



For Calendar Year January 1 - December 31, 2025

Print in BLACK ink only and DO NOT STAPLE.

Amended Return **Composite Return** (For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

Department of Social Services Application of Eligibility form attached. **Federal return attached.**

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

<input type="text"/>					
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Vendor Code

Department Use Only

0 0 6

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64	Age 65 or Older	Blind	100% Disabled	Non-Obligated Spouse
Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>				

Social Security Number	Deceased in 2025	Spouse's Social Security Number	Deceased in 2025
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's First Name	M.I.	Spouse's Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In Care Of Name (Attorney, Executor, Personal Representative, etc.)			
<input type="text"/>			

Address

Present Address (Include Apartment Number or Rural Route)

<input type="text"/>

City, Town, or Post Office State ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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County of Residence

<input type="text"/>

You may contribute to any one or all of the trust funds on Line 51. See pages 11-12 of the instructions for more trust fund information.

											
Missouri Medal of Honor Fund	Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund	Kansas City Regional Law Enforcement Memorial Foundation Fund	Soldiers Memorial Military Museum in St. Louis Fund



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Income

	Yourself (Y)	Spouse (S)
1. Federal adjusted gross income from federal return (see instructions and worksheet on pages 6 and 7)	1Y <input type="text"/> .00	1S <input type="text"/> .00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y <input type="text"/> .00	2S <input type="text"/> .00
3. Total income - Add Lines 1 and 2.	3Y <input type="text"/> .00	3S <input type="text"/> .00
4. Total subtractions (from Form MO-A, Part 1, Line 19)	4Y <input type="text"/> .00	4S <input type="text"/> .00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y <input type="text"/> .00	5S <input type="text"/> .00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6 <input type="text"/> .00	
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y <input type="text"/> %	7S <input type="text"/> %
8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D)		8 <input type="text"/> .00
9. Tax from federal return	9 <input type="text"/> .00	
10. Other tax from federal return.	10 <input type="text"/> .00	
11. Total tax from federal return. Do not enter federal income tax withheld.	11 <input type="text"/> .00	
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12 <input type="text"/> %	

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000.....	25%
\$50,001 to \$100,000.....	15%
\$100,001 to \$125,000.....	5%
\$125,001 or more	0%



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13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13 <input type="text"/> .00	
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$15,750 • Head of Household-\$23,625 • Married Filing Combined or Qualifying Widow(er)-\$31,500	14 <input type="text"/> .00	
15. Additional Exemption for Head of Household and Qualifying Widow(er)	15 <input type="text"/> .00	
16. Long-term care insurance deduction	16 <input type="text"/> .00	
17. Health care sharing ministry deduction.	17 <input type="text"/> .00	
18. Active Duty Military income deduction	18 <input type="text"/> .00	
19. Inactive Duty Military income deduction	19 <input type="text"/> .00	
20. Reserved	20 <input type="text"/> .00	
21. Farmland sold, rented, leased, or crop-shared to a beginning farmer deduction. Enter the sum of Lines 21A, 21B, and 21C on Line 21	21 <input type="text"/> .00	
21A. Sold <input type="text"/> \$ <input type="text"/> .00	21B. Rented/ Leased <input type="text"/> \$ <input type="text"/> .00	21C. Crop- Shared <input type="text"/> \$ <input type="text"/> .00

