



MISSOURI DEPARTMENT OF REVENUE **2011 FORM MO-1040**
INDIVIDUAL INCOME TAX RETURN—LONG FORM

FOR CALENDAR YEAR JAN. 1—DEC. 31, 2011, OR FISCAL YEAR BEGINNING
 20 __, ENDING 20 __

AMENDED RETURN — CHECK HERE SOFTWARE VENDOR CODE **002**
NAME AND ADDRESS

SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER

NAME (LAST) (FIRST) M.I. JR, SR DECEASED IN 2011

SPOUSE'S (LAST) (FIRST) M.I. JR, SR

IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) COUNTY OF RESIDENCE

PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE) CITY, TOWN, OR POST OFFICE STATE ZIP CODE

You may contribute to any one or all of the trust funds on Line 45. See pages 9–10 for a description of each trust fund, as well as trust fund codes to enter on Line 45.

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Trust Fund	Childhood Lead Testing Trust Fund	Missouri Military Family Relief Trust Fund	General Revenue Trust Fund	After School Retreat Trust Fund	Donate Life Trust Fund
-----------------------	---------------------	-----------------------------------------	------------------------------------	------------------------------	-----------------------------------	--------------------------------------------	----------------------------	---------------------------------	------------------------

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2011.

AGE 62 THROUGH 64 <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	AGE 65 OR OLDER <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	BLIND <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	100% DISABLED <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	NON-OBLIGATED SPOUSE <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE
--------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

INCOME	Yourself		Spouse	
	1Y	00	1S	00
1. Federal adjusted gross income from your 2011 federal return (See worksheet on page 6.) ..	2Y	00	2S	00
2. Total additions (from Form MO-A, Part 1, Line 6)	3Y	00	3S	00
3. Total income — Add Lines 1 and 2.	4Y	00	4S	00
4. Total subtractions (from Form MO-A, Part 1, Line 14)	5Y	00	5S	00
5. Missouri adjusted gross income — Subtract Line 4 from Line 3.	6		00	
6. Total Missouri adjusted gross income — Add columns 5Y and 5S.	7Y	%	7S	%
7. Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)				

8. Pension and Social Security/Social Security disability exemption (from Form MO-A, Part 3, Section E.) 8 00

9. Mark your filing status box below and enter the appropriate exemption amount on Line 9.

<input type="checkbox"/> A. Single — \$2,100 (See Box B before checking.)	<input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200
<input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00	<input type="checkbox"/> F. Head of household — \$3,500
<input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200	<input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500
<input type="checkbox"/> D. Married filing separate — \$2,100	

9 00

10. Tax from federal return (**Do not enter federal income tax withheld.**)

- Federal Form 1040, Line 55 minus Lines 45, 63, 64a, 66, 67, and amounts from Forms 8801, 8839, and 8885 on Line 71
- Federal Form 1040A, Line 35 minus Line 40, 41a, 43, and any alternative minimum tax included on Line 28
- Federal Form 1040EZ, Line 11 minus Line 8 and 9a

10	00
11. Other tax from federal return — Attach copy of your federal return (pages 1 and 2). ..	11 00
12. Total tax from federal return — Add Lines 10 and 11.	12 00

13. **Federal tax deduction — Enter amount from Line 12 not to exceed \$5,000 for individual filer; \$10,000 for combined filers.** 13 00

14. Missouri standard deduction OR itemized deductions. Single or Married Filing Separate — **\$5,800**; Head of Household — **\$8,500**; married Filing a Combined Return or Qualifying Widow(er) — **\$11,600**; If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you claimed an additional standard deduction or you are itemizing, see Form MO-A, Part 2, or Form MO-L..... 14 00

15. Number of dependents from Federal Form 1040 OR 1040A, Line 6c (**DO NOT INCLUDE YOURSELF OR SPOUSE.**) X \$1,200 = 15 00 Do not include yourself or spouse.

