

MISSOURI DEPARTMENT OF  
**REVENUE**  
**2020 Individual Income  
Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2020

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).

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)

**Vendor Code**

**Department Use Only**

0 0 6

**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 ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐

**Name**

Social Security Number  -  -  ☐ Deceased  
in 2020 Spouse's Social Security Number  -  -  ☐ Deceased  
in 2020  
First Name  M.I.  Last Name  Suffix   
Spouse's First Name  M.I.  Spouse's Last Name  Suffix   
In Care Of Name (Attorney, Executor, Personal Representative, etc.)

**Address**

Present Address (Include Apartment Number or Rural Route)

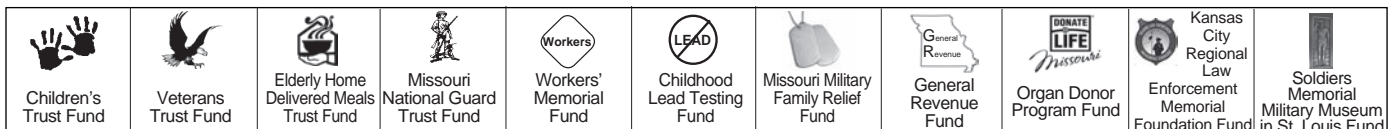
City, Town, or Post Office

State

ZIP Code

County of Residence

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.



20322010006

Yourself (Y)

Spouse (S)

- |   |    |  |     |    |  |     |
|---|----|--|-----|----|--|-----|
| 1. Federal adjusted gross income from federal return<br>(see worksheet on page 7 of the instructions) . . . . . | 1Y |  | .00 | 1S |  | .00 |
| 2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .   | 2Y |  | .00 | 2S |  | .00 |
| 3. Total income - Add Lines 1 and 2. . . . .  | 3Y |  | .00 | 3S |  | .00 |
| 4. Total subtractions (from Form MO-A, Part 1, Line 18) . . . . .   | 4Y |  | .00 | 4S |  | .00 |
| 5. Missouri adjusted gross income - Subtract Line 4 from Line 3. .  | 5Y |  | .00 | 5S |  | .00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .                                       | 6  |  | .00 |    |  |     |
| 7. Income percentages - Divide columns 5Y and 5S by total on<br>Line 6. (Must equal 100%) . . . . .             | 7Y |  | %   | 7S |  | %   |

- |   |    |  |     |
|---|----|--|-----|
| 8. Pension, Social Security, Social Security Disability, and Military exemption (from Form<br>MO-A, Part 3, Section E) . . . . .                                    | 8  |  | .00 |
| 9. Tax from federal return . . . . .  | 9  |  | .00 |
| 10. Other tax from federal return. . . . .  | 10 |  | .00 |
| 11. Total tax from federal return. Do not enter federal income tax withheld. .  | 11 |  | .00 |
| 12. Federal tax percentage – Enter the percentage based on your<br>Missouri Adjusted Gross Income, Line 6. Use the chart below to<br>find your percentage . . . . . | 12 |  | %   |
- 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%  |
- |  |    |  |     |
|--|----|--|-----|
| 13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this<br>amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. . . . .  | 13 |  | .00 |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2)<br>• Single or Married Filing Separate-\$12,400      • Head of Household-\$18,650<br>• Married Filing Combined or Qualifying Widow(er)-\$24,800<br>Note: If age 65 or older, blind, or claimed as a dependent, see page 6. . . . . | 14 |  | .00 |
| 15. Long-term care insurance deduction . . . . .   | 15 |  | .00 |
| 16. Health care sharing ministry deduction. . . . .  | 16 |  | .00 |
| 17. Active Duty Military income deduction . . . . .  | 17 |  | .00 |
| 18. Inactive Duty Military income deduction . . . . .  | 18 |  | .00 |
| 19. Bring jobs home deduction . . . . .  | 19 |  | .00 |
| 20. Transportation facilities deduction . . . . .  | 20 |  | .00 |

☐ A. Port Cargo Expansion    ☐ B. International Trade Facility    ☐ C. Qualified Trade Activities



## Deductions Continued

21. First Time Home Buyers deduction.	A. <input type="text"/>	B. <input type="text"/>	21	<input type="text"/>	.00
22. Total deductions - Add Lines 8 and 13 through 21 . . . . .				22	<input type="text"/> .00
23. Subtotal - Subtract Line 22 from Line 6 . . . . .				23	<input type="text"/> .00
24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	24Y	<input type="text"/>	.00	24S	<input type="text"/> .00
25. Enterprise zone or rural empowerment zone income modification . . . . .	25Y	<input type="text"/>	.00	25S	<input type="text"/> .00