22. Reserved	A. <input type="text"/>	B. <input type="text"/>	22 <input type="text"/>	.00
23. Reserved			23 <input type="text"/>	.00
24. Foster parent tax deduction			24 <input type="text"/>	.00
25. Total deductions - Add Lines 8 and 13 through 24			25 <input type="text"/>	.00
26. Subtotal - Subtract Line 25 from Line 6			26 <input type="text"/>	.00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y <input type="text"/>	.00	27S <input type="text"/>	.00
28. Enterprise zone or rural empowerment zone income modification	28Y <input type="text"/>	.00	28S <input type="text"/>	.00
29. Taxable income - Subtract Line 28 from Line 27	29Y <input type="text"/>	.00	29S <input type="text"/>	.00
30. Tax (see tax chart on page 21 of the instructions)	30Y <input type="text"/>	.00	30S <input type="text"/>	.00
31. Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y <input type="text"/>	.00	31S <input type="text"/>	.00
32. Missouri income percentage - Enter 100% if not completing Form MO-NRI . Attach Form MO-NRI and federal return if applicable.	32Y <input type="text"/>	%	32S <input type="text"/>	%
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y <input type="text"/>	.00	33S <input type="text"/>	.00
34. Other taxes - Select box and attach federal form indicated.	 25322030006			
<input type="checkbox"/> Lump sum distribution (Form 4972)				
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	34Y <input type="text"/>	.00	34S <input type="text"/>	.00
35. Subtotal - Add Lines 33 and 34	35Y <input type="text"/>	.00	35S <input type="text"/>	.00
36. Total Tax - Add Lines 35Y and 35S			36 <input type="text"/>	.00
37. MISSOURI tax withheld - Attach Forms W-2 and 1099			37 <input type="text"/>	.00
38. 2025 Missouri estimated tax payments - Include overpayment from 2024 applied to 2025			38 <input type="text"/>	.00
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP			39 <input type="text"/>	.00
40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT			40 <input type="text"/>	.00
41. Amount paid with Missouri extension of time to file (Form MO-60)			41 <input type="text"/>	.00
42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC			42 <input type="text"/>	.00
43. Property tax credit - Attach Form MO-PTS			43 <input type="text"/>	.00
44. Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return)			44 <input type="text"/>	.00
45. Total payments and credits - Add Lines 37 through 44			45 <input type="text"/>	.00

Skip Lines 46 through 48 if you are not filing an amended return.

46. Amount paid on original return. 46 . 00
47. Overpayment as shown (or adjusted) on original return. 47 . 00

Indicate Reason for Amending

Amended Return

A. Federal audit. Enter date of IRS report (MM/DD/YY)
 B. Net Operating Loss carryback Enter year of loss (YY)
 C. Investment tax credit carryback Enter year of credit (YY)
 D. Correction other than A, B, or C. Enter date of federal amended return, if filed. (MM/DD/YY)

48. Amended return total payments and credits - Add Lines 45 and 46; subtract Line 47. Enter on Line 48. 48 . 00

49. If Line 45, or if amended return, Line 48, is larger than Line 36, enter the difference. Amount of OVERPAYMENT 49 . 00

50. Amount of Line 49 to be applied to your 2026 estimated tax 50 . 00

51. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

Refund

51a. Children's Trust Fund . 00 51b. Veterans Trust Fund . 00 51c. Elderly Home Delivered Meals Trust Fund . 00 51d. Missouri National Guard Trust Fund . 00

51e. Workers' Memorial Fund . 00 51f. Childhood Lead Testing Fund . 00 51g. Missouri Military Family Relief Fund . 00 51h. General Revenue Fund . 00

51i. Organ Donor Program Fund . 00 51j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00 51k. Soldiers Memorial Military Museum in St. Louis Fund . 00 51l. Missouri Medal of Honor Fund . 00

51m. Additional Fund Code Additional Fund Amount . 00 51n. Additional Fund Code Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 51a through 51n and enter here 51 . 00

52. Amount of Line 49 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from [Form 5632](#). 52 . 00

53. **REFUND** - Subtract Lines 50, 51, and 52 from Line 49 and enter here 53 . 00

a. Routing Number

c. Checking Savings

b. Account Number



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Amount Due	54. If Line 36 is larger than Line 45 or Line 48, enter the difference. Amount of UNDERPAYMENT	<input type="text" value="54"/> . <input type="text" value="00"/>
	55. Underpayment of estimated tax penalty - Attach Form MO-2210 . Enter penalty amount here	<input type="text" value="55"/> . <input type="text" value="00"/>
	<input type="checkbox"/> Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.	
	56. AMOUNT DUE - Add Lines 54 and 55. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically	<input type="text" value="56"/> . <input type="text" value="00"/>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.561, RSMo](#). Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of [Section 135.805, RSMo](#), and the penalty provisions of [Section 135.810, RSMo](#).

