

2025
2D Barcode Specifications for Form MO-1040

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
Important note for 2025 - if field 10 (Amended return) is checked, there must be information in fields 102-112.						
		*** 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				MO1040/2025
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	COMPOSITE RETURN — CHECK HERE	PIC X(1)	1		X YES
12	Top	Approved Federal Extension — CHECK HERE	PIC X(1)	1		X YES
13	Top	Department of Social Services Application of Eligibility form attached — CHECK HERE	PIC X(1)	1		X YES
14	Top	Federal return attached — CHECK HERE	PIC X(1)	1		X YES - Federal Return is required for validating Line 44 Missouri Working Family Tax Credit. Check this box to indicate that you are attaching federal return prior to mailing Form MO-1040
15	Top	Vendor Code	PIC 9(4)	4		Software Vendor Code
16	NAME	Your Social Security Number	PIC 9(9)	9		
17	NAME	Spouse's Social Security Number	PIC 9(9)	9		
18	NAME	Your Last Name	PIC X(20)	20		
19	NAME	Your First Name	PIC X(14)	14		
20	NAME	Your Middle Initial	PIC X(1)	1		
21	NAME	Yourself Title (JR,SR,etc)	PIC X(3)	3		Title (JR,SR,etc) (No period after suffix)
22	NAME	Yourself Deceased in 2025	PIC X(1)	1		X YES
23	NAME	Spouse's Last Name	PIC X(20)	20		
24	NAME	Spouse's First Name	PIC X(14)	14		
25	NAME	Spouse's Middle Initial	PIC X(1)	1		
26	NAME	Spouse's Title (JR, SR, etc)	PIC X(3)	3		Spouse's Title (No period after suffix)
27	NAME	Spouse Deceased in 2025	PIC X(1)	1		X YES
28	NAME	In Care of Name	PIC X(30)	30		
29	NAME	County of Residence	PIC X(4)	4		Use 4 character county code
30	NAME	Present Address (include Apt. or Rural Route)	PIC X(35)	35		
31	NAME	City, Town or Post Office	PIC X(23)	23		
32	NAME	State	PIC X(2)	2		
33	NAME	Zip Code	PIC X(9)	9		99999 or 999999999
34	CHKBOX	Age 62 Through 64 Yourself	PIC X(1)	1		X YES
35	CHKBOX	Age 62 Through 64 Spouse	PIC X(1)	1		X YES
36	CHKBOX	Age 65 or Older Yourself	PIC X(1)	1		X YES
37	CHKBOX	Age 65 or Older Spouse	PIC X(1)	1		X YES
38	CHKBOX	Blind Yourself	PIC X(1)	1		X YES
39	CHKBOX	Blind Spouse	PIC X(1)	1		X YES
40	CHKBOX	100% Disabled Yourself	PIC X(1)	1		X YES
41	CHKBOX	100% Disabled Spouse	PIC X(1)	1		X YES
42	CHKBOX	Non-Obligated Spouse Yourself	PIC X(1)	1		X YES
43	CHKBOX	Non-Obligated Spouse Spouse	PIC X(1)	1		X YES
44	1Y	Federal Adjusted Gross Income (Yourself)	PIC S9(9)	9	Y	
45	1S	Federal Adjusted Gross Income (Spouse)	PIC S9(9)	9	Y	
46	2Y	Total Additions (from Form MO-A, Part 1, Line 7) Yourself	PIC 9(9)	9	N	
47	2S	Total Additions (from Form MO-A, Part 1, Line 7) Spouse	PIC 9(9)	9	N	
48	4Y	Total Subtractions (From Form MO-A, Part 1, Line 18) Yourself	PIC 9(9)	9	N	
49	4S	Total Subtractions (From Form MO-A, Part 1, Line 18) Spouse	PIC 9(9)	9	N	
50	5Y	Missouri Adj Gross Income (Subtract Line 4 from Line 3) Yourself	PIC S9(9)	9	Y	
51	5S	Missouri Adj Gross Income (Subtract Line 4 from Line 3) Spouse	PIC S9(9)	9	Y	
