2012 2-D Barcode Specifications for Form MO-1040

Code Field	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)
2	Header	Developer Code				
3	Header	Jurisdiction (MO)				MO
4	Header	Description (MO1040) and current tax year				MO1040/2012
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
		**** MO 1040 ****				
7	Top	Fiscal Year Beginning (Month)	PIC 9(2)	2		01 to 12 (Must be two digits)
8	Top	Fiscal Year Ending (Month)	PIC 9(2)	2		01 to 12 (Must be two digits)
9	Top	Year	PIC 9(4)	4		Tax Year
10	Top	AMENDED RETURN — CHECK HERE	PIC X(1)	1		X YES
11	Top	Vendor Code	PIC 9(3)	3		Software Vendor Code
12	NAME	Your Social Security Number	PIC 9(9)	9		
13	NAME	Spouse's Social Security Number	PIC 9(9)	9		
14	NAME	Your Last Name	PIC X(20)	20		
15	NAME	Your First Name	PIC X(14)	14		
16	NAME	Your Middle Initial	PIC X(1)	1		
17	NAME	Yourself Title (JR,SR,etc)	PIC X(3)	3		Title (JR,SR,etc) (No period after suffix)
18	NAME	Yourself Deceased in 2012	PIC X(1)	1		X YES
19	NAME	Spouse's Last Name	PIC X(20)	20		
20	NAME	Spouse's First Name	PIC X(14)	14		
21	NAME	Spouse's Middle Initial	PIC X(1)	1		
22	NAME	Spouse's Title (JR, SR, etc)	PIC X(3)	3		Spouse's Title (No period after suffix)
23	NAME	Spouse Deceased in 2012	PIC X(1)	1		X YES
24	NAME	In Care of Name	PIC X(30)	30		
25	NAME	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		
27	NAME	City, Town or Post Office	PIC X(23)	23		
28	NAME	State	PIC X(2)	2		
29	NAME	Zip Code	PIC X(9)	9		99999 or 999999999
30	CHKBOX	Age 62 Through 64 Yourself	PIC X(1)	1		X YES
31	CHKBOX	Age 62 Through 64 Spouse	PIC X(1)	1		X YES
32	CHKBOX	Age 65 or Older Yourself	PIC X(1)	1		X YES
33	CHKBOX	Age 65 or Older Spouse	PIC X(1)	1		X YES
34	CHKBOX	Blind Yourself	PIC X(1)	1		X YES
35	CHKBOX	Blind Spouse	PIC X(1)	1		X YES
36	CHKBOX	100% Disabled Yourself	PIC X(1)	1		X YES
37	CHKBOX	100% Disabled Spouse	PIC X(1)	1		X YES
38	CHKBOX	Non-Obligated Spouse Yourself	PIC X(1)	1		X YES
39	CHKBOX	Non-Obligated Spouse Spouse	PIC X(1)	1		X YES
40	1Y	Federal Adjusted Gross Income (Yourself)	PIC S9(9)	9	Y	
41	1S	Federal Adjusted Gross Income (Spouse)	PIC S9(9)	9	Y	
42	2Y	Total Additions (from Form MO-A, Part 1, Line 6) Yourself	PIC 9(9)	9	N	
