Code	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		*** Header Information ***				(see notes below)
1	Header	Version Number				(T1 is current standard version)
		Developer Code				
		Jurisdiction (MO)				MO
		Description (MO1040) and current tax year				MO1040/2012
		Specification Version (0 for current version)				0
ь	Header	Software/Form Version				
		**** MO 1040 ****				
7	Тор	Fiscal Year Beginning (Month)	PIC 9(2)	2		01 to 12 (Must be two digits)
	Тор	Fiscal Year Ending (Month)	PIC 9(2)	2		01 to 12 (Must be two digits)
	Тор	Year	PIC 9(4)	4		Tax Year
	Top	AMENDED RETURN — CHECK HERE Vendor Code	PIC X(1) PIC 9(3)	3		X YES Software Vendor Code
	Top NAME	Your Social Security Number	PIC 9(3)	9		Software veridor Code
	NAME	Spouse's Social Security Number	PIC 9(9)	9		
	NAME	Your Last Name	PIC X(20)	20		
15	NAME	Your First Name	PIC X(14)	14		
	NAME	Your Middle Initial	PIC X(1)	1		
		Yourself Title (JR,SR,etc)	PIC X(3)	3		Title (JR,SR,etc) (No period after suffix)
		Yourself Deceased in 2012	PIC X(1)	1		X YES
		Spouse's Last Name	PIC X(20)	20		
		Spouse's First Name Spouse's Middle Initial	PIC X(14)	14		
		Spouse's Title (JR, SR, etc)	PIC X(1)	3		Spouse's Title (No period after suffix)
		Spouse Deceased in 2012	PIC X(3)	1		X YES
		In Care of Name	PIC X(30)	30		
		County of Residence	PIC X(4)	4		Use 4 character county code
26	NAME	Present Address (include Apt. or Rural Route)	PIC X(35)	35		
		City, Town or Post Office	PIC X(23)	23		
		State	PIC X(2)	2		
		Zip Code	PIC X(9)	9		99999 or 999999999
		Age 62 Through 64 Yourself Age 62 Through 64 Spouse	PIC X(1)	1		X YES X YES
		Age 65 or Older Yourself	PIC X(1)	1		X YES
		Age 65 or Older Spouse	PIC X(1)	1		X YES
34	СНКВОХ	Blind Yourself	PIC X(1)	1		X YES
35	CHKBOX	Blind Spouse	PIC X(1)	1		X YES
		100% Disabled Yourself	PIC X(1)	1		X YES
		100% Disabled Spouse	PIC X(1)	1		X YES
		Non-Obligated Spouse Yourself	PIC X(1)	1		X YES
40		Non-Obligated Spouse Spouse Federal Adjusted Gross Income (Yourself)	PIC X(1) PIC S9(9)	9		X YES
41		Federal Adjusted Gross Income (Fourseil)	PIC S9(9)	9		
		Total Additions (from Form MO-A, Part 1, Line 6) Yourself	PIC 9(9)	9	N	
		Total Additions (from Form MO-A, Part 1, Line 6) Spouse	PIC 9(9)	9		
44	4Y	Total Subtractions (From Form MO-A, Part 1, Line 14) Yourself	PIC 9(9)	9		
45		Total Subtractions (From Form MO-A, Part 1, Line 14) Spouse	PIC 9(9)	9		
46		Missouri Adj Gross Income (Subtract Line 4 from Line 3) Yourself	PIC S9(9)	9		
		Missouri Adj Gross Income (Subtract Line 4 from Line 3) Spouse	PIC S9(9)	9		
48		Pension Exemption (From Form MO-A, Part 3)	PIC 9(9)	9		V VEC
49 50		A. Single — \$2,100 (See Box B before checking.) B. Claimed as a dependent on another person's federal tax return — \$0.00	PIC X(1)	1		X YES X YES
51		C. Married filing joint federal & combined Missouri — \$4,200	PIC X(1)	1		X YES
52		D. Married filing separate — \$2,100	PIC X(1)	1		X YES
53		E. Married filing separate (spouse NOT filing) — \$4,200	PIC X(1)	1		X YES
54		F. Head of household — \$3,500	PIC X(1)	1		X YES
55		G. Qualifying widow(er) with dependent child — \$3,500	PIC X(1)	1		X YES
56		Enter the appropriate exemption amount	PIC 9(9)	9		0,2100,4200,3500
57		Tax from Federal Return	PIC 9(9)	9		
58		Other Tax from federal return. Attach copy of your federal return (pages 1 & 2).	PIC 9(9)	9		
59 60		Total Tax from federal return. Add lines 10 and 11. Federal tax deduction.	PIC 9(9) PIC 9(9)	9		Married — 10000, Single — 5000 max
61		Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS.	PIC 9(9)	9		married — 10000, sittigic — 3000 tildx
62		Number of dependents from Federal Form 1040, Line 6c	PIC 9(2)	2	N	
63		Number of dependents from Federal Form 1040 * 1200	PIC 9(9)	9		Dependents * 1200
64		Number of dependents on Line 15 who are 65 years of age or older and	PIC 9(2)	2	N	
65	16	Number of dependents on Line 15 who are 65 years of age * 1000	PIC 9(9)	9		Over 65 Dependents * 1000
66		Long-term care insurance deduction	PIC 9(9)	9	N	
	101	Health care sharing ministry deduction	PIC 9(9)	9	N	