52	8	Pension Exemption (From Form MO-A, Part 3)	PIC 9(9)	9	N	
53	CHKBOX	Single	PIC X(1)	1		X YES
54	CHKBOX	Claimed as a dependent on another person's federal tax return	PIC X(1)	1		X YES
55	CHKBOX	Married filing joint federal & combined Missouri	PIC X(1)	1		X YES
56	CHKBOX	Married filing separate	PIC X(1)	1		X YES
57	CHKBOX	Head of household	PIC X(1)	1		X YES
58	CHKBOX	Qualifying widow(er)	PIC X(1)	1		X YES
59	9	Tax from Federal Return	PIC 9(9)	9	N	
60	10	Other Tax from federal return. Attach copy of your federal return (pages 1 & 2).	PIC 9(9)	9	N	
61	11	Total Tax from federal return. Add lines 9 and 10.	PIC 9(9)	9	N	
62	12	Total Federal Tax percentage	PIC 9(2)	2	N	35 for 35%, 25 for 25%, 15 for 15%, 5 for 5%, 0 for 0%. 35 is max.
63	13	Federal tax deduction.	PIC 9(9)	9		Married — 10000, Single — 5000 max
64	14	Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS.	PIC 9(9)	9	N	
65	15	Additional Exemption for Head of Household and Qualified Widow(er)	PIC 9(9)	9	N	
66	16	Long-term care insurance deduction	PIC 9(9)	9	N	
67	17	Health care sharing ministry deduction	PIC 9(9)	9	N	
68	18	Active Duty Military income deduction	PIC 9(9)	9	N	
69	19	Inactive Duty Military income deduction	PIC 9(9)	9	N	
70	21	Farmland sold, rented, leased, or crop shared to a beginning farmer deduction	PIC 9(9)	9	N	Equals the sum of lines 21A, 21B, and 21C
71	21A	Sold	PIC 9(9)	9	N	Cannot exceed \$4,000,000
72	21B	Rented/Leased	PIC 9(9)	9	N	Cannot exceed \$25,000
73	21C	Crop Shared	PIC 9(9)	9	N	Cannot exceed \$25,000
22		First Time Home Buyer deduction A - REMOVED				
22		First Time Home Buyer deduction B - REMOVED				
22		First Time Home Buyer deduction - REMOVED				
23		Long Term Dignity Savings Account Deduction - REMOVED				
74	24	Foster Parent Tax Deduction	PIC 9(9)	9	N	
75	25	Total deductions—add Lines 8 and 13 through 24	PIC 9(9)	9	N	
76	26	Subtotal — subtract Line 25 from Line 6	PIC 9(9)	9	N	
77	28Y	Enterprise zone or rural empowerment zone income modification. Yourself	PIC 9(9)	9	N	
78	28S	Enterprise zone or rural empowerment zone income modification. Spouse	PIC 9(9)	9	N	
79	30Y	Tax on Line 29 Yourself	PIC 9(9)	9	N	
80	30S	Tax on Line 29 Spouse	PIC 9(9)	9	N	
81	31Y	Resident Credit (Yourself)	PIC 9(9)	9	N	
82	31S	Resident Credit (Spouse)	PIC 9(9)	9	N	
83	32Y	MO income percentage (Yourself)	PIC 9(4)	4		100 for 100%, 67 for 67%. Default to 100. 100 is max. If below .5, include max. If below .5, include decimals to the right of the decimal point (acceptable) values for decimal points are .001 to .499)
84	32S	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)
85	33Y	Balance (Yourself)	PIC 9(9)	9	N	
86	33S	Balance (Spouse)	PIC 9(9)	9	N	
87	34	Other Taxes, Lump Sum distribution (Form 4972)	PIC X(1)	1		X YES
88	34	Other Taxes, Recapture of low income housing credit (Form 8611)	PIC X(1)	1		X YES
89	34Y	Other Taxes (Yourself)	PIC 9(9)	9	N	
90	34S	Other Taxes (Spouse)	PIC 9(9)	9	N	
91	35Y	Subtotal — Add Lines 33 and 34 (Yourself)	PIC 9(9)	9	N	