Signature	Signature	Date (MM/DD/YY)
	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)
	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	E-mail Address	Daytime Telephone
	<input type="text"/>	<input type="text"/>
	Preparer's Signature	Date (MM/DD/YY)
	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Preparer's FEIN, SSN, or PTIN	Preparer's Telephone
	<input type="text"/>	<input type="text"/>
	Preparer's Address	State <input type="text"/> ZIP Code <input type="text"/>
	<input type="text"/>	

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No



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Department Use Only

<input type="checkbox"/> A	<input type="checkbox"/> FA	<input type="checkbox"/> E10	<input type="checkbox"/> DE	<input type="checkbox"/> F	<input type="text"/> . <input type="text"/>
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Mail to: **Balance Due:**
Missouri Department of Revenue
P.O. Box 3370
Jefferson City, MO 65105-3370
Phone: (573) 751-7200

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 3222
Jefferson City, MO 65105-3222
Phone: (573) 751-3505

Fax: (573) 522-1762
Email: incometaxprocessing@dor.mo.gov
Submission of Individual Income Tax Returns
Email: income@dor.mo.gov
Inquiry and correspondence

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.





MISSOURI DEPARTMENT OF

REVENUE**2025 Individual Income Tax Adjustments**Department Use Only
(MM/DD/YY)

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Attach to Form MO-1040. Attach your federal return. See information beginning on page 12 to assist you in completing this form.

Name	Social Security Number			Spouse's Social Security Number		
	<input type="text"/> - <input type="text"/> - <input type="text"/>			<input type="text"/> - <input type="text"/> - <input type="text"/>		
	First Name		M.I.	Last Name		Suffix
	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
Spouse's First Name		M.I.	Spouse's Last Name		Suffix	
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	

Additions		Yourself (Y)		Spouse (S)	
1.	Interest on state and local obligations other than Missouri source.....	1Y	<input type="text"/> .00	1S	<input type="text"/> .00
2.	<input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> S Corporation <input type="checkbox"/> Business Interest	 25340010001			
	<input type="checkbox"/> Net Operating Loss (Carryback/Carryforward)	<input type="text"/>			
	<input type="checkbox"/> Other (description) <input type="text"/>	2Y	<input type="text"/> .00	2S	<input type="text"/> .00
3.	Nonqualified distribution received from a qualified 529 plan not used for qualified expenses.....	3Y	<input type="text"/> .00	3S	<input type="text"/> .00
4.	Food Pantry contributions included on Federal Schedule A.....	4Y	<input type="text"/> .00	4S	<input type="text"/> .00
5.	Nonresident Property Tax.....	5Y	<input type="text"/> .00	5S	<input type="text"/> .00
6.	Nonqualified distribution received from a qualified Achieving a Better Life Experience Program (ABLE) not used for qualified expenses.....	6Y	<input type="text"/> .00	6S	<input type="text"/> .00
7.	Total Additions - Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2.....	7Y	<input type="text"/> .00	7S	<input type="text"/> .00
Subtractions					
8.	Interest from exempt federal obligations included in federal adjusted gross income - Attach a detailed list or all Federal Form(s) 1099	8Y	<input type="text"/> .00	8S	<input type="text"/> .00
9.	Any state income tax refund included in federal adjusted gross income.	9Y	<input type="text"/> .00	9S	<input type="text"/> .00
10.	Military Retirement Benefits (see instructions on page 14)	10Y	<input type="text"/> .00	10S	<input type="text"/> .00
11.	<input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> S Corporation <input type="checkbox"/> Railroad Retirement Benefits <input type="checkbox"/> Military (nonresident)	<input type="text"/>			
	<input type="checkbox"/> Combat Pay <input type="checkbox"/> Build America and Recovery Zone Bond Interest <input type="checkbox"/> MO Public-Private Transportation Act	<input type="text"/>			
	<input type="checkbox"/> Net Operating Loss <input type="checkbox"/> Business Interest	<input type="text"/>			
	<input type="checkbox"/> Other (description) <input type="text"/>	11Y	<input type="text"/> .00	11S	<input type="text"/> .00
12.	Exempt contributions made to a qualified 529 plan	12Y	<input type="text"/> .00	12S	<input type="text"/> .00
13.	Qualified Health Insurance Premiums - Attach the Qualified Health Insurance Premiums Worksheet (Form 5695) and supporting documentation	13Y	<input type="text"/> .00	13S	<input type="text"/> .00

