · · · · · · · · · · · | |
| 26,901 | 27,200 | 11 | | | | | | | | | | | then th | | |
| 27,201 | 27,500 | | | | | | | | | | | ould be | | | |
| 27,501 27,801 | 27,800 28,100 | | | | | | This are | ea indic | atos n | | | | | | |
| 27,001 | 28,400 | | | | | | | | | | | | | | |
| 28,401 | 28,700 | | | | | | credit | is allow | vable. | | | | | | |
| 28,701 | 29,000 | | | | | | | | | | | | | | |
| 29,001 | 29,300 | | | | | | | | | | | | | | |
| 29,301 | 29,600 | | | | | | | | | | | | | | |
| 29,601 | 29,900 | | | | | | | | | | | | | | |
| 29,901 | 30,000 | | | | | | | | | | | | | | |
| · · | 1 | 1 | | | | | 4 | | | | I | | 1 | | |

A. Enter amount from Line 10 here _____

B. Enter amount from Line 13 here ____

C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTS, Line 14.

AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE 13 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID

| | NT FROM | | D ADC | | | | | -F15, LI | | | | AL EST | AIE I/ | | | F KEIN | |
|------------------|------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-----------|----------|-------------|------------|---------|----|
| | | 276 | 251 | FROM | 201 | 276 | 251 | 226 | FRC | | 1 - 1 | 100 | 101 | 76 | FROM - | 26 | 1 |
| | | 376 | 351 | 326 | 301 | 276 | 251 | 226 | 201 | 176 | 151 | 126 | 101 | 76 | 51 | 26 | 1 |
| | | | | — TO - | | | | 0.50 | T(| - | 4 | 1 = 0 | 105 | 1.0.0 | <u>-то</u> | | |
| | | 400 | 375 | 350 | 325 | 300 | 275 | 250 | 225 | 200 | 175 | 150 | 125 | 100 | 75 | 50 | 25 |
| FROM | ТО | | | | | | | | | | | | | lit equival | | | |
| 1 | 14,300 | | | | | | | | | | | - | | t eligible | - | - | |
| 14,301 | 14,600 | 378 | 353 | 328 | 303 | 278 | 253 | 228 | 203 | 178 | 153 | 128 | 103 | 78 | 53 | 28 | 3 |
| 14,601 | 14,900 | 369 | 344 334 | 319 | 294 | 269 | 244 | 219 | 194 | 169 | 144 | 119 | 94 84 | 69 50 | 44 34 | 19 9 | |
| 14,901 15,201 | 15,200 15,500 | 359 349 | 324 | 309 299 | 284 274 | 259 249 | 234 224 | 209 199 | 184 174 | 159 149 | 134 124 | 109 99 | 74 | 59 49 | 24 | 9 | |
| 15,201 | 15,800 | 339 | 314 | 289 | 264 | 239 | 214 | 189 | 164 | 139 | 114 | 89 | 64 | 39 | 14 | | |
| 15,801 | 16,100 | 328 | 303 | 278 | 253 | 228 | 203 | 178 | 153 | 128 | 103 | 78 | 53 | 28 | 3 | | |
| 16,101 | 16,400 | 316 | 291 | 266 | 241 | 216 | 191 | 166 | 141 | 116 | 91 | 66 | 41 | 16 | | | |
| 16,401 | 16,700 | 305 | 280 | 255 | 230 | 205 | 180 | 155 | 130 | 105 | 80 | 55 | 30 | 5 | | | |
| 16,701 | 17,000 | 293 | 268 | 243 | 218 | 193 | 168 | 143 | 118 | 93 | 68 | 43 | 18 | | | | |
| 17,001 | 17,300 | 280 | 255 | 230 | 205 | 180 | 155 | 130 | 105 | 80 | 55 | 30 | 5 | | | | |
| 17,301 | 17,600 | 268 | 243 | 218 | 193 | 168 | 143 | 118 | 93 | 68 | 43 | 18 | | | | | |
| 17,601 | 17,900 | 254 | 229 | 204 | 179 | 154 | 129 | 104 | 79 | 54 | 29 | 4 | | | | | |
| 17,901 | 18,200 | 241 227 | 216 202 | 191 177 | 166 152 | 141 127 | 116 102 | 91 77 | 66 52 | 41 27 | 16 2 | | | | | | |
| 18,201 18,501 | 18,500 18,800 | 227 | 188 | 163 | 132 | 127 | 88 | 63 | 38 | 13 | 2 | | | | | | |
| 18,801 | 19,100 | 198 | 173 | 148 | 123 | 98 | 73 | 48 | 23 | 15 | | | | | | | |
| 19,101 | 19,400 | 183 | 158 | 133 | 108 | 83 | 58 | 33 | 8 | | | | | | | | |
| 19,401 | 19,700 | 168 | 143 | 118 | 93 | 68 | 43 | 18 | | | | | | | | | |
| 19,701 | 20,000 | 152 | 127 | 102 | 77 | 52 | 27 | 2 | | | | | | | | | |
| 20,001 | 20,300 | 136 | 111 | 86 | 61 | 36 | 11 | | | | | | | | | | |
| 20,301 | 20,600 | 119 | 94 | 69 | 44 | 19 | | | | | | | | | | | |
| 20,601 | 20,900 | 102 | 77 | 52 | 27 | 2 | | | | | | | | | | | |
| 20,901 | 21,200 | 85 | 60 | 35 17 | 10 | | | | | | XAM | | | | | | |
| 21,201 21,501 | 21,500 21,800 | 67 49 | 42 24 | 17 | | | | | | | | | \$10 3 | 360 an | | | |
| 21,301 | 22,100 | 31 | 6 | | | | | | | | | | | MO-PT | | | |
| 22,101 | 22,400 | 12 | U | | | | | | | | | | | ix cred | | | |
| 22,401 | 22,700 | | | | | | | | | | vould | | the to | | | | |
| 22,701 | 23,000 | | | | | | | | | | | | | | | | |
| 23,001 | 23,300 | | | | | | | | | | | | | | | | |
| 23,301 | 23,600 | | | | | | | | | | | | | | | | |
| 23,601 | 23,900 | | | | | | | | | | | | | | | | |
| 23,901 24,201 | 24,200 24,500 | | | | | | | | | | | | | | | | |
| 24,201 | 24,300 | | | | | | | | | | | | | | | | |
| 24,801 | 25,100 | | | | | | | | | | | | | | | | |
| 25,101 | 25,400 | | | | | | | | | | | | | | | | |
| 25,401 | 25,700 | | | | | | | | | | | | | | | | |
| 25,701 | 26,000 | | | | | | | | | | | | | | | | |
| 26,001 | 26,300 | | | | | | | | | | | | | | | | |
| 26,301 | 26,600 | | | | | | | | | | | | | | | | |
| 26,601 | 26,900 | | | | | _ | | | | | | | | | | | |
| 26,901 27,201 | 27,200 27,500 | | | | | | | | | | | | | | | | |
| 27,201 | 27,300 | | | | | | | | | | | | | | | | |
| 27,801 | 28,100 | | | | | | This | area i | ndicat | es no | | | | | | | |
| 28,101 | 28,400 | | | | | | | | allowa | | | | | | | | |
| 28,401 | 28,700 | | | | | | CIE | uit 15 à | anowa | ule. | | | | | | | |
| 28,701 | 29,000 | | | | | | | | | | | | | | | | |
| 29,001 | 29,300 | | | | | | | | | | | | | | | | |
| 29,301 | 29,600 | | | | | | | | | | | | | | | | |
| 29,601 | 29,900 | | | | | | | | | | | | | | | | |
| 29,901 | 30,000 | | | | | | | | | | | | | | | | |