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92	35S	Subtotal — Add Lines 33 and 34 (Spouse)	PIC 9(9)	9	N	
93	37	Missouri Tax withheld	PIC 9(9)	9	N	
94	38	2025 Missouri estimated tax payments	PIC 9(9)	9	N	
95	39	Missouri tax withheld for nonresident partners or S corp shareholders	PIC 9(9)	9	N	
96	40	Missouri Tax withheld for nonresident entertainers	PIC 9(9)	9	N	
97	41	Amount paid with Missouri extension of time to file (Form MO-60)	PIC 9(9)	9	N	
98	42	Miscellaneous tax credits (from Form MO-TC, Line 13)	PIC 9(9)	9	N	
99	43	Property tax credit. Attach Form MO-PTS	PIC 9(9)	9	N	
100	44	Missouri Working Family Tax Credit	PIC 9(9)	9	N	The Missouri Working Family Tax Credit cannot exceed the tax liability after all other credits. The sum of line 35y and 35S, minus Lines 42 and 43.
101	45	Total payments and credits Add Lines 37 through 44.	PIC 9(9)	9	N	
102	46	Amount paid on original return	PIC 9(9)	9	N	
103	47	Overpayment as shown (or adjusted) on original return	PIC 9(9)	9	N	
Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
104	47A	Federal Audit	PIC X(1)	1		X YES
105	47A	Enter date of IRS report	PIC 9(6)	6		MMDDYY (example: 032115)
106	47B	Net operating loss carryback	PIC X(1)	1		X YES
107	47B	Enter year of loss	PIC 9(2)	2		YY
108	47C	Investment tax credit carryback	PIC X(1)	1		X YES
109	47C	Enter year of credit	PIC 9(2)	2		YY
110	47D	Correction other than A,B or C	PIC X(1)	1		X YES
111	47D	Enter date of federal amended return, if filed	PIC 9(6)	6		MMDDYY (example: 022315)
112	48	Amended Return — total payments and credits — add Line 46 to Line 45 or subtract Line 47 from Line 45	PIC 9(9)	9	N	
113	49	If Line 45, or if amended return, Line 48, is larger than Line 36, enter difference	PIC 9(9)	9	N	
114	50	Amount of Line 49 to be applied to your 2026 estimated tax	PIC 9(9)	9	N	
115	51a	Children's Trust Fund	PIC 9(9)	9	N	
116	51b	Veterans Trust Fund	PIC 9(9)	9	N	
117	51c	Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9	N	
118	51d	Missouri National Guard Trust Fund	PIC 9(9)	9	N	
119	51e	Workers' Memorial Trust Fund	PIC 9(9)	9	N	
120	51f	Childhood Lead Testing Trust Fund	PIC 9(9)	9	N	
121	51g	Missouri Military Family Relief Fund	PIC 9(9)	9	N	
122	51h	General Revenue Fund	PIC 9(9)	9	N	
123	51i	Organ Donor Trust Fund	PIC 9(9)	9	N	
124	51j	Kansas City Regional Law Enforcement Memorial Foundation Fund	PIC 9(9)	9	N	
125	51k	Soldiers Memorial Military Museum in St. Louis Fund	PIC 9(9)	9	N	
126	51l	Medal of Honor Fund	PIC 9(9)	9	N	
127	51m1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
128	51m2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
129	51n1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
130	51n2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
131	52	MOST direct deposit from Form 5632	PIC 9(9)	9	N	
132	53	Overpayment to be refunded to you	PIC 9(9)	9	N	
133	54	If Line 36 is larger than Line 45 or Line 48, enter the difference (amount of overpayment)	PIC 9(9)	9	N	
134	55	Underpayment of estimated tax penalty. Attach Form MO-2210.	PIC 9(9)	9	N	
135	56	Total Amount Due	PIC 9(9)	9	N	
136	SIGN	I authorize the Director of Revenue to discuss my return and	PIC X(1)	1		X YES
137	SIGN	Did you pay a tax return preparer to complete return, but they failed or	PIC X(1)	1		REQUIRED - X YES, YES OR NO must be checked on return
138	SIGN	Electronic Signature	PIC X(1)	1		X If electronic signature is present for taxpayer on single filer return or taxpayer and spouse on combined filing return
139	SIGN	Daytime Telephone	PIC 9(10)	10		
140	SIGN	FEIN, SSN, PTIN	PIC X(9)	9		