14. Missouri depreciation adjustment ([Section 143.121, RSMo.](#))

<input type="checkbox"/> Sold or disposed property previously taken as addition modification	14Y	.00	14S	.00	14	.00
15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE)	15Y	.00	15S	.00	15	.00
16. Agriculture Disaster Relief	16Y	.00	16S	.00	16	.00
17. Business Income Deduction - see worksheet on page 16 of MO-1040 Instructions	17Y	.00	17S	.00	17	.00
18. Capital Gain	18Y	.00	18S	.00	18	.00
19. Total Subtractions - Add Lines 8 through 18. Enter here and on Form MO-1040, Line 4	19Y	.00	19S	.00	19	.00

Complete this section only if you itemize deductions on your federal return. Attach your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

1. Total federal itemized deductions from Federal Form 1040 or Federal Form 1040-SR, Line 12e	1	.00
2. 2025 Social security tax - (Yourself)	2	.00
3. 2025 Social security tax - (Spouse)	3	.00
4. 2025 Railroad retirement tax - Tier I and Tier II (Yourself)	4	.00
5. 2025 Railroad retirement tax - Tier I and Tier II (Spouse)	5	.00
6. 2025 Medicare tax - Yourself and Spouse (see page 16 of MO-1040 Instructions)	6	.00
7. 2025 Self-employment tax (see page 16 of MO-1040 Instructions)	7	.00
8. Total - Add Lines 1 through 7	8	.00
9. State and local income taxes from Federal Schedule A, Line 5a or enter \$0 if completing worksheet below	9	.00
10. Earnings taxes included in Line 9	10	.00
11. Net state income taxes - Subtract Line 10 from Line 9 or enter Line 7 from worksheet below	11	.00
12. Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14	12	.00

Complete this worksheet only if your total state and local taxes included in your federal itemized deductions exceeded \$40,000 (\$20,000 if married filing separately) or you were required to complete a federal worksheet to calculate Federal Schedule A, Line 5e.

1. Enter the sum of your state and local taxes on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5d.	1	.00
2. State and local income taxes from Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a.	2	.00
3. Earnings taxes included on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a.	3	.00
4. Subtract Line 3 from Line 2.	4	.00
5. Divide Line 4 by Line 1.	5	%
6. Enter the amount from Federal Schedule A, Line 5e.	6	.00
7. Multiply Line 6 by percentage on Line 5. Enter here and on net state income taxes, Line 11, above	7	.00



Part 3 - Pension and Social Security/Social Security Disability (Instructions for Part 3 begin on page 17)

Part 3 - Section A

Public Pension Calculation - Pensions received from any federal, state, or local government.

1. Taxable pension for each spouse from public sources from Federal Form 1040 or Federal Form 1040-SR, Line 5b

1Y		.00
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1S		.00
----	--	-----
2. Amount from Line 1 or \$47,633 (maximum social security benefit), whichever is less

2Y		.00
----	--	-----

2S		.00
----	--	-----
3. If you received taxable social security, complete Form MO-A, Part 3, Section C, Lines 1 - 3, and enter the amount(s) from Line(s) 3Y and 3S.

3Y		.00
----	--	-----

3S		.00
----	--	-----
4. Subtract Line 3 from Line 2. If Line 3 is greater than Line 2, enter \$0.

4Y		.00
----	--	-----

4S		.00
----	--	-----
5. Total public pension. Add amounts on Lines 4Y and 4S.

5		.00
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Private Pension Calculation - Annuities, pensions, IRAs, and 401(k) plans funded by a private source.