MISSOURI DEPARTMENT OF REVENUE JEFFERSON CITY, MO 65105-2200

Please place this label in the address area of your return. Do not use this label if it is incorrect.

NEW MISSOURI REFUND DEBIT CARD

New this year, the Missouri Department of Revenue is offering the option of a Refund Debit Card for receiving your refund on your Missouri Individual Income Tax Return or Missouri Property Tax Credit Claim.

What are some benefits of receiving your refund on a debit card?

- NO bank account required.
- NO check-cashing fees.
- Access to your funds, 24 hours a day.

How do I receive my refund on a debit card?

- Mark the "debit card" box located on the refund line of your return.
- When your card arrives in the mail, activate it by phone or online.
- Once activated, create your own personal identification number and you can use your card immediately.

Where can I use the refund debit card, for free?

- You can use your refund debit card, for free, almost anywhere Visa is accepted:
 - Use it online for purchases or to pay bills.
- Use it in stores across the U.S.
- Use it to get cash back with purchases at supermarkets and other stores.
- Use it at ATMs. You may make one cash withdrawal at any ATM you choose (ATM surcharge may apply) and unlimited cash withdrawals at in-network ATMs.

Missouri Department of Revenue Tax Assistance Centers

Public Office Hours are 8:00 a.m. to 5:00 p.m. Monday through Friday

Individuals with speech or hearing impairments may use TDD (800) 735-2966 or fax (573) 526-1881.

| CAPE GIRARDEAU | 3102 Blattner Dr., Suite 102 | (573) 290-5850 |
|----------------|-------------------------------------|----------------|
| JEFFERSON CITY | 301 West High St., Room 330 | (573) 751-7191 |
| JOPLIN | 1110 East 7th St., Suite 400 | (417) 629-3070 |
| KANSAS CITY | 615 East 13th St., Room B-2 | (816) 889-2944 |
| SPRINGFIELD | 149 Park Central Square, Room 313 | (417) 895-6474 |
| ST. LOUIS | 3256 Laclede Station Rd., Suite 101 | (314) 877-0177 |
| ST. JOSEPH | 525 Jules, Room 314 | (816) 387-2230 |

Download forms, check the status of your return, or obtain a copy of the Taxpayer Bill of Rights on our web site at:

http://dor.mo.gov/personal/individual/.

REFUND CARD CHASE CHASE

OTHER IMPORTANT PHONE NUMBERS

General Inquiry Line (573) 751-3505

Automated Refund/Balance Due/ 1099G Inquiry (573) 526-8299

Electronic Filing Information (573) 751-3505