141	E10	E10 Checkbox	PIC X(1)	1		X YES if Code Field 12 - Approved Fed Extension is Checked YES
**** MO-A ****						
**** MO-A Additions ****						
142	1Y	Interest on state and local obligations other than Missouri source (Yourself)	PIC 9(9)	9	N	
143	1S	Interest on state and local obligations other than Missouri source (Spouse)	PIC 9(9)	9	N	
144	2	Partnership Check Box	PIC X(1)	1		X YES
145	2	Fiduciary Check Box	PIC X(1)	1		X YES
146	2	S Corporation Check Box	PIC X(1)	1		X YES
147	2	Business Interest Check Box	PIC X(1)	1		X YES
148	2	Net Operating Loss (Carryback/Carryforward)	PIC X(1)	1		X YES
149	2	Other	PIC X(1)	1		X YES
150	2Y	Partnership; Fiduciary; S Corporation; Net operating Loss; (Yourself)	PIC 9(9)	9	N	
151	2S	Partnership; Fiduciary; S Corporation; Net operating Loss; (Spouse)	PIC 9(9)	9	N	
152	3Y	Nonqualified distribution received from qualified 529 plan (Yourself)	PIC 9(9)	9	N	
153	3S	Nonqualified distribution received from qualified 529 plan (Spouse)	PIC 9(9)	9	N	
154	4Y	Food Pantry contributions included on Federal Sched A	PIC 9(9)	9	N	
155	4S	Food Pantry contributions included on Federal Sched A	PIC 9(9)	9	N	
156	5Y	Nonresident Property Tax	PIC 9(9)	9	N	
157	5S	Nonresident Property Tax	PIC 9(9)	9	N	
158	6Y	ABLE distributions not used to pay for qualified expenses (Yourself)	PIC 9(9)	9	N	
159	6S	ABLE distributions not used to pay for qualified expenses (Spouse)	PIC 9(9)	9	N	
**** MO-A Subtractions ****						
160	8Y	Interest from exempt federal obligations included in federal AGI (Yourself)	PIC 9(9)	9	N	
161	8S	Interest from exempt federal obligations included in federal AGI (Spouse)	PIC 9(9)	9	N	
162	9Y	Any state income tax refund included in federal AGI (Yourself)	PIC 9(9)	9	N	
163	9S	Any state income tax refund included in federal AGI (Spouse)	PIC 9(9)	9	N	
164	10Y	Military Retirement Benefits (Yourself)	PIC 9(9)	9	N	
165	10S	Military Retirement Benefits (Spouse)	PIC 9(9)	9	N	
166	11	Partnership Check Box	PIC X(1)	1		X YES
167	11	Fiduciary Check Box	PIC X(1)	1		X YES
168	11	S Corporation Check Box	PIC X(1)	1		X YES
169	11	Railroad Retirement Benefits Check Box	PIC X(1)	1		X YES
170	11	Nonresident Military Check Box	PIC X(1)	1		X YES
171	11	Combat Pay Check Box	PIC X(1)	1		X YES
172	11	Build America and Recovery Zone Bond Interest Check Box	PIC X(1)	1		X YES
173	11	MO Public-Private Transportation Act Check Box	PIC X(1)	1		X YES
174	11	Net Operating Loss Check Box	PIC X(1)	1		X YES
175	11	Business Interest Check Box	PIC X(1)	1		X YES
176	11	Other	PIC X(1)	1		X YES
177	11Y	Partnership; Fiduciary; S Corporation; Railroad retirement (Yourself)	PIC 9(9)	9	N	
178	11S	Partnership; Fiduciary; S Corporation; Railroad retirement (Spouse)	PIC 9(9)	9	N	
179	12Y	Exempt contributions made to qualified 529 plan (Yourself)	PIC S(9)	9	N	\$16000 maximum for BOTH primary and secondary
180	12S	Exempt contributions made to qualified 529 plan (Spouse)	PIC S(9)	9	N	\$16000 maximum for BOTH primary and secondary
181	13Y	Qualified Health Insurance Premiums (Yourself)	PIC 9(9)	9	N	
182	13S	Qualified Health Insurance Premiums (Spouse)	PIC 9(9)	9	N	
183	14Y	Missouri depreciation adjustment (Yourself)	PIC 9(9)	9	N	
184	14S	Missouri depreciation adjustment (Spouse)	PIC 9(9)	9	N	
185	15Y	ABLE contributions (Yourself)	PIC 9(9)	9	N	
186	15S	ABLE contributions (Spouse)	PIC 9(9)	9	N	
187	16Y	Agriculture Disaster Deduction (Yourself)	PIC 9(9)	9	N	
188	16S	Agriculture Disaster Deduction (Spouse)	PIC 9(9)	9	N	
189	17Y	Business Income Deduction (Yourself)	PIC 9(9)	9	N	

