



Missouri Department of Revenue  
**2017 Individual Income Tax Return**  
**Single/Married (One Income)**

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

Vendor Code

Department Use Only

0 0 0

Select the appropriate boxes that apply.

**Age 65 or Older**

Yourself  Spouse

**Blind**

Yourself  Spouse

**100% Disabled**

Yourself  Spouse

**Non-Obligated Spouse**

Yourself  Spouse

Name

|  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Social Security Number   | Deceased in 2017         | Spouse's Social Security Number                                    | Deceased in 2017         |
| <input type="text"/> - <input type="text"/> - <input type="text"/> | <input type="checkbox"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> | <input type="checkbox"/> |
| First Name   | M.I.                     | Last Name  | Suffix                   |
| <input type="text"/>   | <input type="text"/>     | <input type="text"/>   | <input type="text"/>     |
| Spouse's First Name  | M.I.                     | Spouse's Last Name   | Suffix                   |
| <input type="text"/>   | <input type="text"/>     | <input type="text"/>   | <input type="text"/>     |

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

Address

Present Address (Include Apartment Number or Rural Route)

City, Town, or Post Office

State

ZIP Code

-

County of Residence

You may contribute to any one or all of the trust funds on Line 18. See instructions for more trust fund information.

|                       |                     |   |                                    |                        |                             |                                      |                      |                          |
|-----------------------|---------------------|---|------------------------------------|------------------------|-----------------------------|--------------------------------------|----------------------|--------------------------|
| Children's Trust Fund | Veterans Trust Fund | Elderly Home Delivered Meals Trust Fund | Missouri National Guard Trust Fund | Workers' Memorial Fund | Childhood Lead Testing Fund | Missouri Military Family Relief Fund | General Revenue Fund | Organ Donor Program Fund |
|-----------------------|---------------------|---|------------------------------------|------------------------|-----------------------------|--------------------------------------|----------------------|--------------------------|



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Income

- 1. Federal adjusted gross income from your 2017 federal return (see page 5 of the instructions) . . . . .  1  .00
- 2. Any state income tax refund included in your 2017 federal adjusted gross income. . . . .  2  .00
- 3. Total Missouri adjusted gross income - Subtract Line 2 from Line 1 . . . . .  3  .00

Exemptions and Deductions

- 4. Select your filing status box below. Enter the appropriate exemption amount on Line 4 . . . . .  4  .00
  - A. Single - \$2,100 (**see Box B before selecting.**)
  - D. Married Filing Separate - \$2,100
  - B. Claimed as a Dependent on Another Person's Federal Tax Return - \$0.00
  - E. Married Filing Separate (spouse NOT filing) - \$4,200
  - C. Married Filing Combined (joint federal) - \$4,200  
Select which spouse had income:  
 Yourself  Spouse
  - F. Head of Household - \$3,500
  - G. Qualifying Widow(er) with Dependent Child - \$3,500
- 5. Additional personal exemption (see instructions on page 6) . . . . .  5  .00
- 6. Tax from federal return. Enter this amount on Line 6, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers . . . . .  6  .00  
**Do not enter federal income tax withheld.** . . .  .00 **→**
- 7. Missouri standard deduction or itemized deductions.
  - Single or Married Filing Separate - \$6,350
  - Head of Household - \$9,350
  - Married Filing Combined or Qualifying Widow(er) - \$12,700
 If age 65 or older, blind, or claimed as a dependent, see federal return or page 6.  
 If you are itemizing, see page 14. . . . .  7  .00
- 8. Number of dependents you claimed on your Federal Form 1040 or 1040A, Line 6c. **Do not include yourself or spouse.** . . . . .  X \$1,200 =  8  .00  
 Select box if claiming a stillborn child (see instructions on page 6).
- 9. Long-term care insurance deduction . . . . .  9  .00
- 10. Total Deductions - Add Lines 4 through 9 . . . . .  10  .00

