

DCN			Department Use Only	Postmark Dat	Postmark Date		Cash	
	Name (Last, First, Initial)				Social Security Number			
Taxpayer	Spouse's Name (Last, First, Initial)				Spouse's Social Security Number			
					Telephone Number			
	Present Address (Rural Route or P.O. Box)					(<u>) </u>		
	City, Town St				State	State Zip Code		
Tax Return	1. Total federal adjusted gross income (Form MO-1040, Line 1)					1		
	2. Total Missouri tax (Form MO-1040, Line 31)					2		
	 Missouri income tax withheld (Form MO-1040, Line 32) Form W-2(s) and 1099R(s) must be attached 					3		
	4. Refund (Form MO-1040, Line 46)					4		
	 Amount you owe (Form MO-1040, Line 49). Please mail amount due with Form MO-1040V to: Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371 or dial (888) 929-0513 to pay with major credit card. 					5		
Declaration of Taxpayer	Under penalties of perjury, I declare that the information I have provided to my electronic return originator (ERO) or entered via the Internet agree with the amounts shown on the corresponding lines of my 2014 Missouri Individual Income Tax Return and with Part 1 above. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return and accompanying schedules and statements, if electronically filed, be sent to the Internal Revenue Service (IRS) by my ERO and by the IRS to the Missouri Department of Revenue. I consent that my return and accompanying schedules and statements, if filed via the Internet, will be retained by me for three years. If I have filed a balance due return, I understand that if the Department does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and applicable interest and additions to tax. If I have filed a joint Federal and State tax return and there is an error on my Federal return, I understand my Missouri return may not be forwarded to the Department. If the processing of my return or refund is delayed, I authorize the Department to disclose to my ERO, practitioner, or the transmitter the reason(s) for the delay, or when the refund was sent. I declare, under the penalties of perjury, that I agree to provide the direct deposit information to the Department so my refund check may be deposited into the account specifically designated. I agree that the Department will not be liable for misrouting of direct deposit based upon incorrect account information provided by myself or the ERO.							
	Signature Date (MM/DD/YYYY)	_ Spou	se's Signature	e (if filing con	nbined, bot	h must sigi	n) Date (MM/DD/YYYY)	
aid Preparer	I declare that I have reviewed the above taxpayer's return and that the entries on Form MO-8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form MO-8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form MO-8453 before submitting this return to the Missouri Department of Revenue, have provided the taxpayer with a copy of all forms and information to be filed with the Missouri Department of Revenue and have followed all other requirements described in the Missouri Handbook for Electronic Filers and any requirements specified by the Missouri Department of Revenue. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declare that the direct deposit information transmitted electronically was provided by the taxpayer. I agree I will be liable for reimbursement to the taxpayer or the Missouri Department of Revenue if the direct deposit is misrouted based on this information and cannot be recovered.							
Declaration of ERO and Paid Pre	ERO's Signature Date (MM/DD/YYY	′Y) P	aid Preparer	Self Employed	Social Sec	urity Numbe	r	
	Firm's Name (Your name if self-employed)	 elephone N)	_ one Number)			Employer Identification Number		
	Address City			State		Zip Code		
ratio	Paid Preparer Use Only							
Decla	Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.							
	Preparer's Signature Date (MM/DD/YYYY)			Self-Employed		Social Security Number		
	Firm's Name (Your name if self-employed)	elephone N	lumber -	Employer Identification Number				
	Address Ci	<u> </u>	/				Zip Code	
	See reverse for instructions					CR		

Name, Address, and Social Security Number — If the taxpayer received a MO-1040 Income Tax Long Form Book, check to see that the information on the label is correct. If all information is correct, use the label on the Form MO-8453. The address must match the address shown on the electronically filed Form MO-1040.

Payment of Balance Due

Payment of tax due must be made by April 15, 2015, in order to avoid additions to tax and interest.

The taxpayer must submit Form MO-1040V with payment. You may pay online at <u>http://dor.mo.gov/personal/payonline.php</u> or by calling (888) 929-0513 to pay with a major credit card.

Declaration of Taxpayer

Please select appropriate Direct Deposit box.

The Form MO-8453 must be signed by the taxpayer(s).

Declaration of Electronic Return Originator (ERO) and Paid Preparer

The Form MO-8453 must be signed by the ERO. A paid preparer must sign in the space provided for "Paid Preparer Use Only", unless the paid preparer is also the ERO, then only the "ERO Use Only" space should be completed and the paid preparer box checked.

Form MO-8453 and supporting documentation (Form W-2s, other state's returns, etc.) must be retained by the ERO or by the taxpayer if filed over the Internet. Do not mail!