Part 3 - Section B

1. Missouri adjusted gross income from Form MO-1040, Line 6

1		.00
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2. Taxable social security benefits from Federal Form 1040 or Federal Form 1040-SR, Line 6b

2		.00
---	--	-----
3. Subtract Line 2 from Line 1

3		.00
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4. Select the appropriate filing status and enter the amount on Line 4.
 - Married Filing Combined (joint federal) - \$32,000
 - Single, Head of Household, and Qualifying Widow(er) - \$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
---	--	-----
6. Taxable pension for each spouse from private sources from Federal Form 1040 or Federal Form 1040-SR, Line 4b and 5b

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
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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 selected the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to social security disability deduction.

Part 3 - Section C

1. Taxable social security benefits for each spouse from Federal Form 1040 or Federal Form 1040-SR, Line 6b

1Y		.00
----	--	-----

1S		.00
----	--	-----
2. Taxable social security disability benefits for each spouse from Federal Form 1040 or 1040-SR, Line 6b

2Y		.00
----	--	-----

2S		.00
----	--	-----
3. Amount from Line(s) 1Y or 2Y, and 1S or 2S.

3Y		.00
----	--	-----

3S		.00
----	--	-----
4. Total social security/social security disability. Add Lines 3Y and 3S.

4		.00
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Total Pension and Social Security/Social Security Disability

Add Line 5 (Section A), Line 9 (Section B), and Line 4 (Section C) from Form MO-A.

Enter total amount here and on Form MO-1040, Line 8.

	.00
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Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.





MISSOURI DEPARTMENT OF

REVENUE**2025 Miscellaneous Income Tax Credits**Department Use Only
(MM/DD/YY)

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Name _____
(Last, First) _____Spouse's Name _____
(Last, First) _____Corporation _____
Name _____

Missouri Tax I.D. Number _____

Social Security Number _____

Spouse's Social Security Number _____

Charter Number _____

Federal Employer I.D. Number _____

- Benefit Number - The number is the last six (6) digits of the number located on your Certificate of Eligibility.
Example: For benefit, ABC-2018-12345-123456, enter 123456, on Form MO-TC.
- Alpha code - The three (3) character code located on the next page

of this form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.

- If you are claiming more than 10 credits, attach additional MO-TC(s)
- The sum of the tax credits claimed in Column 1 or Column 2 cannot exceed the applicable tax liability, unless the credit is refundable.

Benefit Number (See example above)	Alpha Code (3 characters) from the next page	Credit Name Each credit will apply against your tax liability in the order they appear below.	• Yourself		• Spouse (on a combined return)	
			• Corporation Income		• Fiduciary	
			Column 1	Column 2	Column 1	Column 2
1.			1.	00	00	00
2.			2.	00	00	00
3.			3.	00	00	00
4.			4.	00	00	00
5.			5.	00	00	00
6.			6.	00	00	00
7.			7.	00	00	00
8.			8.	00	00	00
9.			9.	00	00	00
10.			10.	00	00	00
11. Subtotals - add Lines 1 through 10.			11.	00	00	00
12. Enter the amount of the tax liability from Form MO-1040, Line 35Y for yourself and Line 35S for your spouse, or Form MO-1120, Line 16, Form MO-1041, Line 15 or Form MO-PTE, Line 10.			12.	00	00	00
13. Total Credits - add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 17; Form MO-1040, Line 42; or Form MO-1041, Line 16; or Form MO-PTE, Line 11.) Line 13 cannot exceed the amount on Line 12, unless the credit is refundable.			13.	00	00	00

I declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. I also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services. I am aware of any applicable reporting requirements of Section 135.805 RSMo and the penalty provisions of Section 135.810 RSMo .		
Taxpayer's Signature	Printed Name	Date (MM/DD/YYYY)
Spouse's Signature	Printed Name	Date (MM/DD/YYYY)

Use this form to claim income tax credits on Form MO-1040, MO-1120, or MO-1041. Attach to Form MO-1040, MO-1120, or MO-1041.

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.



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For Privacy Notice, see instructions.

Form MO-TC (Revised 12-2025)