## Tax

26. Taxable income - Subtract Line 25 from Line 24. . . . .	26Y	<input type="text"/>	.00	26S	<input type="text"/> .00
27. Tax (see tax chart on page 22 of the instructions). . . . .	27Y	<input type="text"/>	.00	27S	<input type="text"/> .00
28. Resident credit - Attach <a href="#">Form MO-CR</a> and other states' income tax return(s). . . . .	28Y	<input type="text"/>	.00	28S	<input type="text"/> .00
29. Missouri income percentage - Enter 100% unless you are completing <a href="#">Form MO-NRI</a> . Attach Form MO-NRI and a copy of your federal return if less than 100% . . . . .	29Y	<input type="text"/>	%	29S	<input type="text"/> %
30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29 . . . . .	30Y	<input type="text"/>	.00	30S	<input type="text"/> .00
31. Other taxes - Select box and attach federal form indicated.					
<input type="checkbox"/> Lump sum distribution (Form 4972)					
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)					
	31Y	<input type="text"/>	.00	31S	<input type="text"/> .00
32. Subtotal - Add Lines 30 and 31 . . . . .	32Y	<input type="text"/>	.00	32S	<input type="text"/> .00
33. Total Tax - Add Lines 32Y and 32S. . . . .				33	<input type="text"/> .00

## Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .	34	<input type="text"/>	.00
35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020 . . . . .	35	<input type="text"/>	.00
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <a href="#">MO-2NR</a> and <a href="#">MO-NRP</a> . . . . .	36	<input type="text"/>	.00
37. Missouri tax payments for nonresident entertainers - Attach <a href="#">Form MO-2ENT</a> . . . . .	37	<input type="text"/>	.00
38. Amount paid with Missouri extension of time to file ( <a href="#">Form MO-60</a> ). . . . .	38	<input type="text"/>	.00
39. Miscellaneous tax credits (from <a href="#">Form MO-TC</a> , Line 13) - Attach Form MO-TC . . . . .	39	<input type="text"/>	.00
40. Property tax credit - Attach <a href="#">Form MO-PTS</a> . . . . .	40	<input type="text"/>	.00
41. Total payments and credits - Add Lines 34 through 40. . . . .	41	<input type="text"/>	.00



## Skip Lines 42 through 44 if you are not filing an amended return.

42. Amount paid on original return. . . . . 42 . 00

43. Overpayment as shown (or adjusted) on original return . . . . . 43 . 00

## Indicate Reason for Amending

☐ 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)

44. Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43.  
 Enter on Line 44. . . . . 44 . 00

45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference.  
 Amount of OVERPAYMENT . . . . . 45 . 00

46. Amount of Line 45 to be applied to your 2021 estimated tax . . . . . 46 . 00

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

47a. Children's Trust Fund . 00 47b. Veterans Trust Fund . 00 47c. Elderly Home Delivered Meals Trust Fund . 00 47d. Missouri National Guard Trust Fund . 00

47e. Workers' Memorial Fund . 00 47f. Childhood Lead Testing Fund . 00 47g. Missouri Military Family Relief Fund . 00 47h. General Revenue Fund . 00

47i. Organ Donor Program Fund . 00 47j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00 47k. Soldiers Memorial Military Museum in St. Louis Fund . 00

47l. Additional Fund Code . Additional Fund Amount . 00 47m. Additional Fund Code . Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 47a through 47m and enter here . . . . . 47 . 00

48. Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from [Form 5632](#). . . . . 48 . 00

49. **REFUND** - Subtract Lines 46, 47, and 48 from Line 45 and enter here . . . . . 49 . 00

a. Routing Number  c. ☐ Checking ☐ Savings

b. Account Number



Amount Due

50. If Line 33 is larger than Line 41 or Line 44, enter the difference.

Amount of UNDERPAYMENT . . . . .

50   . 0051. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here . . .51   . 00☐ Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.52. **AMOUNT DUE** - Add Lines 50 and 51.

If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . .

52   . 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.

