



2019 Individual Income Tax Return and Property Tax Credit Claim/Pension Exemption - Short Form

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

Vendor Code: 000. Department Use Only: [] [] []

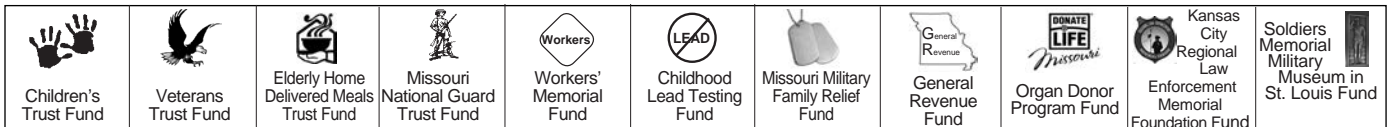
Filing Status: [] Single, [] Claimed as a Dependent, [] Married Filing Combined, [] Married Filing Separately, [] Head of Household, [] Qualifying Widow(er)

Age 62 through 64, Age 65 or Older, Blind, 100% Disabled, Non-Obligated Spouse. Yourself [] Spouse []

Name: Social Security Number, Deceased in 2019, Spouse's Social Security Number, Deceased in 2019, First Name, M.I., Last Name, Suffix, Spouse's First Name, M.I., Spouse's Last Name, Suffix, In Care Of Name (Attorney, Executor, Personal Representative, etc.)

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 21. See instructions for more trust fund information.



Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 8 of the instructions)	1Y		1S	
2. Any state income tax refund included in federal adjusted gross income.	2Y		2S	
3. Missouri adjusted gross income - Subtract Line 2 from Line 1.	3Y		3S	
4. Total Missouri adjusted gross income - Add columns 3Y and 3S	4			
5. Income percentages - Divide columns 3Y and 3S by total on Line 4. (Must equal 100%)	5Y		%	5S

Deductions and Taxable Income

6a. Tax from federal return. Do not enter federal income tax withheld. 6a .00

6b. Federal tax percentage – Enter the percentage based on your Missouri
Adjusted Gross Income, Line 4. Use the chart below to find your percentage. 6b %

Missouri Adjusted Gross Income Range, Line 4: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%

6c. Federal income tax deduction – Multiply Line 6a by the percentage
on Line 6b. Enter this amount not to exceed \$5,000 for an individual or
\$10,000 for combined filers. 6c .00

7. Missouri Standard or Itemized Deduction

Taxpayers Under Age 65	Taxpayers Age 65 or Older
• Single \$12,200	• Single \$13,850
• Married Filing Combined \$24,400	• Married Filing Combined and YOU are Age 65 or Older \$25,700
• Married Filing Separate \$12,200	• Married Filing Combined and You and Your Spouse are
• Head of Household \$18,350	BOTH Age 65 or Older \$27,000
• Qualifying Widow(er) \$24,400	• Married Filing Separate \$13,500
	• Head of Household \$20,000
	• Qualifying Widow(er) \$25,700

If blind, or claimed as a dependent, or itemizing see federal return or page 7 of the
instructions. 7 .00

8. Pension exemption (Complete worksheet on page 21 and 22 of the instructions.)
Attach worksheet, federal return, and Form(s) 1099 8 .00

9. Long-term care insurance deduction 9 .00

10. Total Deductions - Add Lines 6c through 9 10 .00

Taxes

11. Missouri Taxable Income - Subtract Line 10 from Line 4 and enter here 11 .00

12. Multiply Line 11 by appropriate percentages on Lines 5Y
and 5S 12Y .00 12S .00

Taxes Cont.

13. Tax (See the tax chart on page 24 of the instructions) 13S .

14. Total Taxes - Add Line 13Y and 13S.

Payments and Credits

15. Missouri tax withheld - Attach Form(s) W-2 and 1099.

16. 2019 Missouri estimated tax payment(s) - Include overpayment from 2018 applied to 2019

17. Property Tax Credit (from [Form MO-PTS](#), Line 14) - Attach completed Form MO-PTS

18. Total Payments and Credits - Add Lines 15, 16, and 17.

19. If Line 18 is larger than Line 14, enter the amount of OVERPAYMENT. If Line 18 is less than Line 14, enter the AMOUNT DUE on Line 24