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190	17S	Business Income Deduction (Spouse)	PIC 9(9)	9	N	
191	18Y	Capital Gain (Yourself)	PIC 9(9)	9	N	
192	18S	Capital Gain (Spouse)	PIC 9(9)	9	N	
**** MO-A, Part 2, Missouri Itemized Deductions ****						
193	1	Total federal itemized deductions from Federal Form 1040 or 1040-SR, Line 12	PIC 9(9)	9	N	
194	2	2025 (FICA) — yourself — Social security \$ Medicare \$	PIC 9(9)	9	N	
195	3	2025 (FICA) — spouse — Social security \$ Medicare \$	PIC 9(9)	9	N	
196	4	2025 Railroad retirement tax — yourself (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
197	5	2025 Railroad retirement tax — spouse (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
198	6	2025 Medicare Tax - Yourself and Spouse	PIC 9(9)	9	N	
199	7	2025 Self-employment tax	PIC 9(9)	9	N	
200	9	State and local income taxes — See instructions	PIC 9(9)	9	N	
201	10	Earnings taxes included in Line 9	PIC 9(9)	9	N	
202	11	Net state income taxes	PIC 9(9)	9	N	
**** MO-A, Part 3, Section A, Public Pension Calculation ****						
203	1Y	Taxable pension for each spouse from public sources from Federal Form 1040 or 1040-SR, Line 5b	PIC 9(9)	9	N	
204	1S	Taxable pension for each spouse from public sources from Federal Form 1040 or 1040-SR, Line 5b	PIC 9(9)	9	N	
205	2Y	If Line 1 > \$47,633, enter \$47,633. If <\$47,633, enter amt from Line 1	PIC 9(9)	9	N	
206	2S	If Line 1 > \$47,633, enter \$47,633. If <\$47,633, enter amt from Line 1	PIC 9(9)	9	N	
207	3Y	If you received taxable social security and are claiming a social security exemption, complete Lines 1 thru 4 of Part 3 of MO-A, Section C, and enter the amount from Line 3Y here.	PIC 9(9)	9	N	
208	3S	If you received taxable social security and are claiming a social security exemption, complete Lines 1 thru 4 of Part 3 of MO-A, Section C, and enter the amount from Line 3S here.	PIC 9(9)	9	N	
209	4Y	Subtract Line 3 from Line 2. If Line 3>Line 2, enter \$0	PIC 9(9)	9	N	
210	4S	Subtract Line 3 from Line 2. If Line 3>Line 2, enter \$0	PIC 9(9)	9	N	
211	5	Total Pension Exemption — Add amounts on Lines 4Y and 4S	PIC 9(9)	9	N	
Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
**** MO-A, Part 3, Section B, Private Pension calculation ****						
212	1	Enter Mo Adjusted Gross Income from Form MO-1040, Line 6	PIC 9S(9)	9	Y	
213	2	Enter taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b	PIC 9(9)	9	N	
214	3	Subtract Line 2 from Line 1	PIC 9S(9)	9	Y	
215	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
216	5	Subtract Line 4 from Line 3. If Line 4>\$0, enter 0	PIC 9(9)	9	N	
217	6Y	Taxable pension amount from private sources from Federal Form 1040 or 1040-SR, Line 4b and 5b (Yourself)	PIC 9(9)	9	N	