Tax

- 11. Missouri Taxable Income - Subtract Line 10 from Line 3. . . . .  11  .00
- 12. Tax - Use the tax chart on page 9 to figure the tax . . . . .  12  .00

Refund

- 13. Missouri tax withheld from your Forms W-2 and Forms 1099. Attach copies of Forms W-2 and Forms 1099. . . . .  13  .00
- 14. Any Missouri estimated tax payments made for 2017. Include overpayment from 2016 applied to 2017. . . . .  14  .00
- 15. Total Payments - Add Lines 13 and 14 . . . . .  15  .00
- 16. If Line 15 is more than Line 12, enter the difference. This is your overpayment. If Line 15 is less than Line 12, skip to Line 21 . . . . .  16  .00
- 17. Amount from Line 16 that you want applied to your 2018 estimated tax . . . . .  17  .00



Refund (continued)

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

|   |                      |                        |                      |                             |                           |                      |                        |  |                      |                      |     |
|---|----------------------|------------------------|----------------------|-----------------------------|---------------------------|----------------------|------------------------|--|----------------------|----------------------|-----|
| 18a. Children's Trust Fund                | <input type="text"/> | <input type="text"/>   | .00                  | 18b. Veterans Trust Fund    | <input type="text"/>      | <input type="text"/> | .00                    | 18c. Elderly Home Delivered Meals Trust Fund | <input type="text"/> | <input type="text"/> | .00 |
| 18d. Missouri National Guard Trust Fund   | <input type="text"/> | <input type="text"/>   | .00                  | 18e. Workers' Memorial Fund | <input type="text"/>      | <input type="text"/> | .00                    | 18f. Childhood Lead Testing Fund             | <input type="text"/> | <input type="text"/> | .00 |
| 18g. Missouri Military Family Relief Fund | <input type="text"/> | <input type="text"/>   | .00                  | 18h. General Revenue Fund   | <input type="text"/>      | <input type="text"/> | .00                    | 18i. Organ Donor Program Fund                | <input type="text"/> | <input type="text"/> | .00 |
| 18j. Additional Fund Code                 | <input type="text"/> | Additional Fund Amount | <input type="text"/> | .00                         | 18k. Additional Fund Code | <input type="text"/> | Additional Fund Amount | <input type="text"/>                         | .00                  |                      |     |

Total Donation - Add amounts from Boxes 18a through 18k and enter here. . . . . 18  .00

19. Amount from Line 16 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from Line E of Form 5632 . . . . . 19  .00

20. REFUND - Subtract Lines 17, 18, and 19 from Line 16 and enter here. . . . . 20  .00

# Reserved

Amount Due

21. **AMOUNT DUE** - If Line 15 is less than Line 12, enter the difference here . . . . . 21  .00

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he or 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. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

|           |                      |  |  |                 |                      |                      |                      |
|-----------|----------------------|--|--|-----------------|----------------------|----------------------|----------------------|
| Signature | <input type="text"/> |  |  | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|-----------|----------------------|--|--|-----------------|----------------------|----------------------|----------------------|

|   |                      |  |  |                 |                      |                      |                      |
|---|----------------------|--|--|-----------------|----------------------|----------------------|----------------------|
| Spouse's Signature (If filing combined, BOTH must sign) | <input type="text"/> |  |  | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|---|----------------------|--|--|-----------------|----------------------|----------------------|----------------------|

|                |                      |                   |                      |                      |                      |
|----------------|----------------------|-------------------|----------------------|----------------------|----------------------|
| E-mail Address | <input type="text"/> | Daytime Telephone | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------|----------------------|-------------------|----------------------|----------------------|----------------------|

|                      |                      |  |  |                 |                      |                      |                      |
|----------------------|----------------------|--|--|-----------------|----------------------|----------------------|----------------------|
| Preparer's Signature | <input type="text"/> |  |  | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|--|--|-----------------|----------------------|----------------------|----------------------|

|                               |                      |                      |                      |                      |                      |
|-------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Preparer's FEIN, SSN, or PTIN | <input type="text"/> | Preparer's Telephone | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|-------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

|                    |                      |  |  |       |                      |          |                      |
|--------------------|----------------------|--|--|-------|----------------------|----------|----------------------|
| Preparer's Address | <input type="text"/> |  |  | State | <input type="text"/> | ZIP Code | <input type="text"/> |
|--------------------|----------------------|--|--|-------|----------------------|----------|----------------------|