16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (**DO NOT INCLUDE YOURSELF OR SPOUSE.**) X \$1,000 = 16 00

17. Long-term care insurance deduction..... 17 00

18. A. Health care sharing ministry deduction \$ _____ B. New jobs deduction \$ _____ 18 00

19. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and 18 19 00

20. Subtotal — Subtract Line 19 from Line 6. 20 00

21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S.	21Y	00	21S	00
22. Enterprise zone or rural empowerment zone income modification	22Y	00	22S	00
23. Subtract Line 22 from Line 21. Enter here and on Line 24.	23Y	00	23S	00



MISSOURI DEPARTMENT OF REVENUE
**INDIVIDUAL INCOME TAX
 ADJUSTMENTS**

2011
 FORM
MO-A

Attachment Sequence No. 1040-01

ATTACH TO FORM MO-1040. ATTACH A COPY OF YOUR FEDERAL RETURN. See information beginning on page 10 to assist you in completing this form.

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NO.
SPOUSE'S LAST NAME	FIRST NAME	INITIAL	SPOUSE'S SOCIAL SECURITY NO.

PART 1 — MISSOURI MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (SEE PAGE 11).

ADDITIONS	Y - YOURSELF		S - SPOUSE	
1. Interest on state and local obligations other than Missouri source	1Y	00	1S	00
2. <input type="checkbox"/> Partnership; <input type="checkbox"/> Fiduciary; <input type="checkbox"/> S corporation; <input type="checkbox"/> Net Operating Loss (Carryback/Carryforward); <input type="checkbox"/> Other (description)	2Y	00	2S	00
3. Nonqualified distribution received from a qualified 529 plan (higher education savings program) not used for qualified higher education expenses	3Y	00	3S	00
4. Food Pantry contributions included on federal Schedule A	4Y	00	4S	00
5. Nonresident Property Tax	5Y	00	5S	00
6. TOTAL ADDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter here and on Form MO-1040, Line 2.....	6Y	00	6S	00
SUBTRACTIONS				
7. Interest from exempt federal obligations included in federal adjusted gross income (reduced by related expenses if expenses were over \$500). Attach a detailed list or all federal Forms 1099.	7Y	00	7S	00
8. Any state income tax refund included in federal adjusted gross income	8Y	00	8S	00
9. <input type="checkbox"/> Partnership; <input type="checkbox"/> Fiduciary; <input type="checkbox"/> S corporation; <input type="checkbox"/> Railroad retirement benefits; <input type="checkbox"/> Net Operating Loss; <input type="checkbox"/> Military (nonresident); <input type="checkbox"/> Build America and Recovery Zone Bond Interest <input type="checkbox"/> Combat pay included in federal adjusted gross income; <input type="checkbox"/> MO Public-Private Transportation Act <input type="checkbox"/> Other (description) Attach supporting documentation.....	9Y	00	9S	00
10. Exempt contributions made to a qualified 529 plan (higher education savings program)	10Y	00	10S	00
11. Qualified Health Insurance Premiums	11Y	00	11S	00
12. Missouri depreciation adjustment (Section 143.121, RSMo) <input type="checkbox"/> Sold or disposed property previously taken as addition modification	12Y	00	12S	00
13. Home Energy Audit Expenses	13Y	00	13S	00
14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4..	14Y	00	14S	00

PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete this section only if you itemize deductions on your federal return. Attach a copy of your federal Form 1040 (pages 1 and 2) and federal Schedule A.

1. Total federal itemized deductions from federal Form 1040, Line 40	1	00
2. 2011 (FICA) — yourself — Social security \$ _____ + Medicare \$ _____	2	00
3. 2011 (FICA) — spouse — Social security \$ _____ + Medicare \$ _____	3	00
4. 2011 Railroad retirement tax — yourself (Tier I and Tier II) \$ _____ + Medicare \$ _____	4	00
5. 2011 Railroad retirement tax — spouse (Tier I and Tier II) \$ _____ + Medicare \$ _____	5	00
6. 2011 Self-employment tax — Amount from federal Form 1040, Line 27	6	00
7. TOTAL — Add Lines 1 through 6.....	7	00
8. State and local income taxes — from federal Schedule A, Line 5	8	00
9. Earnings taxes included in Line 8	9	00
10. Net state income taxes — Subtract Line 9 from Line 8.....	10	00
11. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 from Line 7. Enter here and on Form MO-1040, Line 14.	11	00