67				9	N	Í
68	18B	New Jobs Deduction Total deductions and Lines 9.0.13.14.15.16.17 and 19.	PIC 9(9)			
68 69	18B 19	Total deductionsadd Lines 8,9,13,14,15,16,17 and 18	PIC 9(9)	9	N	
68 69 70	18B 19 20				N N	

	Form					
Code		Description	Picture	Max	Neg	Acceptable
	#		Clause	Size	Values	
				•		
73	25Y	Tax on Line 24 Yourself	PIC 9(9)	9	N	
	25S	Tax on Line 24 Spouse	PIC 9(9)	9	N	
	26Y	Resident Credit (Yourself)	PIC 9(9)	9		
76	26S	Resident Credit (Spouse)	PIC 9(9)	9		
77	27Y	MO income percentage (professional entertainer) Yourself	PIC X(1)	1		X YES
78	27S	MO income percentage (professional entertainer) Spouse	PIC X(1)	1		X YES
79	27Y	MO income percentage (Yourself)	PIC 9(4)	4		100 for 100%, 67 for 67%. Default to 100. 100 is
			` ,			max. If below .5, include decimal point and up to 3
						decimals to the right of the decimal point (acceptable
						values for decimal points are .001 to .499)
80	27S	MO income percentage (Spouse)	PIC 9(4)	4		100 for 100%, 67 for 67%. Default to 100. 100 is
						max. If below .5, include decimal point and up to 3
						decimals to the right of the decimal point (acceptable
						decimal values for points are .001 to .499)
81	28Y	Balance (Yourself)	PIC 9(9)	9	N	,
	28S	Balance (Spouse)	PIC 9(9)	9		
		Other Taxes, Lump Sum distribution (Form 4972)	PIC X(1)	1		X YES
		Other Taxes, Recapture of low income housing credit (Form 8611)	PIC X(1)	1		X YES
	29Y	Other Taxes (Yourself)	PIC 9(9)	9	N	
		Other Taxes (Spouse)	PIC 9(9)	9		
	30Y	Subtotal — Add Lines 28 and 29 (Yourself)	PIC 9(9)	9		
		Subtotal — Add Lines 28 and 29 (Spouse)	PIC 9(9)	9		
		Missouri Tax withheld	PIC 9(9)	9		
		2012 Missouri estimated tax payments	PIC 9(9)	9		
		Missouri tax withheld for nonresident partners or S corp shareholders	PIC 9(9)	9		
	35	Missouri Tax withheld for nonresident entertainers	PIC 9(9)	9		
		Amount paid with Missouri extension of time to file (Form MO-60)	PIC 9(9)	9		
		Miscellaneous tax credits (from Form MO-TC, Line 13)	PIC 9(9)	9		
		Property tax credit. Attach Form MO-PTS	PIC 9(9)	9		
		Total payments and credits Add Lines 32 through 38.	PIC 9(9)	9		
97		Amount paid on original return	PIC 9(9)	9		
98		Overpayment as shown (or adjusted) on original return	PIC 9(9)	9		
	41A	Federal Audit	PIC X(1)	1		X YES
100		Enter date of IRS report	PIC 9(6)	6		MMDDYY (example: 031913)
101		Net operating loss carryback	PIC X(1)	1		X YES
102		Enter year of loss	PIC 9(2)	2		YY
103		Investment tax credit carryback	PIC X(1)	1		X YES
104		Enter year of credit	PIC 9(2)	2		YY
105		Correction other than A,B or C	PIC X(1)	1		X YES
106		Enter date of federal amended return, if filed	PIC 9(6)	6		MMDDYY (example: 031913)
107			PIC 9(9)	9		(example: 001710)
108		If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference	PIC 9(9)	9		
109		Amount of Line 43 to be applied to your 2013 estimated tax	PIC 9(9)	9		
110		Children's Trust Fund	PIC 9(9)	9		
111		Veterans Trust Fund	PIC 9(9)	9		
112		Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9		
113		Missouri National Guard Trust Fund	PIC 9(9)	9		
114		Workers' Memorial Trust Fund	PIC 9(9)	9		
115		Childhood Lead Testing Trust Fund	PIC 9(9)	9	N	
116		Missouri Military Family Relief Fund	PIC 9(9)	9		
117		General Revenue Fund	PIC 9(9)	9		
118		After School Retreat Trust Fund	PIC 9(9)	9		
119		Organ Donor Trust Fund	PIC 9(9)	9		
120		Additional Trust Fund Code (2-Digit)	PIC 9(3)	2	- '*	
	45j2	Trust Fund Dollar Amount	PIC 9(2)	9	N	
	45k1	Additional Trust Fund Code (2-Digit)	PIC 9(3)	2	- '*	
	45k2	Trust Fund Dollar Amount	PIC 9(2)	9	N	
123		Overpayment to be refunded to you	PIC 9(9)	9		
124		If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of	PIC 9(9)	9		
125		Underpayment of estimated tax penalty. Attach Form MO-2210.	PIC 9(9)	9		
126		Total Amount Due		9		
			PIC 9(9)		N	IV VES
	SIGN	I authorize the Director of Revenue to discuss my return and	PIC X(1)	10	-	X YES
	SIGN	Daytime Telephone	PIC 9(10)	10		
	SIGN	FEIN, SSN, PTIN	PIC X(9)			

Code	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		T	1	1		T
