

## MISSOURI INDIVIDUAL INCOME TAX RETURN AND PROPERTY TAX CREDIT CLAIM/PENSION EXEMPTION—SHORT FORM

**2012** FORM MO-1040P

1100	ericon.													<u> </u>		<del>- 10 10</del> 1
LAS	T NAMI			FIRST N	AME		MIDDLE INITIA	AL [	DECEASE 201		SECU	JRITY NUMBER				SOFTWARE VENDOR CODE Assigned by DOR)
SPO	USE'S	LAST NAME		FIRST N	AME		MIDDLE INITIA	AL   [	DECEASE 20		E'S SC	DCIAL SECURIT	Y NUMBE	R	`	002
IN C	ARE O	F NAME (ATTORNEY, EXECUT	OR, PERSONA	L REPRESENT	TATIVE, ETC.)							co	JNTY OF	RESIDENCE		
PRE	SENT	ADDRESS (INCLUDE APARTMI	ENT NO. OR RU	JRAL ROUTE)			APT. NUMBER	CITY, T	OWN, OF	R POST OFF	ICE, S	TATE, AND ZIP	CODE			
							S THAT APPL									
	YC	62 THROUGH 64 URSELF	Y(	000 OURSELF	<u>LDER</u>	BLIND YOURSE		П	OURSE		<u>)</u>		YOURSI		D SF	OUSE
	ı may	OUSE contribute to any one or	□ SF	POUSE	<u> </u>	SPOUSE			POUSE	V.			SPOUSE			DONATE
to th	ne rigl	trust funds that are listed nt. Place the total amount ed on Line 24. See the	Children's	Votoropo	<b>S</b>	Missouri National	Workers' Memorial	V	AD)	Missouri N	dilitani	General F	venue	After Sel		Organ Donor
	ructio	ns for a list of Trust Fund	Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Guard Trust Fund	Fund		hood esting nd	Family F	Relief	Ful		After Sch Retreat F		Program Fund
	1.	Federal Adjusted G							4)(	Yo	urse	- :	2 40	Sp	ous	:
	2.	(See worksheet on p Any state income tax							1Y 2Y -			0		_		00
NCOME		Subtract Line 2 from				, ,			3Y =	=		0		_		00
				•	•	Ü							J   33		٦	
		Income percentages	— Divide L	ine 3 by Li	ne 4 for both	you and your s	pouse.	d ente	r here.		4			· ·	0	
4		(The total of the two				_					5Y	9/	5 5S	9	6	
	0.	Mark your filing statu  ☐ A. Single — \$2					E. Married fili		arate (s	spouse					1	
		☐ B. Claimed as a	a depende			ederal _	NOT filing	<b>— \$4</b>	,200						1	
		tax return —  C. Married filing		al & combin	ed Missouri —		$\square$ F. Head of h $\square$ G. Qualifying								1	
		D. Married filing				¥ -,=== =	dependen				6			00		CAUTION
	7.	Tax from federal returnenter amount from you		12			ingle—maximum larried filing comb			ım						
OME		NOT federal tax withh				00 of	f \$10,000				7	+		0(	0   2	See Page 6, Line 7.
	8.	Missouri Standard or Taxpayers Under A	ge 65		Taxpa	yers Age 65 o	or Older								1	
BLE		Single			Single		ed and <b>YOU</b> are		\$7,4	100					1	If 65 or older or
AXA		Married Filing Separa Head of Household	te	\$5,950	65 c	or Older	ed and You and `		. \$13,0	50					1	blind the appropriate
		Qualifying Widow(er)			Spo	use are <b>BOTH</b>	Age 65 or Older.									boxes must be checked
IS AI					Head o	of Household			. \$10,1	50					1	above.
EDUCTIONS AND TAXABLE INC		If blind or claimed as			ur federal retu	urn or pages 6	and 7 of the insti	uction	S.							
DOC	0	If itemizing, see page Number of depender									8	+		0	0	Do not include
	9.	(DO NOT INCLUDE				IUA, LINE 60	x \$1,200	)			9	+		0	0	yourself or your spouse.
	10.	Pension exemption (	Complete	worksheet	on page 17 c	or 21 of the inst	tructions.) Attac	h work	sheet,							
		a copy of federal retu	urn, Forms	W-2P and	l 1099-R						10	+		0	1	
		Long-term care insur									11			0	┪.	
		TOTAL DEDUCTION									12	=		0	0	
	13.	Missouri Taxable In and enter here									13			0	0	