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

PART 3 - PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION

PUBLIC PENSION CALCULATION — Pensions received from any federal, state, or local government.														
SECTION A	1. Missouri adjusted gross income from Form MO-1040, Line 6	1											00	
	2. Taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	2											00	
	3. Subtract Line 2 from Line 1	3											00	
	4. Select the appropriate filing status and enter amount on Line 4. Married filing combined - \$100,000; Single, Head of Household, Married Filing Separate, and Qualifying Widow - \$85,000.....	4												00
	5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5												00
			Y - YOURSELF				S - SPOUSE							
	6. Taxable pension for each spouse from public sources from federal Form 1040A, Line 12b or 1040, Line 16b	6Y			00	6S								00
	7. Multiply Line 6 by 80%	7Y			00	7S								00
	8. Amount from Line 7 or \$33,703 (maximum social security benefit), whichever is less.....	8Y			00	8S								00
	9. Amount from Line 6 or \$6,000, whichever is less	9Y			00	9S								00
	10. Amount from Line 8 or Line 9, whichever is greater.....	10Y			00	10S								00
	11. 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	11Y			00	11S								00
	12. Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter \$0	12Y			00	12S								00
	13. Add amounts on Lines 12y and 12s.....	13												00
14. Total public pension , subtract Line 5, from Line 13. If Line 5 is greater than Line 13, enter \$0.....	14												00	
PRIVATE PENSION CALCULATION — Annuities, pensions, IRA'S, and 401(k) plans funded by a private source.														
SECTION B	1. Missouri adjusted gross income from Form MO-1040, Line 6	1											00	
	2. Taxable social security benefits from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	2											00	
	3. Subtract Line 2 from Line 1.....	3											00	
	4. Select the appropriate filing status and enter the amount on Line 4: Married filing combined: \$32,000; Single, Head of Household and Qualifying Widower: \$25,000; Married Filing Separate: \$16,000	4												00
	5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5											00	
			Y - YOURSELF				S - SPOUSE							
	6. Taxable pension for each spouse from private sources from federal Form 1040A, Lines 11b and 12b, or federal Form 1040, Lines 15b and 16b.	6Y			00	6S								00
	7. Amounts from Line 6Y and 6S or \$6,000, whichever is less	7Y			00	7S								00
	8. Add Lines 7Y and 7S.....	8												00
9. Total private pension , subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0	9												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 marked the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to social security disability deduction.														
SECTION C	1. Missouri adjusted gross income from Form MO-1040, Line 6	1											00	
	2. Select the appropriate filing status and enter the amount on Line 2. Married filing combined - \$100,000 Single, Head of Household, Married Filing Separate, and Qualifying Widower - \$85,000	2											00	
	3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0.....	3											00	
			Y - YOURSELF				S - SPOUSE							
	4. Taxable social security benefits for each spouse from federal Form 1040A, Line 14b or federal Form 1040, Line 20b	4Y			00	4S								00
	5. Taxable social security disability benefits for each spouse from federal Form 1040A, Line 14b or 1040, Line 20b.....	5Y			00	5S								00
	6. Multiply Line 4 or Line 5 by 80%.....	6Y			00	6S								00
	7. Add Lines 6Y and 6S.....	7												00
8. Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0.....	8												00	
MILITARY PENSION CALCULATION														
SECTION D	1. Military retirement benefits included on federal Form 1040A, Line 12b or federal Form 1040, Line 16b	1											00	
	2. Taxable public pension from federal Form 1040A, Line 12b or federal Form 1040, Line 16b.	2											00	
	3. Divide Line 1 by Line 2 (Round to whole number).....	3											%	
	4. Multiply Line 3 by Line 14 of Section A. If you are not claiming a public pension exemption, enter \$0.....	4												00
	5. Subtract Line 4 from Line 1.....	5												00
	6. Total military pension , multiply Line 5 by 30%.....	6												00
TOTAL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION														
SECTION E	Add Line 14 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D). Enter total amount here and on Form MO-1040, Line 8.													00
			TOTAL EXEMPTION											



MISSOURI DEPARTMENT OF REVENUE
PROPERTY TAX CREDIT

2011
FORM
MO-PTS

Attachment Sequence No. 1040-07 and 1040P-01

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.