43	2S	Total Additions (from Form MO-A, Part 1, Line 6) Yourself	PIC 9(9)	9	N	
44	4Y	Total Subtractions (From Form MO-A, Part 1, Line 14) Yourself	PIC 9(9)	9	N	
45	4S	Total Subtractions (From Form MO-A, Part 1, Line 14) Spouse	PIC 9(9)	9	N	
46	5Y	Missouri Adj Gross Income (Subtract Line 4 from Line 3) Yourself	PIC S9(9)	9	Y	
47	5S	Missouri Adj Gross Income (Subtract Line 4 from Line 3) Spouse	PIC S9(9)	9	Y	
48	8	Pension Exemption (From Form MO-A, Part 3)	PIC 9(9)	9	N	
49	9	A. Single — $2,100 (See Box B before checking.)	PIC X(1)	1		X YES
50	9	B. Claimed as a dependent on another person's federal tax return — $0.00	PIC X(1)	1		X YES
51	9	C. Married filing joint federal & combined Missouri — $4,200	PIC X(1)	1		X YES
52	9	D. Married filing separate — $2,100	PIC X(1)	1		X YES
53	9	E. Married filing separate (spouse NOT filing) — $4,200	PIC X(1)	1		X YES
54	9	F. Head of household — $3,500	PIC X(1)	1		X YES
55	9	G. Qualifying widow(er) with dependent child — $3,500	PIC X(1)	1		X YES
56	9	Enter the appropriate exemption amount	PIC 9(9)	9		0,2100,4200,3500
57	10	Tax from Federal Return	PIC 9(9)	9	N	
58	11	Other Tax from federal return. Attach copy of your federal return (pages 1 & 2).	PIC 9(9)	9	N	
59	12	Total Tax from federal return. Add lines 10 and 11.	PIC 9(9)	9	N	
60	13	Federal tax deduction.	PIC 9(9)	9		Married — 10000, Single — 5000 max
61	14	Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS.	PIC 9(9)	9	N	
62	15	Number of dependents from Federal Form 1040, Line 6c	PIC 9(2)	2	N	
63	15	Number of dependents from Federal Form 1040 * 1200	PIC 9(9)	9		Dependents * 1200
64	16	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	17	Long-term care insurance deduction	PIC 9(9)	9	N	
67	18A	Health care sharing ministry deduction	PIC 9(9)	9	N	
68	18B	New Jobs Deduction	PIC 9(9)	9	N	
69	19	Total deductions--add Lines 8,9,13,14,15,16,17 and 18	PIC 9(9)	9	N	
70	20	Subtotal — subtract Line 19 from Line 6	PIC 9(9)	9	N	
71	22Y	Enterprise zone or rural empowerment zone income modification. Yourself	PIC 9(9)	9	N	
72	22S	Enterprise zone or rural empowerment zone income modification. Spouse	PIC 9(9)	9	N	