20. Enter the amount from Line 19 you want applied to your 2020 estimated tax.

Refund

21. Enter the amount of your donation in the trust fund boxes below. See instructions for trust fund codes.

21a. Children's Trust Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/> <input type="text"/>	21b. Veterans Trust Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/> <input type="text"/>	21c. Elderly Home Delivered Meals Trust Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/> <input type="text"/>	21d. Missouri National Guard Trust Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/> <input type="text"/>
21e. Workers' Memorial Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/> <input type="text"/>	21f. Childhood Lead Testing Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/> <input type="text"/>	21g. Missouri Military Family Relief Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/> <input type="text"/>	21h. General Revenue Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/> <input type="text"/>
21i. Organ Donor Program Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/> <input type="text"/>	21j. Kansas City Regional Law Enforcement Memorial Foundation Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/> <input type="text"/>	21k. Soldiers Memorial Military Museum in St. Louis Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/> <input type="text"/>	
21l. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> <input type="text"/> . <input type="text" value="00"/> <input type="text"/>	21m. Code <input type="text"/> Additional Fund Amount <input type="text"/> <input type="text"/> . <input type="text" value="00"/> <input type="text"/>		

Total Donation - Add amounts from Boxes 21a through 21m and enter here

22. Amount from Line 19 to be deposited into a Missouri 529 Education Savings Plan (MOST) account. Enter amount from [Form 5632](#), Line E

23. **Refund** - Subtract Lines 20, 21, and 22 from Line 19.

Reserved

Amount Due

24. **Amount Due** - If Line 18 is less than Line 14, enter the difference here. If you pay by check, you authorize the Department of Revenue 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. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.561, RSMo](#). Declaration of preparer (other than taxpayer) is based on all information of which he or she has 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	Date (MM/DD/YY)
<input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)
<input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
E-mail Address	Daytime Telephone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Preparer's Signature	Date (MM/DD/YY)
<input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Preparer's Address	State ZIP Code
<input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 50%;" 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 style="width: 100%;" type="text"/>

(Revised 12-2018)

Mail To: Missouri Department of Revenue P.O. Box 3395 Jefferson City, MO 65105-3395	Balance Due: Missouri Department of Revenue P.O. Box 2800 Jefferson City, MO 65105-2800	Refund or No Amount Due: Missouri Department of Revenue P.O. Box 2800 Jefferson City, MO 65105-2800
Visit http://dor.mo.gov/personal/individual/ for additional information.		
Phone (Balance Due): (573) 751-7200 Phone (Refund or No Amount Due): (573) 751-3505 Fax: (573) 751-2195 E-mail: propertytaxcredit@dor.mo.gov		



Public Pension Calculation - Pensions received from any federal, state, or local government.

Section A

1. Missouri adjusted gross income from Form MO-1040P, Line 4.	1	<input type="text"/>	.00			
2. Taxable social security benefits from Federal Form 1040 or 1040-SR, Line 5b	2	<input type="text"/>	.00			
3. Subtract Line 2 from Line 1	3	<input type="text"/>	.00			
4. Select the appropriate filing status and enter amount on Line 4. <ul style="list-style-type: none"> • Married Filing Combined (joint federal) - \$100,000 • Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000 . . . 	4	<input type="text"/>	.00			
5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5	<input type="text"/>	.00			
6. Taxable pension for each spouse from public sources from Federal Form 1040 or Federal Form 1040-SR, Line 4d	6Y	<input type="text"/>	.00	6S	<input type="text"/>	.00
7. Amount from Line 6 or \$38,437 (maximum social security benefit), whichever is less	7Y	<input type="text"/>	.00	7S	<input type="text"/>	.00
8. 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	8Y	<input type="text"/>	.00	8S	<input type="text"/>	.00
9. Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0.	9Y	<input type="text"/>	.00	9S	<input type="text"/>	.00
10. Add amounts on Lines 9Y and 9S	10	<input type="text"/>	.00			
11. Total public pension - Subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0.	11	<input type="text"/>	.00			

Private Pension Calculation - Annuities, pensions, IRAs, and 401(k) plans funded by a private source.