## **FORM MO-1040P**

	14.	Total Missouri taxable income amount from Line	13					14			00				
				Yourse	lf		Spouse								
TAXES	15.	Multiply Line 14 by the percentages you determine Do this for you and your spouse.					15Y	100130		158	Оро	00			
TA	16.	Use the tax table on page 18 or 22 of the instruct tax on amounts from Line 15 for you and your sp		00	168		00								
	17.	TOTAL TAXES — Add your tax and your spouse	e's tax from	Line 16				17			00				
0	18.	Missouri withholding for you and your spouse fro Attach copies of Forms W-2 and 1099						18			00				
S/CREDITS	19.		00												
PAYMENTS/CR	20.		00												
	21.	TOTAL PAYMENTS AND CREDITS Add Lines 18, 19, and 20 and enter amount here						21			00				
		If amount of <b>TOTAL PAYMENTS AND CREDITS TOTAL TAXES</b> (Line 17), enter the difference her If not, enter the amount on Line 26	re. You have	e <b>overpaid</b> .				22			00				
Q	23.	Enter the amount from Line 22 you want applied to	23			00									
REFUND		right. See instructions   Trust Fund   Trust Fund   Delive		Missouri nal Guard st Fund Work Fur	ers' Chi Lead	Idhood Testing Fund	Missouri Military Family Relief Fund	General Revenue General Revenue Fund	After School Retreat Fund	Organ Donor Program Fund	Additiona Fund Cod (See Instr	e Fund Code			
		24. 00 00	00	00	00	00	00	00	00	00	(	00			
		REFUND - Subtract Lines 23 and 24 from Line 22 mail to: Department of Revenue, P.O. Box 2800 Check the box if you want your refund issued on a	0, Jeffersor	n City, MO 6	5105-280	0.		nd Card 25			00				
AMOUNT DUE		AMOUNT DUE - If Line 21 is less than Line 17, en Sign below and mail to: Department of Revenue See instructions for Line 26	e, P.O. Box	3395, Jeffei	rson City	, MO 65	105-3395.				00				
AMOUR	See instructions for Line 26														
	corr of u	der penalties of perjury, I declare that I have examined the ct, and complete. Declaration of preparer (other than tapp to \$500 shall be imposed on any individual who files a feral law and that I am not eligible for any tax exemption,	this return, in xpayer) is bas frivolous retur	ncluding accom sed on all inform rn. I also declar	panying so mation of w	chedules hich he o	and statem	nents, and to	the best of je. As provid	ed in Chapte	er 143, RS	Mo, a penalty			
ATURE		horize the Director of Revenue or delegate to discuss my chments with the preparer or any member of the prepare		E-MAIL ADDRES	S					PREPARER'S F	RER'S PHONE NUMBER				
SIGN	SIGN	NATURE	DATE (MMD	DYYYY)		PREPAR	ER'S SIGN	ATURE		FE	FEIN, SSN, OR PTIN				
	SPO	USE'S SIGNATURE (if filing combined <b>BOTH</b> must sign)	DAYTIME TE	_/		PREPAR	RER'S ADDF	RESS AND ZI	P CODE	DA	DATE (MMDDYYYY)				
			()								//				

## PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION

	PUE	BLIC PENSION CALCULATION — Pensions received from any federal, state, or local government					
	1.	Missouri adjusted gross income from Form MO-1040P, Line 4.	1				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
		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	V VOUDOELE		e enouge	00
۷	6.	<b>Taxable</b> pension for each spouse from public sources from Federal Form 1040A, Line 12b or 1040, Line 16b	6Y	Y - YOURSELF	6S	S - SPOUSE	00
0		Multiply Line 6 by 100%.	7Y	00			00
CT			8Y	00			00
SECTION			9Y	00			00
0,			10Y	1	108		00
	11.	If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s)	11Y		118		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	ate	source.			
	1.	Missouri adjusted gross income from Form MO-1040P, Line 4	1				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
SECTION B	4.	Select the appropriate filing status and enter the amount on Line 4: Married filing combined: \$32,000; Single, Head of Household and Qualifying Widower: \$25,000; Married Filing Separate: \$16,000	4				00
Ĕ	5.	Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0.	5		1		00
SEC	6.	<b>Taxable</b> pension for each spouse from <b>private sources</b> from Federal Form 1040A, Lines 11b and 12b, or Federal Form 1040, Lines 15b and 16b.	6Y	Y - YOURSELF 00		S - SPOUSE	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
		<b>Total private pension</b> , 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 ecember 31 and have marked the 62 and older box on Form MO-1040P. Age limit does not apply to social se				62 years of ag	je
		Missouri adjusted gross income from Form MO-1040P, Line 4	1	ty disability deduct	ЮП.		00
		Select the appropriate filing status and enter the amount on Line 2. Married filing combined - \$100,000 Single, Head of Household, Married Filing Separate, and Qualifying Widower - \$85,000	2				00
SECTION C	3	Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0	3				00
O				Y - YOURSELF		S - SPOUSE	
E		<b>Taxable</b> social security benefits for each spouse from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	4Y	00	48		00
SE(			5Y	00			00
0,			6Y	00	6S		00
		Add Lines 6Y and 6S	7				00
		<b>Total social security/social security disability</b> , subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0	8				00
_		TARY PENSION CALCULATION  Military retirement benefits included as Federal Form 1040A. Line 10b or Federal Form 1040. Line 16b					
Ω		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
$\Xi$		Divide Line 1 by Line 2 (Round to whole number)	3				%
SECTION D		Multiply Line 3 by Line 14 of Section A. If you are not claiming a public pension exemption, enter \$0	4				00
S		Subtract Line 4 from Line 1.	5				00
		Total military pension, multiply Line 5 by 45%	6				00
NO	. 0			TOTAL			
SECTION E		Add Line 14 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D).  Enter total amount here and on Form MO-1040P, Line 10		TOTAL EXEMPTION			00

- Complete this section only if you itemized deductions on your federal return. (See the information on pages 6 and 7.)

• A	ittach 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  \$ + Medicare \$	2	00
	2012 (FICA) — Spouse — Social security  \$ + Medicare \$	3	00
4.	2012 Railroad retirement tax — Yourself — (Tier I and Tier II)  \$ + Medicare \$	4	00
5.	2012 Railroad retirement tax — Spouse — (Tier I and Tier II)  \$ + Medicare \$	5	00
6.	2012 Self-employment tax — See instructions on page 11	6	00
7.	TOTAL — Add Lines 1 through 6.	7	00

00 00 

10. Net state income taxes — Subtract Line 9 from Line 8..... 10 00

11. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 from Line 7. 00 Enter here and on Form MO-1040P, Line 8..... 11

NOTE: IF LINE 11 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INFORMATION ON PAGES 6 & 7.

## **2012 TAX TABLE**

If Missouri taxable income from Form MO-1040P, Line 15, 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 15 is			If Line 1	5 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	8	2,000	2,100	36	3,500	3,600	77	5,000	5,100	127	6,500	6,600	190	8,000	8,100	263
600	700	10	2,100	2,200	39	3,600	3,700	80	5,100	5,200	131	6,600	6,700	194	8,100	8,200	268
700	800	11	2,200	2,300	41	3,700	3,800	83	5,200	5,300	135	6,700	6,800	199	8,200	8,300	274
800	900	13	2,300	2,400	44	3,800	3,900	86	5,300	5,400	139	6,800	6,900	203	8,300	8,400	279
900	1,000	14	2,400	2,500	46	3,900	4,000	89	5,400	5,500	143	6,900	7,000	208	8,400	8,500	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
			1			1	Yours	elf/Spou	ise	Е	xample	1			9,000	-	315

1,50	0 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	
						Yourse	elf/Spou	ise	E	xample				9,000		315	
	ouri taxable tract \$9,000		,			\$ \$	9,000		\$ - \$	12,000 9,000	<b>←</b>			1	e than \$9 \$315 PL	, ,	
Difference						\$	6%		= \$ x	= \$ 3,000 x 6%					percent of excess over \$9,000.		
	on income \$315 (tax o					\$	315		= \$ + \$	180 315				Round	to neares	t whole	
тот	AL MISSO	URI TAX	<b></b>		=	\$			= \$	495					f form, Li		