2012 2-D Barcode Specifications for Form MO-1040

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
73	25Y	Tax on Line 24 Yourself	PIC 9(9)	9	N	
74	25S	Tax on Line 24 Spouse	PIC 9(9)	9	N	
75	26Y	Resident Credit (Yourself)	PIC 9(9)	9	N	
76	26S	Resident Credit (Spouse)	PIC 9(9)	9	N	
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	
82	28S	Balance (Spouse)	PIC 9(9)	9	N	
83	29	Other Taxes, Lump Sum distribution (Form 4972)	PIC X(1)	1		X YES
84	29	Other Taxes, Recapture of low income housing credit (Form 8611)	PIC X(1)	1		X YES
85	29Y	Other Taxes (Yourself)	PIC 9(9)	9	N	
86	29S	Other Taxes (Spouse)	PIC 9(9)	9	N	
87	30Y	Subtotal — Add Lines 28 and 29 (Yourself)	PIC 9(9)	9	N	
88	30S	Subtotal — Add Lines 28 and 29 (Spouse)	PIC 9(9)	9	N	
89	32	Missouri Tax withheld	PIC 9(9)	9	N	
90	33	2012 Missouri estimated tax payments	PIC 9(9)	9	N	
91	34	Missouri tax withheld for nonresident partners or S corp shareholders	PIC 9(9)	9	N	
92	35	Missouri Tax withheld for nonresident entertainers	PIC 9(9)	9	N	
93	36	Amount paid with Missouri extension of time to file (Form MO-60)	PIC 9(9)	9	N	
94	37	Miscellaneous tax credits (from Form MO-TC, Line 13)	PIC 9(9)	9	N	
95	38	Property tax credit. Attach Form MO-PTS	PIC 9(9)	9	N	
96	39	Total payments and credits Add Lines 32 through 38.	PIC 9(9)	9	N	
97	40	Amount paid on original return	PIC 9(9)	9	N	
98	41	Overpayment as shown (or adjusted) on original return	PIC 9(9)	9	N	
99	41A	Federal Audit	PIC X(1)	1		X YES
100	41A	Enter date of IRS report	PIC 9(6)	6		MMDDYY (example: 031913)
101	41B	Net operating loss carryback	PIC X(1)	1		X YES
102	41B	Enter year of loss	PIC 9(2)	2		YY
103	41C	Investment tax credit carryback	PIC X(1)	1		X YES
104	41C	Enter year of credit	PIC 9(2)	2		YY
105	41D	Correction other than A,B or C	PIC X(1)	1		X YES
106	41D	Enter date of federal amended return, if filed	PIC 9(6)	6		MMDDYY (example: 031913)
107	42	Amended Return — total payments and credits — add Line 40 to Line 39 or subtra	PIC 9(9)	9	N	
108	43	If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference	PIC 9(9)	9	N	
109	44	Amount of Line 43 to be applied to your 2013 estimated tax	PIC 9(9)	9	N	
110	45a	Children's Trust Fund	PIC 9(9)	9	N	
111	45b	Veterans Trust Fund	PIC 9(9)	9	N	
112	45c	Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9	N	
113	45d	Missouri National Guard Trust Fund	PIC 9(9)	9	N	
114	45e	Workers' Memorial Trust Fund	PIC 9(9)	9	N	
115	45f	Childhood Lead Testing Trust Fund	PIC 9(9)	9	N	
116	45g	Missouri Military Family Relief Fund	PIC 9(9)	9	N	
117	45h	General Revenue Fund	PIC 9(9)	9	N	
118	45i	After School Retreat Trust Fund	PIC 9(9)	9	N	
119	45l	Organ Donor Trust Fund	PIC 9(9)	9	N	
120	45j1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
121	45j2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
122	45k1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
123	45k2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
124	46	Overpayment to be refunded to you	PIC 9(9)	9	N	
125	47	If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of	PIC 9(9)	9	N	
126	48	Underpayment of estimated tax penalty. Attach Form MO-2210.	PIC 9(9)	9	N	
127	49	Total Amount Due	PIC 9(9)	9	N	
128	SIGN	I authorize the Director of Revenue to discuss my return and	PIC X(1)	1		X YES
129	SIGN	Daytime Telephone	PIC 9(10)	10		
130	SIGN	FEIN, SSN, PTIN	PIC X(9)	9		