218	6S	Taxable pension amount from private sources from Federal Form 1040 or 1040-SR, Line 4b and 5b (Spouse)	PIC 9(9)	9	N	
219	7Y	Enter amounts from Line 6Y or \$6000, whichever is less	PIC 9(9)	9	N	
220	7S	Enter amounts from Line 6S or \$6000, whichever is less	PIC 9(9)	9	N	
221	8	Add Lines 7Y and 7S	PIC 9(9)	9	N	
222	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*						
223	1Y	Enter taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b (Yourself)	PIC 9(9)	9	N	
224	1S	Enter taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b (Spouse)	PIC 9(9)	9	N	
225	2Y	Enter taxable social security disability benefits from Federal Form 1040 or 1040-SR, Line 6b (Yourself)	PIC 9(9)	9	N	
226	2S	Enter taxable social security disability benefits from Federal Form 1040 or 1040-SR, Line 6b (Spouse)	PIC 9(9)	9	N	
227	3Y	Amount from Line(s) 1Y and/or 2Y	PIC 9(9)	9	N	
228	3S	Amount from Line(s) 1S and/or 2S	PIC 9(9)	9	N	
229	4	Enter total social security/social security disability - Add Lines 3Y and 3S	PIC 9(9)	9	N	
**MO-A, Part 3, Section D, Total Pension and Soc Sec/Soc Sec Disab*						
230		Total Pension and Social Security/Social Security Disability Deduction	PIC 9(9)	9	N	
**** MO-TC ****						
231	1	Benefit Number	PIC 9(6)	6	N	
232	1	Credit Code (3 Characters) see form	PIC X(3)	3		
233	1	Y	PIX 9(9)	9		
234	1	S	PIC 9(9)	9		
235	2	Benefit Number	PIC 9(6)	6	N	
236	2	Credit Code (3 Characters) see form	PIC X(3)	3		
237	2	Y	PIC X(9)	9		
238	2	S	PIC 9(9)	9		
239	3	Benefit Number	PIC 9(6)	6	N	
240	3	Credit Code (3 Characters) see form	PIX X(3)	3		
241	3	Y	PIC 9(9)	9		
242	3	S	PIC 9(9)	9		
243	4	Benefit Number	PIC 9(6)	6	N	
244	4	Credit Code (3 Characters) see form	PIC X(3)	3		
245	4	Y	PIC 9(9)	9		
246	4	S	PIC 9(9)	9		
247	5	Benefit Number	PIC 9(6)	6	N	
248	5	Credit Code (3 Characters) see form	PIC X(3)	3		
249	5	Y	PIC 9(9)	9		
250	5	S	PIC 9(9)	9		
251	6	Benefit Number	PIC 9(6)	6	N	
252	6	Credit Code (3 Characters) see form	PIC X(3)	3		
253	6	Y	PIC 9(9)	9		
254	6	S	PIC 9(9)	9		
255	7	Benefit Number	PIC 9(6)	6	N	
256	7	Credit Code (3 Characters) see form	PIC X(3)	3		
257	7	Y	PIC 9(9)	9		
258	7	S	PIC 9(9)	9		
259	8	Benefit Number	PIC 9(6)	6	N	
260	8	Credit Code (3 Characters) see form	PIC X(3)	3		
261	8	Y	PIC 9(9)	9		
262	8	S	PIC 9(9)	9		
263	9	Benefit Number	PIC 9(6)	6	N	
264	9	Credit Code (3 Characters) see form	PIC X(3)	3		
265	9	Y	PIC 9(9)	9		
266	9	S	PIC 9(9)	9		
267	10	Benefit Number	PIC 9(6)	6	N	
268	10	Credit Code (3 Characters) see form	PIC X(3)	3		
269	10	Y	PIC 9(9)	9		
270	10	S	PIC 9(9)	9		
**** MO-PTS *****						
271	Name	Birthdate (Yourself)	PIC 9(8)	8		MMDDYYYY (example: 03151937) **Total of 8 digits
272	Name	Birthdate (Spouse)	PIC 9(8)	8		MMDDYYYY (example: 03151937) **Total of 8 digits