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. . . . .  Yes  No

Department Use Only

|                            |                             |                              |                             |                            |                      |                      |
|----------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------|----------------------|----------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> FA | <input type="checkbox"/> E10 | <input type="checkbox"/> DE | <input type="checkbox"/> F | <input type="text"/> | <input type="text"/> |
|----------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------|----------------------|----------------------|



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

Missouri Itemized Deductions

|  |    |                      |     |
|--|----|----------------------|-----|
| 1. Total federal itemized deductions (from Federal Form 1040, Line 40) . . . . .                                       | 1  | <input type="text"/> | .00 |
| 2. 2017 Social security tax . . . . .  | 2  | <input type="text"/> | .00 |
| 3. 2017 Railroad retirement tax - (Tier I and Tier II) . . . . .   | 3  | <input type="text"/> | .00 |
| 4. 2017 Medicare tax (see instructions on page 8) . . . . .  | 4  | <input type="text"/> | .00 |
| 5. 2017 Self-employment tax (see instructions on page 8) . . . . .   | 5  | <input type="text"/> | .00 |
| 6. Total - Add Lines 1 through 5. . . . .  | 6  | <input type="text"/> | .00 |
| 7. State and local income taxes (from Federal Schedule A,<br>Line 5 or see the worksheet below) . . . . .              | 7  | <input type="text"/> | .00 |
| 8. Earnings taxes included in Line 7 (see instructions on page 8) . . . . .  | 8  | <input type="text"/> | .00 |
| 9. Net state income taxes - Subtract Line 8 from Line 7 or enter Line 8 from worksheet below . . . . .                 | 9  | <input type="text"/> | .00 |
| 10. Missouri Itemized Deductions - Subtract Line 9 from Line 6. Enter here and on Line 7 of<br>Form MO-1040A . . . . . | 10 | <input type="text"/> | .00 |

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

Complete this worksheet only if your federal adjusted gross income from Federal Form 1040, Line 37 is more than \$313,800 if married filing combined or qualifying widow(er), \$287,650 if head of household, \$261,500 if single or claimed as a dependent, or \$156,900 if married filing separate. If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet. Attach a copy of your Federal Itemized Deduction Worksheet (page A-12 of Federal Schedule A instructions).

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

|  |   |                      |     |
|--|---|----------------------|-----|
| 1. Enter amount from Federal Itemized Deduction Worksheet, Line 3 (see page A-12 of Federal<br>Schedule A instructions). If \$0 or less, enter "0" . . . . . | 1 | <input type="text"/> | .00 |
| 2. Enter amount from Federal Itemized Deduction Worksheet, Line 9 (see Federal Schedule A<br>instructions) . . . . .   | 2 | <input type="text"/> | .00 |
| 3. State and local income taxes from Federal Form 1040, Schedule A, Line 5 . . . . .   | 3 | <input type="text"/> | .00 |
| 4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5 . . . . .  | 4 | <input type="text"/> | .00 |
| 5. Subtract Line 4 from Line 3 . . . . .   | 5 | <input type="text"/> | .00 |
| 6. Divide Line 5 by Line 1 . . . . .   | 6 | <input type="text"/> | %   |
| 7. Multiply Line 2 by Line 6. . . . .  | 7 | <input type="text"/> | .00 |
| 8. Subtract Line 7 from Line 5. Enter here and on Missouri Itemized Deductions, Line 9, above . . . . .  | 8 | <input type="text"/> | .00 |

**Mail To: Balance Due:**  
Missouri Department of Revenue  
P.O. Box 329  
Jefferson City, MO 65105-0329  
Visit <http://dor.mo.gov/personal/individual/> for additional information.