2012 2-D Barcode Specifications for Form MO-1040

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		**** MO-A ****				
		**** MO-A Additions ****				
131	1Y	Interest on state and local obligations other than Missouri source (Yourself)	PIC 9(9)	9	N	
132	1S	Interest on state and local obligations other than Missouri source (Spouse)	PIC 9(9)	9	N	
133	2	Net Operating Loss (Carryback/Carryforward)	PIC X(1)	1		X YES
134	2Y	Partnership; Fiduciary; S Corporation; Net operating Loss; (Yourself)	PIC 9(9)	9	N	
135	2S	Partnership; Fiduciary; S Corporation; Net operating Loss; (Spouse)	PIC 9(9)	9	N	
136	3Y	Nonqualified distribution received from qualifed 529 plan (Yourself)	PIC 9(9)	9	N	
137	3S	Nonqualified distribution received from qualified 529 plan(Spouse)	PIC 9(9)	9	N	
138	4Y	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	5Y	Nonresident Property Tax	PIC 9(9)	9	N	
141	5S	Nonresident Property Tax	PIC 9(9)	9	N	
		**** MO-A Subtractions ****				
142	7Y	Interest from exempt federal obligations included in federal AGI(Yourself)	PIC 9(9)	9	N	
143	7S	Interest from exempt federal obligations included in federal AGI (Spouse)	PIC 9(9)	9	N	
144	8Y	Any state income tax refund included in federal AGI (Yourself)	PIC 9(9)	9	N	
145	8S	Any state income tax refund included in federal AGI (Spouse)	PIC 9(9)	9	N	
146	9	**Nonresident Military Check Box**	PIC X(1)	1		X YES
147	9	**Combat Pay Check Box**	PIC X(1)	1		X YES
148	9	**Other**	PIC X(1)	1		X YES
149	9Y	Partnership; Fiduciary; S Corporation; Railroad retirement (Yourself)	PIC 9(9)	9	N	
150	9S	Partnership; Fiduciary; S Corporation; Railroad retirement (Spouse)	PIC 9(9)	9	N	
151	10Y	Exempt contributions made to qualifed 529 plan (Yourself)	PIC S(9)	9	N	$16000 maximum for BOTH primary and secondary
152	10S	Exempt contributions made to qualifed 529 plan (Spouse)	PIC S(9)	9	N	$16000 maximum for BOTH primary and secondary
153	11Y	Qualified Health Insurance Premiums (Yourself)	PIC 9(9)	9	N	
154	11S	Qualified Health Insurance Premiums (Spouse)	PIC 9(9)	9	N	
155	12Y	Missouri depreciation adjustment (Yourself)	PIC 9(9)	9	N	
156	12S	Missouri depreciation adjustment (Spouse)	PIC 9(9)	9	N	
157	13Y	Home Energy Audit Expenses	PIC 9(9)	9	N	
158	13S	Home Energy Audit Expenses	PIC 9(9)	9	N	
		**** MO-A, Part 2, Missouri Itemized Deductions ****				
159	1	Total federal itemized deductions from Federal Form 1040, Line 40	PIC 9(9)	9	N	
160	2	2012 (FICA) — yourself — Social security $ Medicare $	PIC 9(9)	9	N	
161	3	2012 (FICA) — spouse — Social security $ Medicare $	PIC 9(9)	9	N	
162	4	2012 Railroad retirement tax — yourself (Tier 1 and Tier II) $ Medicare $	PIC 9(9)	9	N	
163	5	2012 Railroad retirement tax — spouse (Tier 1 and Tier II) $ Medicare $	PIC 9(9)	9	N	
164	6	2012 Self-employment tax	PIC 9(9)	9	N	
165	8	State and local income taxes — See instructions	PIC 9(9)	9	N	
166	9	Earnings taxes included in Line 8	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	Y	
169	2	Taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	PIC 9(9)	9	N	
170	3	Subtract Line 2 from Line 1	PIC S9(9)	9	Y	
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	7Y	Multiply Line 6 by 100%	PIC 9(9)	9	N	
176	7S	Multiply Line 6 by 100%	PIC 9(9)	9	N	
177	8Y	If Line 7 > $35,234, enter $35,234. If<$35,234, enter amt from Line 7	PIC 9(9)	9	N	
178	8S	If Line 7 > $35,234, enter $35,234. If<$35,234, enter amt from Line 7	PIC 9(9)	9	N	
179	9Y	Amount from Line 6 or $6,000, whichever is less	PIC 9(9)	9	N	
180	9S	Amount from Line 6 or $6,000, whichever is less	PIC 9(9)	9	N	
181	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	
184	11S	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 6S here.	PIC 9(9)	9	N	
185	12Y	Subtract Line 11 from Line 10. If Line 11>Line 10, enter $0	PIC 9(9)	9	N	
186	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	PIC 9(9)	9	N	
188	14	Total Pension Exemption — subtract Line 5 from Line 13, enter here. If Line 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	