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2D Barcode Specifications for Form MO-1040

		Note: Name/Address information same as 1040 name/address information.				
273	A	65 years of age or older	PIC X(1)	1		X YES
274	B	100% Disabled Veteran	PIC X(1)	1		X YES
275	C	100% Disabled	PIC X(1)	1		X YES
276	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1		X YES
277	Filing	Single	PIC X(1)	1		X YES
278	Filing	Married — Filing Combined	PIC X(1)	1		X YES
279	Filing	Married — Living Separate for Entire Year	PIC X(1)	1		X YES
280	1	Enter the amount of income from MO-1040, Line 6, or Form MO-1040P, Line 4	PIC S9(9)	9	Y	
281	2	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	
282	3	Enter the total amount of pensions, annuities, dividends, rental or interest income	PIC 9(9)	9	N	
283	4	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
284	5	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
285	6	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
286	7	Enter the amount of nonbusiness loss(es)	PIC 9(9)	9	N	
287	8	Total household income — add Lines 1 through 7	PIC S9(9)	9	Y	
288	9	Enter \$0, \$2000, or \$4000 based on filing and occupancy status	PIC 9(9)	9	N	
289	10	Net household income — (Subtract Line 9 from Line 8.)	PIC S9(9)	9	Y	
290	11	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	
291	12	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
292	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	
293	14	Property Tax Credit	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 1						
294	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01012025) **Total of 8 digits
295	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312025) **Total of 8 digits
296	6	Enter your gross rent paid.	PIC 9(9)	9	N	
297	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
298	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
299	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
300	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
301	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
302	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
303	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
304	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
305	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
306	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
307	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.
308	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
309	9	CRP total (see 20% of line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 2						
310	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01012025) **Total of 8 digits
311	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312025) **Total of 8 digits
312	6	Enter your gross rent paid.	PIC 9(9)	9	N	
313	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
314	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
315	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
316	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
317	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
318	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
319	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
320	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
321	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
322	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
323	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.
324	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
325	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 3						
326	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01012025) **Total of 8 digits
327	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312025) **Total of 8 digits
328	6	Enter your gross rent paid.	PIC 9(9)	9	N	
329	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
330	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
331	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
332	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
333	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
334	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
335	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
336	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
337	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
338	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
339	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.
340	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
341	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 4						
342	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01012025) **Total of 8 digits
343	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312025) **Total of 8 digits
344	6	Enter your gross rent paid.	PIC 9(9)	9	N	
345	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
346	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
347	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
348	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
349	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
350	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
351	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
352	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
353	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
354	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
355	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.
356	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
357	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 5						
358	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01012025) **Total of 8 digits
359	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312025) **Total of 8 digits
360	6	Enter your gross rent paid.	PIC 9(9)	9	N	
361	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
362	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
363	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
364	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES

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365	7	E. HOTEL. If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
366	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
367	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
368	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
369	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
370	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
371	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.
372	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
373	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		Direct Deposit				
374		Account Type	PIC X(1)	1		"C" for checking, "S" for savings, or blank
375		Routing Number	PIC 9(9)	9	N	
376		Account Number	PIC 17(17)	17	N	
		MO-5632				
377	A	MOST Account Number	PIC 9(11)	11		
378	A	Deposit Amount	PIC 9(9)	9	N	
379	B	MOST Account Number	PIC 9(11)	11		
380	B	Deposit Amount	PIC 9(9)	9	N	
381	C	MOST Account Number	PIC 9(11)	11		
382	C	Deposit Amount	PIC 9(9)	9	N	
383	D	MOST Account Number	PIC 9(11)	11		
384	D	Deposit Amount	PIC 9(9)	9	N	
385		*EOD*				
			2,401 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 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 385

Trust Funds

Additional TRUST FUND CODES for Form MO-1040, Lines 50m and 50n

01 American Cancer Society

02 American Diabetes Association

03 American Heart 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

14 Foster Care and Adoptive Parents Recruitment and Retention Fund

19 Missouri National Guard 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.

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.

2016
2D Barcode Specifications for Form MO-1040

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.