NAME	LAST NAME	FIRST NAME	INITIAL	BIRTHDATE __ / __ / ____	SOCIAL SECURITY NO. ____ - ____ - ____
	SPOUSE'S LAST NAME	FIRST NAME	INITIAL	BIRTHDATE __ / __ / ____	SPOUSE'S SOCIAL SECURITY NO. ____ - ____ - ____

You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc., must be included with claim.

QUALIFICATIONS	<input type="checkbox"/> A. 65 years of age or older (Attach a copy of Form SSA-1099.)	<input type="checkbox"/> C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.)
	<input type="checkbox"/> B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.)	<input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.)

FILING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year If married filing combined, you must report both incomes.

Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), Forms 1099, W-2, etc.) will result in denial or delay of your claim.

1. Enter the amount of income from Form MO-1040, Line 6, or Form MO-1040P, Line 4.....	1		00
2. Enter the amount of nontaxable social security benefits received by you and your minor children before any deductions and the amount of social security equivalent railroad retirement benefits. Attach a copy of Form SSA-1099 and RRB-1099.	2		00
3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 7 (if filing Form MO-1040). Attach Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc.	3		00
4. Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. Attach Form RRB-1099-R (Tier II). If filing Form MO-1040, refer to Form MO-A, Part 1, Line 9.	4		00
5. Enter the amount of veteran's payments or benefits before any deductions. Attach letter from Veterans Affairs.	5		00
6. Enter the total amount received by you and your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). Attach a copy of Forms SSA-1099, a letter from the Social Security Administration and Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable.	6		00
7. Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.)	7		00
8. TOTAL household income — Add Lines 1 through 7. Enter total here.....	8		00
9. Mark the box that applies and enter the appropriate amount. <input type="checkbox"/> a. Enter \$0 if filing status is Single or Married Living Separate; If married and filing combined; <input type="checkbox"/> b. Enter \$2,000 if you rented or did not own your home for the entire year; <input type="checkbox"/> c. Enter \$4,000 if you owned and occupied your home for the entire year;.....	9	-	00
10. Net household income — Subtract Line 9 from Line 8 and enter the amount; mark the box that applies. <input type="checkbox"/> a. If you rented or did not own and occupy your home for the entire year , Line 10 cannot exceed \$27,500. If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. <input type="checkbox"/> b. If you owned and occupied your home for the entire year , Line 10 cannot exceed \$30,000. If the total is greater than \$30,000, STOP - no credit is allowed. Do not file this claim.	10		00
11. If you owned your home, enter the total amount of property tax paid for your home less special assessments. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 948, Assessor's Certification.	11		00
12. If you rented, enter amount from Form MO-CRP, Line 9. Attach rent receipts or a statement from your landlord. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit...	12		00
13. Add Lines 11 and 12. If you rented your home, enter the total or \$750, whichever is less. If you owned your home, enter the total or \$1,100, whichever is less.	13		00
14. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 41-43 or MO-1040P, pages 29-31 to figure your Property Tax Credit. You must use the chart to see how much credit you are allowed. Note: Renters - maximum allowed is \$750. Owners - maximum allowed is \$1,100. Enter this amount on Form MO-1040, Line 38 or Form MO-1040P, Line 20.	14		00

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.

For Privacy Notice, see instructions.



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2011

2011
FORM
MO-CRP

**FAILURE TO PROVIDE LANDLORD
INFORMATION WILL RESULT IN
DENIAL OR DELAY OF YOUR CLAIM.**

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. NAME			3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)		
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED)		APT. NUMBER	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)		APT. NUMBER
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) (____) _____ - _____	
5. RENTAL PERIOD DURING YEAR		FROM: MONTH _____ DAY _____ YEAR 2011	TO: MONTH _____ DAY _____ YEAR 2011		
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.....					6 00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your rent with relatives or friends (OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18), check the appropriate box and enter percentage. Additional persons sharing rent/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%)					7 %
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.					8 00
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.....					9 00

For Privacy Notice, see instructions.