2012 2-D Barcode Specifications for Form MO-1040

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
190	2	Enter taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	PIC 9(9)	9	N	
191	3	Subtract Line 2 from Line 1	PIC 9S(9)	9	Y	
192	4	Enter appropriate filing status amount:MFC $32,000; S,HOH,QW $25,000;MFS $16,000	PIC 9(9)	9	N	can't be 0
193	5	Subtract Line 4 from Line 3. If Line 4>$0, enter 0	PIC 9(9)	9	N	
194	6Y	Taxable pension amount from private sources from federal Form 1040A, Lines 11 and 12b, or federal Form 1040, Lines 15b and 16b(Yourself)	PIC 9(9)	9	N	
195	6S	Taxable pension amount from private sources from federal Form 1040A, Lines 11 and 12b, or federal Form 1040, Lines 15b and 16b(Spouse)	PIC 9(9)	9	N	
196	7Y	Enter amounts from Line 6Y or $6000, whichever is less	PIC 9(9)	9	N	
197	7S	Enter amounts from Line 6S or $6000, whichever is less	PIC 9(9)	9	N	
198	8	Add Lines 7Y and 7S	PIC 9(9)	9	N	
199	9	Total Private Pension Exemption-subtract Line 5 from Line 8. If Line 5> Line 8, enter $0	PIC 9(9)	9	N	
		****MO-A, Part 3, Section C, Social Security or Social Security Disability Calculation*				
200	1	Enter Mo Adjusted Gross Income from Form MO-1040, Line 6	PIC 9S(9)	9	Y	
201	2	Enter appropriate filing status amount; MFC $100,000; S,HOH,MFS, QW $85,000	PIC 9(9)	9	N	can't be 0
202	3	Subtract Line 2 from Line 1. If Line 2>Line 1, enter $0	PIC 9(9)	9	N	
203	4Y	Enter taxable social security benefits from federal Form 1040A, Line 14b or federa	PIC 9(9)	9	N	
204	4S	Enter taxable social security benefits from federal Form 1040A, Line 14b	PIC 9(9)	9	N	
205	5Y	Enter taxable social security disability benefits from federal Form 1040A, Line 14b	PIC 9(9)	9	N	
206	5S	Enter taxable social security disability benefits from federal Form 1040A, Line 14b	PIC 9(9)	9	N	
207	6Y	Multiply lines 4 or 5 by 100%(Yourself)	PIC 9(9)	9	N	
208	6S	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	
210	8	Enter total social security/social security disability-subtract Line 3 from Line 7, if 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	3	Divide Line 1 by Line 2	PIC 9(3)	3	N	
214	4	Multiply Line 3 by Line 14 of Sec A. If not Claim pub pension, enter 0	PIC 9(9)	9	N	
215	5	Subtract Line 4 from line 1	PIC 9(9)	9	N	
216	6	Total Military pension, multiply Line 5 by 45%	PIC 9(9)	9	N	
		**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	Y	PIX 9(9)	9		
220	1	S	PIC 9(9)	9		
221	2	Credit Code (3 Characters) see form	PIC X(3)	3		
222	2	Y	PIC X(9)	9		
223	2	S	PIC 9(9)	9		
224	3	Credit Code (3 Characters) see form	PIX X(3)	3		
225	3	Y	PIC 9(9)	9		
226	3	S	PIC 9(9)	9		
227	4	Credit Code (3 Characters) see form	PIC X(3)	3		
228	4	Y	PIC 9(9)	9		
229	4	S	PIC 9(9)	9		
230	5	Credit Code (3 Characters) see form	PIC X(3)	3		
231	5	Y	PIC 9(9)	9		
232	5	S	PIC 9(9)	9		
233	6	Credit Code (3 Characters) see form	PIC X(3)	3		
234	6	Y	PIC 9(9)	9		
235	6	S	PIC 9(9)	9		
236	7	Credit Code (3 Characters) see form	PIC X(3)	3		
237	7	Y	PIC 9(9)	9		
238	7	S	PIC 9(9)	9		
239	8	Credit Code (3 Characters) see form	PIC X(3)	3		
240	8	Y	PIC 9(9)	9		
241	8	S	PIC 9(9)	9		
242	9	Credit Code (3 Characters) see form	PIC X(3)	3		
243	9	Y	PIC 9(9)	9		
244	9	S	PIC 9(9)	9		
245	10	Credit Code (3 Characters) see form	PIC X(3)	3		
246	10	Y	PIC 9(9)	9		
247	10	S	PIC 9(9)	9		
		**** MO-CR ****				
248	Top Y	STATE OF (Yourself)	PIC X(2)	2		Top, Line 2, Yourself
249	Top S	STATE OF (Your Spouse)	PIC X(2)	2		Top, Line 2, Your spouse
250	2nd Y	STATE OF (Yourself)	PIC X(2)	2		Bottom, Line 2, Yourself
251	2nd S	STATE OF (Your Spouse)	PIC X(2)	2		Bottom, Line 2, Your spouse