Section B

1. Missouri adjusted gross income from Form MO-1040P, Line 4.	1	<input type="text"/>	.00			
2. Taxable social security benefits from Federal Form 1040 or 1040-SR, Line 5b	2	<input type="text"/>	.00			
3. Subtract Line 2 from Line 1	3	<input type="text"/>	.00			
4. Select the appropriate filing status and enter the amount on Line 4. <ul style="list-style-type: none"> • Married Filing Combined (joint federal) - \$32,000 • Single, Head of Household, and Qualifying Widow(er) - \$25,000 • Married Filing Separate - \$16,000 	4	<input type="text"/>	.00			
5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0.	5	<input type="text"/>	.00			
6. Taxable pension for each spouse from private sources from Federal Form 1040 or Federal Form 1040-SR, Line 4b and 4d	6Y	<input type="text"/>	.00	6S	<input type="text"/>	.00
7. Amounts from Line 6Y and 6S or \$6,000, whichever is less . .	7Y	<input type="text"/>	.00	7S	<input type="text"/>	.00
8. Add Lines 7Y and 7S	8	<input type="text"/>	.00			
9. Total private pension - Subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0 . .	9	<input type="text"/>	.00			



Social Security or Social Security Disability Calculation - To be eligible for social security deduction you must be 62 years of age by December 31 and have selected the 62 and older box on page 1 of Form MO-1040P. Age limit does not apply to social security disability deduction.

Section C

1. Missouri adjusted gross income from Form MO-1040P, Line 4.
2. Select the appropriate filing status and enter amount on Line 2.
 - Married Filing Combined (joint federal) - \$100,000
 - Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000
3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0.
4. Taxable social security benefits for each spouse from Federal Form 1040 or 1040-SR, Line 5b.
5. Taxable social security disability benefits for each spouse from Federal Form 1040 or 1040-SR, Line 5b.
6. Amount from Line(s) 4Y or 5Y, and 4S or 5S
7. Add Lines 6Y and 6S.
8. Total social security/social security disability - Subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0

Military Pension Calculation

Section D

1. Military retirement benefits included on Federal Form 1040 or 1040-SR, Line 4d
2. Taxable public pension from Federal Form 1040 or 1040-SR, Line 4d.
3. Divide Line 1 by Line 2 (Round to whole number). %
4. Multiply Line 3 by Line 11 of Section A
5. Total military pension - Subtract Line 4 from Line 1

Total Pension and Social Security/Social Security Disability/Military Exemption

Section E

Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 5 (Section D).
 Enter total amount here and on Form MO-1040P, Line 8



- Complete this section only if you itemized deductions on your federal return. (See the information on page 7).
- Attach a copy of your Federal Form 1040 or 1040-SR (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 or 1040-SR, Line 9	1	<input type="text"/>	.00
2. 2019 Social security tax (Yourself)	2	<input type="text"/>	.00
3. 2019 Social security tax (Spouse)	3	<input type="text"/>	.00
4. 2019 Railroad retirement tax - Tier I and Tier II (Yourself)	4	<input type="text"/>	.00
5. 2019 Railroad retirement tax - Tier I and Tier II (Spouse)	5	<input type="text"/>	.00
6. 2019 Medicare tax (see instructions on pages 11 and 12)	6	<input type="text"/>	.00
7. 2019 Self-employment tax (see instructions on page 12)	7	<input type="text"/>	.00
8. Total - Add Lines 1 through 7	8	<input type="text"/>	.00
9. State and local income taxes (from Federal Schedule A, Line 5 or enter \$0 if completing worksheet below)	9	<input type="text"/>	.00
10. Earnings taxes included in Line 9 (see instructions on page 12)	10	<input type="text"/>	.00
11. Net state income taxes. Subtract Line 10 from Line 9 or enter Line 7 from worksheet below.	11	<input type="text"/>	.00
12. Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040P, Line 7	12	<input type="text"/>	.00

Note: If Line 12 is less than your federal standard deduction, see information on page 7.

Complete this worksheet only if your total state and local taxes included in your federal itemized deductions (Federal Schedule A, Line 5d) exceed \$10,000 (or \$5,000 for married filing separate filers).

Part 2 Worksheet - Net State Income Taxes, Line 11

1. Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d	1	<input type="text"/>	.00
2. State and local income taxes from Federal Form 1040 or 1040-SR, Schedule A, Line 5a.	2	<input type="text"/>	.00
3. Earnings taxes included on Federal Form 1040 or m 1040-SR, Schedule A, Line 5a.	3	<input type="text"/>	.00
4. Subtract Line 3 from Line 2.	4	<input type="text"/>	.00
5. Divide Line 4 by Line 1.	5	<input type="text"/>	%
6. Enter \$10,000 (\$5,000 if married filing separately).	6	<input type="text"/>	.00
7. Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 11, above.	7	<input type="text"/>	.00



2019 Tax Chart

To identify your tax, use your Missouri taxable income from Form MO-1040P, Line 12Y and 12S and the tax chart in Section A below. A separate tax must be computed for you and your spouse.