		**** MO-A ****				
		**** MO-A Additions ****				
131 132		Interest on state and local obligations other than Missouri source (Yourself) Interest on state and local obligations other than Missouri source (Spouse)	PIC 9(9)	9	N N	
133		Net Operating Loss (Carryback/Carryforward)	PIC 3(3)	1	14	X YES
134	2Y	Partnership; Fiduciary; S Corporation; Net operating Loss; (Yourself)	PIC 9(9)	9	N	
135		Partnership; Fiduciary; S Corporation; Net operating Loss; (Spouse)	PIC 9(9)	9	N	
136 137		Nonqualified distribution received from qualifed 529 plan (Yourself) Nonqualified distribution received from qualified 529 plan(Spouse)	PIC 9(9) PIC 9(9)	9	N N	
138		Food Pantry contributions included on Federal Sched A	PIC 9(9)	9	N	
139	4S	Food Pantry contributions included on Federal Sched A	PIC 9(9)	9	N	
140		Nonresident Property Tax	PIC 9(9)	9	N	
141	58	Nonresident Property Tax	PIC 9(9)	9	N	
		**** MO-A Subtractions ****				
142		Interest from exempt federal obligations included in federal AGI(Yourself)	PIC 9(9)	9	N	
143		Interest from exempt federal obligations included in federal AGI (Spouse)	PIC 9(9)	9	N	
144 145		Any state income tax refund included in federal AGI (Yourself) Any state income tax refund included in federal AGI (Spouse)	PIC 9(9) PIC 9(9)	9	N N	
145		Nonresident Military Check Box	PIC 9(9)	1	N	X YES
147		Combat Pay Check Box	PIC X(1)	1		X YES
148		Other	PIC X(1)	1		X YES
149		Partnership; Fiduciary; S Corporation; Railroad retirement (Yourself)	PIC 9(9)	9	N	
150	9S 10Y	Partnership; Fiduciary; S Corporation; Railroad retirement (Spouse) Exempt contributions made to qualifed 529 plan (Yourself)	PIC 9(9)	9	N N	\$16000 maximum for POTU primary and accordant
	10S	Exempt contributions made to qualified 529 plan (Yourseir) Exempt contributions made to qualified 529 plan (Spouse)	PIC S(9)	9	N N	\$16000 maximum for BOTH primary and secondary \$16000 maximum for BOTH primary and secondary
	11Y	Qualified Health Insurance Premiums (Yourself)	PIC 9(9)	9	N	Cosso maximum for BOTTI primary and secondary
	11S	Qualified Health Insurance Premiums (Spouse)	PIC 9(9)	9	N	
	12Y	Missouri depreciation adjustment (Yourself)	PIC 9(9)	9	N	
	12S	Missouri depreciation adjustment (Spouse)	PIC 9(9)	9	N	
	13Y 13S	Home Energy Audit Expenses	PIC 9(9) PIC 9(9)	9	N N	
136	133	Home Energy Audit Expenses	FIC 9(9)	9	IN	
		**** MO-A, Part 2, Missouri Itemized Deductions ****				
159		Total federal itemized deductions from Federal Form 1040, Line 40	PIC 9(9)	9	N	
160		2012 (FICA) — yourself — Social security \$ Medicare \$	PIC 9(9)	9		
161 162		2012 (FICA) — spouse — Social security \$ Medicare \$ 2012 Railroad retirement tax — yourself (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9) PIC 9(9)	9	N N	
163		2012 Railroad retirement tax — spouse (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
164		2012 Self-employment tax	PIC 9(9)	9	N	
165		State and local income taxes — See instructions	PIC 9(9)	9	N	
166		Earnings taxes included in Line 8 Net state income taxes	PIC 9(9)	9	N	
167	10	Net state income taxes	PIC 9(9)	9	N	
		**** MO-A, Part 3, Section A, Public Pension Calculation ****				
168	1	MO Adjusted Gross Income from MO-1040, Line 6	PIC S9(9)	9	Υ	
169	2	Taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	PIC 9(9)	9	N	
170		Subtract Line 2 from Line 1	PIC S9(9)	9		
171	4	Filing status amount -MFC-\$100,000, S,HOH, MFS, QW -\$85,000	PIC 9(9)	9	N	can't be 0
172	5	Subtract Line 4 from Line 3 and enter on Line 5. If Line 4>Line 3, enter \$0	PIC 9(9)	9	N	
173	6Y	Taxable pension for each spouse from public sources from federal Form 1040A, line 12b or federal Form 1040, line 16b	PIC 9(9)	9	N	
174	6S	Taxable pension for each spouse from public sources from federal Form 1040A, line 12 or federal Form 1040, line 16b	PIC 9(9)	9	N	
175		Multiply Line 6 by 100%	PIC 9(9)	9	N	
176		Multiply Line 6 by 100%	PIC 9(9)	9	N	
177		If Line 7 > \$35,234, enter \$35,234. If <\$35,234, enter amt from Line 7	PIC 9(9)	9	N	