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		**** MO-PTS *****				
252	Name	Birthdate (Yourself)	PIC 9(6)	6		MMDDYY (example: 031537) **Total of 6 digits
253	Name	Birthdate (Spouse)	PIC 9(6)	6		MMDDYY (example: 031537) **Total of 6 digits
		Note: Name/Address information same as 1040				
		name/address information.				
254	A	65 years of age or older	PIC X(1)	1		X YES
255	B	100% Disabled Veteran	PIC X(1)	1		X YES
256	C	100% Disabled	PIC X(1)	1		X YES
257	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1		X YES
258	Filing	Single	PIC X(1)	1		X YES
259	Filing	Married — Filing Combined	PIC X(1)	1		X YES
260	Filing	Married — Living Separate for Entire Year	PIC X(1)	1		X YES
261	1	Enter the amount of income from MO-1040, Line 6, or Form MO-1040P, Line 4	PIC S9(9)	9	Y	
262	2	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	
263	3	Enter the total amount of pensions, annuities, dividends, or interest income	PIC 9(9)	9	N	
264	4	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
265	5	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
266	6	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
267	7	Enter the amount of nonbusiness loss(es). You must include nonbusiness losses i	PIC 9(9)	9	N	
268	8	Total household income — add Lines 1 through 7	PIC S9(9)	9	Y	
269	9	Enter $0, $2000, or $4000 based on filing and occupancy status	PIC 9(9)	9	N	
270	10A	rented checkbox (line 10 cannot exceed $27,500)	PIC X(1)	1		X YES
271	10B	owned/occupied entire year checkbox (line 10 cannot exceed $30,000)	PIC X(1)	1		X YES
272	10	Net household income — (Subtract Line 9 from Line 8.)	PIC S9(9)	9	Y	
273	11	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	
274	12	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
275	13	Total tax and or rent—add Lines 11 and 12 and enter total (max $750 or $1100, depending on occupancy)	PIC 9(9)	9	N	
276	14	Property Tax Credit	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 1				
277	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012112) **Total of 6 digits
278	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123112) **Total of 6 digits
279	6	Enter your gross rent paid.	PIC 9(9)	9	N	
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	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
284	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
285	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total househol	PIC X(1)	1		X YES
286	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
287	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
288	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
289	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
290	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.
291	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
292	9	CRP total (see 20% of line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 2				
293	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012112) **Total of 6 digits
294	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123112) **Total of 6 digits
295	6	Enter your gross rent paid.	PIC 9(9)	9	N	
296	7	A. APARTMENT, 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		X YES
299	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
300	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
301	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total househol	PIC X(1)	1		X YES
302	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
303	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
304	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
305	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
306	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.
307	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
308	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 3				
309	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012112) **Total of 6 digits
310	5-To	Rental Period during year, To Month, 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	
312	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
313	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
314	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
315	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
316	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
317	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total househol	PIC X(1)	1		X YES
318	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
319	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)

2012 2-D Barcode Specifications for Form MO-1040

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.)
321	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
322	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.
323	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
324	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 4				
325	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 012112) **Total of 6 digits
326	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123112) **Total of 6 digits
327	6	Enter your gross rent paid.	PIC 9(9)	9	N	
328	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
329	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
330	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
331	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
332	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
333	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total househol	PIC X(1)	1		X YES
334	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
335	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
336	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
337	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
338	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.
339	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
340	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		*** 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
342	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123112) **Total of 6 digits
343	6	Enter your gross rent paid.	PIC 9(9)	9	N	
344	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
345	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
346	7	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	7G3	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	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	N	
356	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
357	1	Account Type	PIC X(1)	1		"C" for checking, "S" for savings, or blank
358	9	Routing Number	PIC 9(9)	9	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	calculated # characters		

General Information

For blank fields, use a carriage return

County of Residence, field 25, must contain the four digit county code. If
out-of-state, enter NONR.