Calculate your Missouri tax using the online tax calculator at <http://dor.mo.gov/personal/individual> or by using the worksheet in Section B below. Round to the nearest whole dollar and enter on Form MO-1040P, Line 13Y and 13S.

Tax Rate Chart

Section A

<u>If the Missouri taxable income is:</u>	<u>The tax is:</u>
\$0 to \$104.	\$0
At least \$105 but not over \$1,053.	1.5% of the Missouri taxable income
Over \$1,053 but not over \$2,106	\$16 plus 2% of excess over \$1,053
Over \$2,106 but not over \$3,159	\$37 plus 2.5% of excess over \$2,106
Over \$3,159 but not over \$4,212	\$63 plus 3% of excess over \$3,159
Over \$4,212 but not over \$5,265	\$95 plus 3.5% of excess over \$4,212
Over \$5,265 but not over \$6,318	\$132 plus 4% of excess over \$5,265
Over \$6,318 but not over \$7,371	\$174 plus 4.5% of excess over \$6,318
Over \$7,371 but not over \$8,424	\$221 plus 5% of excess over \$7,371
Over \$8,424	\$274 plus 5.4% of excess over \$8,424

Section B

Tax Calculation Worksheet

	Yourself	Spouse	Example A	Example B
1. Missouri taxable income (Form MO-1040P, Line 12Y and 12S).	\$ _____	_____	\$ 3,090	\$ 12,000
2. Enter the minimum taxable income for your tax bracket (see Section A above). If below \$1,053 enter \$0.	- \$ _____	_____	- \$ 2,106	\$ 8,424
3. Difference - Subtract Line 2 from Line 1	= \$ _____	_____	= \$ 984	\$ 3,576
4. Enter the percent for your tax bracket (see Section A above).	X _____ %	_____ %	% X 2.5%	_____ 5.4%
5. Multiply Line 3 by the percent on Line 4	= \$ _____	_____	= \$ 24.60	\$ 193.10
6. Enter the tax from your tax bracket - before applying the percent (see Section A above)	+ \$ _____	_____	+ \$ 37	\$ 274
7. Total Missouri Tax - Add Line 5 and 6. Enter here and on Form MO-1040P, Line 13Y and 13S.	= \$ _____	_____	= \$ 62	\$ 467
			(\$61.60 rounded to the nearest dollar)	(\$467.10 rounded to the nearest dollar)

Diagram 1: Form W-2

The diagram shows a sample Form W-2 Wage and Tax Statement for 2019. The form includes the following fields and values:

- a Control number:** 22222
- OMB No.:** 1545-0008
- b Employer identification number (EIN):** [Blank]
- c Employer's name, address, and ZIP code:** [Blank]
- d Employee's social security number:** [Blank]
- e Employee's first name and initial, Last name, Suffix:** [Blank]
- f Employee's address and ZIP code:** [Blank]
- 1 Wages, tips, other compensation:** [Blank]
- 2 Federal income tax withheld:** [Blank]
- 3 Social security wages:** [Blank]
- 4 Social security tax withheld:** [Blank]
- 5 Medicare wages and tips:** [Blank]
- 6 Medicare tax withheld:** [Blank]
- 7 Social security tips:** [Blank]
- 8 Allocated tips:** [Blank]
- 9 Advance EIC payment:** [Blank]
- 10 Dependent care benefits:** [Blank]
- 11 Nonqualified plans:** [Blank]
- 12a, 12b, 12c, 12d:** [Blank]
- 13 Statutory employees, 14 Other:** [Blank]
- 15 State:** [Blank]
- 16 State wages, tips, etc.:** [Blank]
- 17 State income tax:** [Blank]
- 18 Local wages, tips, etc.:** [Blank]
- 19 Local income tax:** [Blank]
- 20 Locality name:** [Blank]

Arrows point from the text labels to the corresponding boxes on the form:

- Missouri Taxes Withheld:** Points to boxes 16, 17, and 18.
- Earnings Tax:** Points to box 19.

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