178 179		If Line 7 > \$35,234, enter \$35,234. If<\$35,234, enter amt from Line 7 Amount from Line 6 or \$6,000, whichever is less	PIC 9(9)	9	N N	
180		Amount from Line 6 or \$6,000, whichever is less Amount from Line 6 or \$6,000, whichever is less	PIC 9(9)	9	N N	
	10Y	Amount from Line 8 or Line 9, whichever is greater	PIC 9(9)	9	N	
182	10S	Amount from Line 8 or Line 9, whichever is greater	PIC 9(9)	9	N	
183	11Y	If you received taxable social security and are claiming a social security exemption, complete Lines 1 thru 8 of Part 3 of MO-A, Section C, and enter the amount from Line 6Y here.	PIC 9(9)	9	N	
100		If you received taxable social security and are claiming a social security exemption, complete Lines 1 thru 8 of Part 3 of MO-A, Section C, and enter the			,	
	11S	amount from Line 6S here.	PIC 9(9)	9	N	
	12Y	Subtract Line 11 from Line 10. If Line 11>Line 10, enter \$0	PIC 9(9)	9		
	12S	Subtract Line 11 from Line 10. If Line 11>Line 10, enter \$0	PIC 9(9)	9	N	
187	13	Add amounts on Line 12Y and 12S Total Pension Exemption — subtract Line 5 from Line 13, enter here. If Line	PIC 9(9)	9	N	
188	14	5>Line 13, enter \$0	PIC 9(9)	9	N	
		**** MO-A, Part 3, Section B, Private Pension calculation ****				
189	1	Enter Mo Adjusted Gross Income from Form MO-1040, Line 6	PIC 9S(9)	9	Y	

Code	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
	I	Enter taxable social security benefits from federal Form 1040A, Line 14b or	- 	1		T
190	2	federal Form 1040, Line 20b	PIC 9(9)	9	N	
191	3	Subtract Line 2 from Line 1	PIC 9S(9)	9	Y	
100	4	Enter appropriate filing status amount:MFC \$32,000; S,HOH,QW \$25,000;MFS \$16,000	DIC O(O)	0	N.	con't be 0
192 193		Subtract Line 4 from Line 3. If Line 4>\$0, enter 0	PIC 9(9) PIC 9(9)	9	N N	can't be 0
100	Ü	Taxable pension amount from private sources from federal Form 1040A, Lines 11	1 10 0(0)	Ŭ	.,,	
194	6Y	and 12b, or federal Form 1040, Lines 15b and 16b(Yourself)	PIC 9(9)	9	N	
		Taxable pension amount from private sources from federal Form 1040A, Lines 11				
195 196		and 12b, or federal Form 1040, Lines 15b and 16b(Spouse) Enter amounts from Line 6Y or \$6000, whichever is less	PIC 9(9)	9	N N	
196		Enter amounts from Line 65 or \$6000, whichever is less	PIC 9(9) PIC 9(9)	9	N	
198		Add Lines 7Y and 7S	PIC 9(9)	9	N	
		Total Private Pension Exemption-subtract Line 5 from Line 8. If Line 5> Line 8,	, ,			
199	9	enter \$0	PIC 9(9)	9	N	
		****MO-A, Part 3, Section C, Social Security or Social Security Disability Cale	nulation*			
		MO-A, Part 3, Section C, Social Security of Social Security Disability Calc	culation			
200	1	Enter Mo Adjusted Gross Income from Form MO-1040, Line 6	PIC 9S(9)	9	Υ	
201		Enter appropriate filing status amount; MFC \$100,000; S,HOH,MFS, QW \$85,000		9	N	can't be 0
202		Subtract Line 2 from Line 1. If Line 2>Line 1, enter \$0	PIC 9(9)	9	N	
203		Enter taxable social security benefits from federal Form 1040A, Line 14b or federa		9	N	
204		Enter taxable social security benefits from federal Form 1040A, Line 14b or federal Enter taxable social security disability benefits from federal Form 1040A, Line 14b		9	N N	
205		Enter taxable social security disability benefits from federal Form 1040A, Line 14b		9	N N	
207		Multiply lines 4 or 5 by 100%(Yourself)	PIC 9(9)	9	N	
208		Multiply lines 4 or 5 by 100%(Spouse)	PIC 9(9)	9	N	
209	7	Add Lines 6Y and 6S	PIC 9(9)	9	N	
040		Enter total social security/social security disability-subtract Line 3 from Line 7, if Line 3>Line 7.enter \$0	DIO 0(0)			
210	8	Line 3>Line 7,enter \$0	PIC 9(9)	9	N	
		****MO-A, Part 3, Section D, Military Pension Calculation**				
211	1	Military ret benefits from federal Form 1040A, line 12b or fed 1040, line 16b	PIC 9(9)	9	N	
212	2	Taxable pub pension from fed 1040A, Line 12b or fed 1040, line 16b	PIC 9(9)	9	N	
213		Divide Line 1 by Line 2	PIC 9(3)	3	N	
214		Multiply Line 3 by Line 14 of Sec A. If not Claim pub pension, enter 0 Subtract Line 4 from line 1	PIC 9(9)	9	N N	
215 216		Total Military pension, multiply Line 5 by 45%	PIC 9(9) PIC 9(9)	9	N N	
210	O	Total Minitary porioloff, manuply Elife 6 by 4076	1 10 3(3)	3	- '`	