MO 860-1089 (11-2011)



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2011

2011
FORM
MO-CRP

**FAILURE TO PROVIDE LANDLORD
INFORMATION WILL RESULT IN
DENIAL OR DELAY OF YOUR CLAIM.**

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. NAME			3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)		
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED)		APT. NUMBER	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)		APT. NUMBER
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) (____) _____ - _____	
5. RENTAL PERIOD DURING YEAR		FROM: MONTH _____ DAY _____ YEAR 2011	TO: MONTH _____ DAY _____ YEAR 2011		
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.....					6 00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your rent with relatives or friends (OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18), check the appropriate box and enter percentage. Additional persons sharing rent/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%)					7 %
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.					8 00
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.....					9 00

For Privacy Notice, see instructions.

MO 860-1089 (11-2011)



MISSOURI DEPARTMENT OF REVENUE
**CREDIT FOR INCOME TAXES PAID TO
 OTHER STATES OR POLITICAL SUBDIVISIONS**

2011
 FORM
MO-CR

Attachment Sequence No. 1040-03

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

- Attach a copy of all income tax returns for each state or political subdivision.
- Attach Form MO-CR to Form MO-1040.

YOUR NAME		YOUR SOCIAL SECURITY NO.		YOUR SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY NO.	
		YOURSELF		SPOUSE			
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S).....		1	00	1	00		
2. Claimant's Missouri income tax (Form MO-1040, Line 25Y and Line 25S)		2	00	2	00		
USE TWO LETTER ABBREVIATION FOR STATE OR NAME OF POLITICAL SUBDIVISION. See table on back.....		STATE OF:		STATE OF:			
3. Wages and commissions		3	00	3	00		
4. Other (describe nature)		4	00	4	00		
5. Total — Add Lines 3 and 4.....		5	00	5	00		
6. Less: related adjustments (from Federal Form 1040A, Line 20, OR Federal Form 1040, Line 36) ..		6	00	6	00		
7. Net amounts — Subtract Line 6 from Line 5.....		7	00	7	00		
8. Percentage of your income taxed — Divide Line 7 by Line 1.		8	%	8	%		
9. Maximum credit — Multiply Line 2 by percentage on Line 8.....		9	00	9	00		
10. Income tax you paid to another state or political subdivision. This is not tax withheld. The income tax is reduced by all credits, except withholding and estimated tax.....		10	00	10	00		
11. Credit — Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 26Y or Line 26S. (If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040		11	00	11	00		

For Privacy Notice see instructions

MO 860-1095 (11-2011)



MISSOURI DEPARTMENT OF REVENUE
**CREDIT FOR INCOME TAXES PAID TO
 OTHER STATES OR POLITICAL SUBDIVISIONS**

2011
 FORM
MO-CR

Attachment Sequence No. 1040-03

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

- Attach a copy of all income tax returns for each state or political subdivision.
- Attach Form MO-CR to Form MO-1040.

YOUR NAME		YOUR SOCIAL SECURITY NO.		YOUR SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY NO.	
		YOURSELF		SPOUSE			
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S).....		1	00	1	00		
2. Claimant's Missouri income tax (Form MO-1040, Line 25Y and Line 25S)		2	00	2	00		
USE TWO LETTER ABBREVIATION FOR STATE OR NAME OF POLITICAL SUBDIVISION. See table on back.....		STATE OF:		STATE OF:			
3. Wages and commissions		3	00	3	00		
4. Other (describe nature)		4	00	4	00		
5. Total — Add Lines 3 and 4.....		5	00	5	00		
6. Less: related adjustments (from Federal Form 1040A, Line 20, OR Federal Form 1040, Line 36) ..		6	00	6	00		
7. Net amounts — Subtract Line 6 from Line 5.....		7	00	7	00		
8. Percentage of your income taxed — Divide Line 7 by Line 1.		8	%	8	%		
9. Maximum credit — Multiply Line 2 by percentage on Line 8.....		9	00	9	00		
10. Income tax you paid to another state or political subdivision. This is not tax withheld. The income tax is reduced by all credits, except withholding and estimated tax.....		10	00	10	00		
11. Credit — Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 26Y or Line 26S. (If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040		11	00	11	00		

For Privacy Notice see instructions

MO 860-1095 (11-2011)