All alpha characters should be in capital letters (A-Z).

Numeric fields aren't zero filled.

Refer to the "Acceptable Values" column for clarification of acceptable field values.

Negative amounts will have a leading minus sign.

Check boxes, an X indicates Yes, nothing is No (see Acceptable Values Column)

Only whole dollar amounts should be entered on the MO-1040 return. When entering amounts (such as W-2s) where
multiple amounts may need to be entered as a total, add the amounts together then round and enter.

Any fields which can be negative are noted above. The picture clause should have a S (example: PIC S9(9)). A negative sign
must be included in the field (example: -90, -1000) and precede the first number in the field.

The intended use of the Description Column is to cross reference the barcode field number, form line number, and form line wording. The
description may not be exact due to limitations of space. Please refer to the tax form and instructions for the exact line wording.

Trailer: The last field in the barcode data stream is the trailer. The trailer is used to indicate the end of data has been reached. A static
String of "*EOD*" is used as the trailer value. If a trailer is not found, this indicates a data overflow condition has occurred.

Header Information: There is information generic to all barcodes that should be placed first

2012 2-D Barcode Specifications for Form MO-1040

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		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 little data as is necessary. This information must be consistent among all barcodes and is defined below.				
		(Note: The symbol <CR> is used to represent a single carriage return character.)				
		Header Version Number: will be incremented each time the standards group alters the physical structure of the barcodes that were created using multiple header formats. This value is static for all barcodes and is currently T1.				
		Developer Code: A four-digit code used to identify the Software Developer whose application produced the barcode. The purpose of this field is to allow forms to be traced to the vendor producing them.				
		Jurisdiction: An alphanumeric identifier indicating the taxing jurisdiction. Use the US Postal Service's official state abbreviations.				
		Description: An alphanumeric identifier used to describe the form being processed. The identifier can be used to route the barcode information to the correct system for further processing. For Missouri, use MO1040.				
		Specification Version: A number that identifies the version of the specifications used to produce the form barcode. These specifications are provided by the jurisdiction processing the form and describe the data layout in the barcode. Draft versions of the specifications are not assigned version numbers. The final version shall be "0", revision thereafter will increase numerically.				
		Software/Form Version: A vendor defined version number that reflects the software and form revision used to produce the barcode.				
		Example				
		Header Version Number "T1"				
		Developer Code:"9999"				
		Jurisdiction: "MO"				
		Description: "MO1040"				
		Specification Version: "0"				
		Software/Form Version: "1.0"				
		Raw Header				
		T1<CR>9999<CR>MO<CR>MO1040<CR>0<CR>1.0<CR>				
		End of Data				
		EOD must be printed in Field 361				
		Trust Funds				
		TRUST FUND CODES for Form MO-1040, Lines 45j and 45k **01 American Cancer Society** **02 American Diabetes Association** **03 American Heart Association** **04 American Lung Association** **05 Amyotrophic Lateral Sclerosis (ALS—Lou Gehrig's Disease)** **07 Muscular Dystrophy Association** **08 March of Dimes** **09 Arthritis Foundation Fund** **10 National Multiple Sclerosis Society Fund** **13 Breast Cancer Awareness Fund** **14 Foster Care and Adoptive Parents Recruitment and Retention Fund** **15 American Red Cross Trust Fund** **16 Developmental Disabilities Waiting List Equity Trust Fund** **17 Puppy Protection Trust Fund** **Please be sure to make this a two digit number. If it is a single digit number, add the zero on the left to make it a two digit number. (1=01; 2=02, etc.)**				
		Missouri *encourages* you to default the 2-D barcode to "ON" when your software is released. It is highly preferred that we receive returns with a 2-D barcode. Please make every effort to print a 2-D barcode on all your returns.				

2012 2-D Barcode Specifications for Form MO-1040

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		ADDRESS ISSUE: *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 barcode packet.				