		**MO-A, Part 3, Section E, Total Pension and Soc Sec/Soc Sec Disab*				
217		Total Pension and Social Security/Social Security Disability Deduction	PIC 9(9)	9	N	
		**** MO-TC ****				
218	1	Credit Code (3 Characters) see form	PIC X(3)	3		
219	1		PIX 9(9)	9		
220	1	S	PIC 9(9)	9		
221		Credit Code (3 Characters) see form	PIC X(3)	3		
222		Y c	PIC X(9)	9		
223		S Credit Code (3 Characters) see form	PIC 9(9) PIX X(3)	9		
225		Y	PIC 9(9)	9		
226		S	PIC 9(9)	9		
227		Credit Code (3 Characters) see form	PIC X(3)	3		
228	4					
		Y	PIC 9(9)	9		
229	4	S	PIC 9(9) PIC 9(9)	9		
230	4 5	S Credit Code (3 Characters) see form	PIC 9(9) PIC 9(9) PIC X(3)	9 9 3		
	4 5 5	S Credit Code (3 Characters) see form Y	PIC 9(9) PIC 9(9) PIC X(3) PIC 9(9)	9 9 3 9		
230 231 232 233	4 5 5 5	S Credit Code (3 Characters) see form	PIC 9(9) PIC 9(9) PIC X(3) PIC 9(9) PIC 9(9) PIC X(3)	9 9 3 9 9		
230 231 232 233 234	4 5 5 5 5 6 6	S Credit Code (3 Characters) see form Y S Credit Code (3 Characters) see form Y	PIC 9(9) PIC 9(9) PIC X(3) PIC 9(9) PIC 9(9) PIC X(3) PIC Y(3) PIC Y(9)	9 9 3 9 9 3		
230 231 232 233 234 235	4 5 5 5 5 6 6 6	S Credit Code (3 Characters) see form Y S Credit Code (3 Characters) see form Y S S Credit Code (3 Characters) see form Y S	PIC 9(9) PIC 9(9) PIC 9(9) PIC 9(9) PIC 9(9) PIC X(3) PIC Y(3) PIC 9(9) PIC 9(9) PIC 9(9)	9 9 3 9 9 9 9		
230 231 232 233 234 235 236	4 5 5 5 6 6 6 6	S Credit Code (3 Characters) see form Y S Credit Code (3 Characters) see form Y S Credit Code (3 Characters) see form Credit Code (3 Characters) see form	PIC 9(9) PIC 9(9) PIC X(3) PIC 9(9) PIC 9(9) PIC X(3) PIC 9(9) PIC X(3) PIC 9(9) PIC 9(9) PIC X(3)	9 9 3 9 9 9 9 9		
230 231 232 233 234 235 236 237	4 5 5 5 6 6 6 6 7	S Credit Code (3 Characters) see form Y	PIC 9(9) PIC 9(9) PIC X(3) PIC 9(9) PIC 9(9) PIC X(3) PIC 9(9) PIC X(3) PIC 9(9) PIC X(3) PIC 9(9) PIC X(3) PIC 9(9)	9 9 9 9 9 9 9 9 9 9		
230 231 232 233 234 235 236 237 238	4 5 5 5 6 6 6 6 7 7	S Credit Code (3 Characters) see form Y S	PIC 9(9) PIC 9(9) PIC 9(9) PIC X(3) PIC 9(9) PIC 9(9) PIC (3) PIC 9(9) PIC 9(9) PIC 9(9) PIC 9(9) PIC 9(9) PIC 9(9)	9 9 9 9 9 9 9 9		
230 231 232 233 234 235 236 237	4 5 5 5 6 6 6 6 7 7	S Credit Code (3 Characters) see form Y S Credit Code (3 Characters) see form	PIC 9(9) PIC 9(9) PIC X(3) PIC 9(9) PIC 9(9) PIC X(3) PIC 9(9) PIC X(3) PIC 9(9) PIC X(3) PIC 9(9) PIC X(3) PIC 9(9)	9 9 9 9 9 9 9 9 9 9		
230 231 232 233 234 235 236 237 238 239 240 241	4 55 55 66 66 77 77 78 88 88	S Credit Code (3 Characters) see form Y S	PIC 9(9) PIC 9(9) PIC 9(9) PIC X(3) PIC 9(9) PIC 9(9) PIC 9(9) PIC 9(9)	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
230 231 232 233 234 235 236 237 238 239 240 241 242	44 55 55 66 66 77 77 78 88 88	S Credit Code (3 Characters) see form Y Credit Code (3 Characters) see form	PIC 9(9) PIC 9(9) PIC 9(9) PIC X(3) PIC 9(9) PIC X(3) PIC 9(9) PIC X(3) PIC 9(9) PIC Y(3) PIC 9(9) PIC Y(3) PIC 9(9) PIC Y(3) PIC 9(9) PIC Y(3) PIC 9(9) PIC X(3) PIC 9(9) PIC X(3)	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
230 231 232 233 234 235 236 237 238 239 240 241 242 243	4 55 55 66 66 67 77 77 88 88 89 99	S Credit Code (3 Characters) see form Y Credit Code (3 Characters) see form Y S Credit Code (3 Characters) see form Y	PIC 9(9) PIC 9(9) PIC 9(9) PIC X(3) PIC 9(9) PIC X(3) PIC 9(9) PIC X(3) PIC 9(9)	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
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230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247	4 5 5 6 6 6 6 7 7 7 8 8 8 8 9 9 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	S Credit Code (3 Characters) see form Y S Credit Code (3 Characters) see form Y Y S Credit Code (3 Characters) see form	PIC 9(9) PIC 3(3) PIC 9(9)	99 99 99 99 99 99 99 99 99 99 99 99		
230 231 232 233 233 233 236 237 240 241 242 242 244 245 246 247	4 5 5 6 6 6 7 7 7 7 8 8 8 8 9 9 9 10 10	S Credit Code (3 Characters) see form Y S S Credit Code (3 Characters) see form Y S S TATE OF (Yourself)	PIC 9(9) PIC 9(9) PIC 9(9) PIC X(3) PIC 9(9) PIC Y(3) PIC 9(9) PIC Y(3) PIC 9(9) PIC Y(3) PIC 9(9) PIC X(3) PIC 9(9) PIC Y(3) PIC 9(9)	99 99 33 33 99 99 99 33 33 99 99 99 99 9		Top, Line 2, Yourself