**Refund or No Amount Due:**  
Missouri Department of Revenue  
P.O. Box 500  
Jefferson City, MO 65105-0500

**Phone (Balance Due):** (573) 751-7200  
**Phone (Refund or No Amount Due):** (573) 751-3505  
**Fax:** (573) 526-1881  
**E-mail:** [income@dor.mo.gov](mailto:income@dor.mo.gov)

(Revised 12-2017)



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## 2017 Tax Chart

To identify your tax, use your Missouri taxable income from Form MO-1040A, Line 11 and the tax chart in Section A below.

Calculate your Missouri tax using the online tax calculator at <http://dor.mo.gov/personal/individual> or by using the worksheet in Section B below. Round to the nearest whole dollar and enter on Form MO-1040A, Line 12.

### Tax Rate Chart

Section A

| <u>If the Missouri taxable income is:</u>     | <u>The tax is:</u>                    |
|---|---------------------------------------|
| \$0 to \$100 . . . . .                        | \$0                                   |
| At least \$101 but not over \$1,008 . . . . . | 1½% of the Missouri taxable income    |
| Over \$1,008 but not over \$2,016 . . . . .   | \$15 plus 2% of excess over \$1,008   |
| Over \$2,016 but not over \$3,024 . . . . .   | \$35 plus 2½% of excess over \$2,016  |
| Over \$3,024 but not over \$4,032 . . . . .   | \$60 plus 3% of excess over \$3,024   |
| Over \$4,032 but not over \$5,040 . . . . .   | \$90 plus 3½% of excess over \$4,032  |
| Over \$5,040 but not over \$6,048 . . . . .   | \$125 plus 4% of excess over \$5,040  |
| Over \$6,048 but not over \$7,056 . . . . .   | \$165 plus 4½% of excess over \$6,048 |
| Over \$7,056 but not over \$8,064 . . . . .   | \$210 plus 5% of excess over \$7,056  |
| Over \$8,064 but not over \$9,072 . . . . .   | \$260 plus 5½% of excess over \$8,064 |
| Over \$9,072 . . . . .                        | \$315 plus 6% of excess over \$9,072  |

### Tax Calculation Worksheet

Section B

|  | Yourself   | Example A                               | Example B                                |
|--|------------|---|--|
| 1. Missouri taxable income (Form MO-1040A, Line 11) . . . . .  | \$ _____   | \$ 3,090                                | \$ 12,000                                |
| 2. Enter the minimum taxable income for your tax bracket (see Section A above) . . . . .             | - \$ _____ | - \$ 3,024                              | \$ 9,072                                 |
| 3. Difference - Subtract Line 2 from Line 1 . . . . .  | = \$ _____ | = \$ 66                                 | \$ 2,928                                 |
| 4. Enter the percent for your tax bracket (see Section A above) . . . . .                            | X _____ %  | X 3%                                    | 6%                                       |
| 5. Multiply Line 3 by the percent on Line 4 . . . . .  | = \$ _____ | = \$ 1.98                               | \$ 175.68                                |
| 6. Enter the tax from your tax bracket - before applying the percent (see Section A above) . . . . . | + \$ _____ | + \$ 60                                 | \$ 315                                   |
| 7. Total Missouri Tax - Add Line 5 and 6. Enter here and on Form MO-1040A, Line 12 . . . . .         | = \$ _____ | = \$ 62                                 | \$ 491                                   |
|  |            | (\$61.98 rounded to the nearest dollar) | (\$490.68 rounded to the nearest dollar) |

Diagram 1: Form W-2

**W-2 Wage and Tax Statement** 2017

Form W-2 Wage and Tax Statement 2017 Department of the Treasury—Internal Revenue Service Copy 1—For State, City, or Local Tax Department



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