Signature

Signature

Date (MM/DD/YY)

Spouse's Signature (If filing combined, BOTH must sign)

Date (MM/DD/YY)

E-mail Address

Daytime Telephone

Preparer's Signature

Date (MM/DD/YY)

Preparer's FEIN, SSN, or PTIN

Preparer's Telephone

Preparer's Address

State

ZIP Code

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

## Department Use Only

☐ A☐ FA☐ E10☐ DE☐ F 

(Revised 12-2020)

## Mail To: Balance Due:

Missouri Department of Revenue  
P.O. Box 3370  
Jefferson City, MO 65105-3370

## Refund or No Amount Due:

Missouri Department of Revenue  
P.O. Box 3222  
Jefferson City, MO 65105-3222

Phone (Balance Due): (573) 751-7200

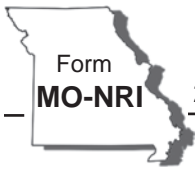
Phone (Refund or No Amount Due): (573) 751-3505

Fax: (573) 522-1762

E-mail: [income@dor.mo.gov](mailto:income@dor.mo.gov)

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MISSOURI DEPARTMENT OF

**REVENUE****2020 Missouri Income Percentage****Attach Federal Return. See instructions and diagram on page 3 of Form MO-NRI.****Resident/Nonresident Status - Select your status in the appropriate box below.**

Social Security Number

 -  - 

Name

Address

City, State, ZIP Code

☐ 1. Nonresident of Missouri  
State of residence during 2020 \_\_\_\_\_

☐ 2. Part-Year Missouri Resident  
Indicate the dates you were a Missouri Resident in 2020.

A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

B. Indicate the other state of residence  
and dates you resided there \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Spouse's Social Security Number

 -  - 

Spouse's Name

Address

City, State, ZIP Code

☐ 1. Nonresident of Missouri  
State of residence during 2020 \_\_\_\_\_

☐ 2. Part-Year Missouri Resident  
Indicate the dates you were a Missouri Resident in 2020.

A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

B. Indicate the other state of residence  
and dates you resided there \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 29 of [Form MO-1040](#).

☐ 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

☐ Missouri Home of Record  
I did not at any time during the 2020 tax year maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.

☐ Non-Missouri Home of Record  
I resided in Missouri during 2020 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

☐ 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

☐ Missouri Home of Record  
I did not at any time during the 2020 tax year maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.

☐ Non-Missouri Home of Record  
I resided in Missouri during 2020 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

Part A

# Worksheet for Missouri Source Income

Part B

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)	
		Missouri Sources		Missouri Sources	
A. Wages, salaries, tips, etc. ....	1	A	.00	A	.00
B. Taxable interest income. ....	2b	B	.00	B	.00
C. Dividend income ....	3b	C	.00	C	.00
D. State and local income tax refunds (from schedule 1, part 1) ....	1	D	.00	D	.00
E. Alimony received (from schedule 1, part 1) ....	2a	E	.00	E	.00
F. Business income or (loss) (from schedule 1, part 1) ....	3	F	.00	F	.00
G. Capital gain or (loss) ....	7	G	.00	G	.00
H. Other gains or (losses) (from schedule 1, part 1) ....	4	H	.00	H	.00
I. Taxable IRA distributions ....	5b	I	.00	I	.00
J. Taxable pensions and annuities ....	5b	J	.00	J	.00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) ....	5	K	.00	K	.00
L. Farm income or (loss) (from schedule 1, part 1) ....	6	L	.00	L	.00
M. Unemployment compensation (from schedule 1, part 1) ....	7	M	.00	M	.00
N. Taxable social security benefits ....	6b	N	.00	N	.00
O. Other income (from schedule 1, part 1) ....	8	O	.00	O	.00
P. Total - Add Lines A through O ....		P	.00	P	.00
Q. Less: federal adjustments to income ....	10c	Q	.00	Q	.00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1. ....	11	R	.00	R	.00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from <a href="#">Form MO-1040</a> , Line 2) ....		S	.00	S	.00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) ....		T	.00	T	.00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, less Line T. Enter this amount on Part C, Line 1. ....		U	.00	U	.00

## Missouri Income Percentage

Part C

	1Y	2Y	3Y	1S	2S	3S
1. <b>Missouri Income</b> - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) ....						
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return) ....						
3. <b>Missouri Income Percentage</b> - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 29Y and 29S ....						

Signature

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete.  
Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in [Chapter 143, RSMo.](#),  
a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature	Date (MM/DD/YY)
Spouse's Signature (if filing combined, BOTH must sign)	Date (MM/DD/YY)