230 231 232 233 234 235 236 237 237 238 240 241 242 243 244 245 246 247	4 55 55 66 66 67 77 77 88 88 99 99 100 100	S Credit Code (3 Characters) see form Y S S Credit Code (3 Characters) see form Y S S TATE OF (Yourself) STATE OF (Yourspouse)	PIC 9(9) PIC 9(9) PIC 9(9) PIC (3) PIC 9(9) PIC (9(9) PIC (3) PIC 9(9) PIC (4) PIC 9(9) PIC (5) PIC (7) PIC (8)	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		Top, Line 2, Your spouse
230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247	4 5 5 6 6 6 7 7 7 7 8 8 8 8 9 9 9 10 10	S Credit Code (3 Characters) see form Y S S Credit Code (3 Characters) see form Y S S TATE OF (Yourself)	PIC 9(9) PIC 9(9) PIC 9(9) PIC X(3) PIC 9(9) PIC Y(3) PIC 9(9) PIC Y(3) PIC 9(9) PIC Y(3) PIC 9(9) PIC X(3) PIC 9(9) PIC Y(3) PIC 9(9)	99 99 33 33 99 99 99 33 33 99 99 99 99 9		

Code	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		**** MO-PTS ****				
050	Mana	Distribute (Manageria)	DIO O(C)			AMADDVO//
	Name Name	Birthdate (Yourself) Birthdate (Spouse)	PIC 9(6) PIC 9(6)	6		MMDDYY (example: 031537) **Total of 6 digits MMDDYY (example: 031537) **Total of 6 digits
200	raino	Note: Name/Address information same as 1040	1100(0)	Ŭ		Total of 6 digits
		name/address information.				
254	A	65 years of age or older	PIC X(1)	1		X YES
255		100% Disabled Veteran	PIC X(1)	1		X YES
256	С	100% Disabled	PIC X(1)	1		X YES
257		60 years of age or older and received surviving spouse benefits	PIC X(1)	1		X YES
	Filing	Single	PIC X(1)	1		X YES
	Filing	Married — Filing Combined	PIC X(1)	1		X YES X YES
261	Filing 1	Married — Living Separate for Entire Year Enter the amount of income from MO-1040, Line 6, or Form MO-1040P, Line 4	PIC X(1) PIC S9(9)	9		A TES
262	2	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9		
263		Enter the total amount of pensions, annuities, dividends, or interest income	PIC 9(9)	9		
264		Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9		
265		Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9		
266		Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9		
267 268		Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in Total household income — add Lines 1 through 7	PIC 9(9)	9		
269		Enter \$0, \$2000, or \$4000 based on filing and occupancy status	PIC 39(9)	9		
270		rented checkbox (line 10 cannot exceed \$27,500)	PIC X(1)	1		X YES
271		owned/occupied entire year checkbox (line 10 cannot exceed \$30,000)	PIC X(1)	1		X YES
272		Net household income — (Subtract Line 9 from Line 8.)	PIC S9(9)	9		
273 274		If you owned your home, enter total prop. tax less spec. assessments. If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9) PIC 9(9)	9		
214	12	Total tax and or rent—add Lines 11 and 12 and enter total (max \$750 or \$1100,	PIC 9(9)	9	IN	
275	13	depending on occupancy)	PIC 9(9)	9	N	
276	14	Property Tax Credit	PIC 9(9)	9	N	
277	E From	*** Certification of Rent Paid *** 1	PIC 9(6)	6		MMDDVV/ (everyle, 012112) **Tetal of 4 digits
	5-From 5-To	Rental Period during year, From Month, Day, Year Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012112) **Total of 6 digits MMDDYY (example: 123112) **Total of 6 digits
279		Enter your gross rent paid.	PIC 9(9)	9		William Transfer (Champie: 123112) Total of O digits
280	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
281	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
282	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
283 284	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1) PIC X(1)	1		X YES X YES
285	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total househol		1		X YES
286	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
287		G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
290 291	8	Check the appropriate box and enter the percentage on Line 7. Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(3) PIC 9(9)	3		100 for 100%, 67 for 67%. Never greater than 100.
292	-	CRP total (see 20% of line 8)	PIC 9(9)	9		
			. ,			
203	5-Erom	*** Certification of Rent Paid *** 2 Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012112) **Total of 6 digits
	5-To	Rental Period during year, Trom Worth, Day, Year	PIC 9(6)	6		MMDDYY (example: 123112) **Total of 6 digits
295	6	Enter your gross rent paid.	PIC 9(9)	9		
296	7	A. APÁRTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
297	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
298	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		XYES
299 300	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1) PIC X(1)	1		X YES X YES
301		F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total househol		1		X YES
302	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
303		G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
306 307	8	Check the appropriate box and enter the percentage on Line 7. Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(3) PIC 9(9)	9	N	100 for 100%, 67 for 67%. Never greater than 100.
308		CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
300	5-From	*** Certification of Rent Paid *** 3 Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012112) **Total of 6 digits
	5-F10111	Rental Period during year, From Worth, Day, Year	PIC 9(6)	6		MMDDYY (example: 123112) **Total of 6 digits
311	6	Enter your gross rent paid.	PIC 9(9)	9	N	, , , , , , , , , , , , , , , , , , , ,
	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
312			PIC X(1)	1		X YES
312 313		B. MOBILE HOME LOT — 100%	DIO MAN			
312 313 314		C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
312 313 314 315	7 7 7	C. BOARDING HOME / RESIDENTIAL CARE — 50% D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
312 313 314	7 7 7 7	C. BOARDING HOME / RESIDENTIAL CARE — 50% D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%				
312 313 314 315 316 317 318	7 7 7 7 7 7	C. BOARDING HOME / RESIDENTIAL CARE — 50% D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES X YES

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
320	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
	7G2 7G3	G3. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
322		Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
323		Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	Too to Too of or to or or the greater than Too.
324		CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
			(.)	Ť		
		*** Certification of Rent Paid *** 4				
		Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012112) **Total of 6 digits
	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123112) **Total of 6 digits
327		Enter your gross rent paid.	PIC 9(9)	9	N	
328		A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
329		B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
330		C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
331		D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
332		 E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100% F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total househol 	PIC X(1)	1		X YES X YES
				1		X YES
334		G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)			-
		G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
336		G2. Additional Persons sharing residence — 2 G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.) X YES (If this box is checked, enter 25% on Line 7.)
337		Check the appropriate box and enter the percentage on Line 7.	PIC X(1)	3		100 for 100%, 67 for 67%. Never greater than 100.
339		Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(3)	9	N	100 101 100 70, 07 101 07 70. INEVEL GLEATER HIGH 100.
340		CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
340	<u> </u>	5.1. 15 1000 £070 01 Elilo 0/	. 10 3(3)	9	14	
		*** Certification of Rent Paid *** 5				
341	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012112) **Total of 6 digits
	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123112) **Total of 6 digits
343		Enter your gross rent paid.	PIC 9(9)	9	N	() i i i i i i i i i i i i i i i i i i
344		A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
345		B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
346		C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
347	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
348	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
349	7	F. LOW INCOME HOUSING - 100% (Rent cannot exceed 40% of total househol	PIC X(1)	1		X YES
350	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
351	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
352	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
353		G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
354	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
355		Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9		
356	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
			510.1(4)			
357		Account Type	PIC X(1)	1		"C" for checking, "S" for savings, or blank
358 359		Routing Number	PIC 9(9)	9 17	N N	
359	17	Account Number	PIC 17(17)	17	N	
360		Refund by Debit Card	PIC X(1)	1		X Yes
361		*EOD*				
			2,253	calcula	ated # cha	racters
		nformation				
	For blank	fields, use a carriage return				
		Residence, field 25, must contain the four digit county code. If				
	out-of-sta	te, enter NONR.				
	All alpha	characters should be in capital letters (A-Z).				
	Niver - 1	ioldo oronti zoro fillod				
	Numeric f	ields aren't zero filled.				
	Refer to the	ne "Acceptable Values" column for clarification of acceptable field values.				
		ne "Acceptable Values" column for clarification of acceptable field values. amounts will have a leading minus sign.				
	Negative					
	Negative Check bo	amounts will have a leading minus sign. xes, an X indicates Yes, nothing is No (see Acceptable Values Column) e dollar amounts should be entered on the MO-1040 return. When entering amounts		W-2s) v	where	
	Negative Check bo Only whole multiple as	amounts will have a leading minus sign. xes, an X indicates Yes, nothing is No (see Acceptable Values Column) e dollar amounts should be entered on the MO-1040 return. When entering amount imounts may need to be entered as a total, add the amounts together then round an	nd enter.	l		sign
	Negative Check bo Only whole multiple as	amounts will have a leading minus sign. xes, an X indicates Yes, nothing is No (see Acceptable Values Column) e dollar amounts should be entered on the MO-1040 return. When entering amount mounts may need to be entered as a total, add the amounts together then round at which can be negative are noted above. The picture clause should have a S (exa	nd enter.	l		sign
	Negative Check bo Only whole multiple as	amounts will have a leading minus sign. xes, an X indicates Yes, nothing is No (see Acceptable Values Column) e dollar amounts should be entered on the MO-1040 return. When entering amount imounts may need to be entered as a total, add the amounts together then round an	nd enter.	l		sign
	Negative Check bo Only whole multiple a Any fields must be in	amounts will have a leading minus sign. xes, an X indicates Yes, nothing is No (see Acceptable Values Column) e dollar amounts should be entered on the MO-1040 return. When entering amount amounts may need to be entered as a total, add the amounts together then round at which can be negative are noted above. The picture clause should have a S (example in the field (example: -90, -1000) and precede the first number in the field.	nd enter. mple: PIC SS	9(9)). A	negative :	
	Negative Check bo Only whole multiple as Any fields must be in	amounts will have a leading minus sign. xes, an X indicates Yes, nothing is No (see Acceptable Values Column) e dollar amounts should be entered on the MO-1040 return. When entering amount mounts may need to be entered as a total, add the amounts together then round at which can be negative are noted above. The picture clause should have a S (exa	nd enter. mple: PIC SS	9(9)). A	negative :	e wording. The
	Negative Check bo Only whole multiple as Any fields must be in	amounts will have a leading minus sign. xes, an X indicates Yes, nothing is No (see Acceptable Values Column) e dollar amounts should be entered on the MO-1040 return. When entering amounts may need to be entered as a total, add the amounts together then round all which can be negative are noted above. The picture clause should have a S (example in the field (example: -90, -1000) and precede the first number in the field.	nd enter. mple: PIC SS	9(9)). A	negative :	e wording. The
	Negative Check bo Only whole multiple a Any fields must be in The intended description	amounts will have a leading minus sign. xes, an X indicates Yes, nothing is No (see Acceptable Values Column) e dollar amounts should be entered on the MO-1040 return. When entering amounts may need to be entered as a total, add the amounts together then round all which can be negative are noted above. The picture clause should have a S (example in the field (example: -90, -1000) and precede the first number in the field.	nd enter. mple: PIC SS form line nun tructions for	D(9)). Anber, ar	negative s	e wording. The ding.
	Negative Check bo Only whol multiple a Any fields must be ir The intendescriptio	amounts will have a leading minus sign. xes, an X indicates Yes, nothing is No (see Acceptable Values Column) e dollar amounts should be entered on the MO-1040 return. When entering amount amounts may need to be entered as a total, add the amounts together then round at which can be negative are noted above. The picture clause should have a S (exan accluded in the field (example: -90, -1000) and precede the first number in the field. ded use of the Description Column is to cross reference the barcode field number, for may not be exact due to limitations of space. Please refer to the tax form and institutions.	mple: PIC SS mple: PIC SS form line nun structions for the end of da	nber, arthe exa	negative s	e wording. The ding.
	Negative Check bo Only whol multiple a Any fields must be ir The intendescriptio Trailer: T String of "	amounts will have a leading minus sign. Exes, an X indicates Yes, nothing is No (see Acceptable Values Column) Exes, an X indicates Yes, nothing is No (see Acceptable Values Column) Exes, an X indicates Yes, nothing is No (see Acceptable Values Column) Execute of the MO-1040 return. When entering amount indicate the indicates Yes, and X in	nd enter. mple: PIC SS form line nun furtructions for the end of da erflow condit	nber, arthe exa	negative s	e wording. The ding.
	Negative Check bo Only whol multiple a Any fields must be ir The intendescriptio Trailer: T String of "	amounts will have a leading minus sign. Exes, an X indicates Yes, nothing is No (see Acceptable Values Column) Exes, an X indicates Yes, nothing is No (see Acceptable Values Column) Exes, an X indicates Yes, nothing is No (see Acceptable Values Column) Execute of the Indicate of the MO-1040 return. When entering amount indicate it is a total, add the amounts together then round at which can be negative are noted above. The picture clause should have a S (exampled in the field (example: -90, -1000) and precede the first number in the field. Execute of the Description Column is to cross reference the barcode field number, for may not be exact due to limitations of space. Please refer to the tax form and insuch the last field in the barcode data stream is the trailer. The trailer is used to indicate in the specific or the stream is the trailer.	nd enter. mple: PIC SS form line nun furtructions for the end of da erflow condit	nber, arthe exa	negative s	e wording. The ding.

Code Une Description Picture Clause Clause Clause Clause Clause Values V		Form		Ĭ	1		
in the barcode data stream. The first six fields in the barcode comprise the official header. The fields in the official header are variable length and therefore can contain as much or as title data as is necessary. The information must be consistent among a faceboose and a delinhor blow. ### District Control of the processor	Code	Line	Description				
In election in the official headers are variable length and therefore can contain as much or as title data as is necessary. The information must be consistent among alternodes and a desired below. Another: The symbol Another Symbol Another	Field	#		Clause	Size	Values	Values
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Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		*It is preferred that you print only the 2-D barcode mailing address on the form, if your company is implementing 2-D barcode. If your company is not implementing 2-D barcode, please print only the non-2-D barcode address. If this doesn't work for your company, please print both addresses or refer your clients to the instructions.				
		REFUND: DEPARTMENT OF REVENUE, PO BOX 500, JEFFERSON CITY, MO 65106-0500. (*2-D Barcode ONLY—DOR, PO BOX 3222, JEFFERSON CITY, MO 65105-3222)				
		AMOUNT YOU OWE: DEPARTMENT OF REVENUE, PO BOX 329, JEFFERSON CITY, MO 65107-0329. (*2-D Barcode ONLY—DOR, PO BOX 3370, JEFFERSON CITY, MO 65105-3370).				
		2-D barcode testing should be complete within two months of releasing the	2-D barcod	e packe	et.	