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5	For Calendar Year January 1 - December 31, 2024	
Prin	nt 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 48	68).
	Department of Social Services Application of Eligibility form attached.	
lf fili	ing a fiscal year return enter the beginning and ending dates here.	
	Sal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) Vendor Code Department Use Only	
	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 Separately Surself Spouse Yourself Spouse Yourself Spouse Yourself Spouse	
Name	Social Security Number in 2024 Spouse's Social Security Number in	eceased n 2024 Suffix
z	Spouse's First Name M.I. Spouse's Last Name	Suffix
	In Care Of Name (Attorney, Executor, Personal Representative, etc.)	
	Present Address (Include Apartment Number or Rural Route)]
Address	City, Town, or Post Office State ZIP Code	
4	County of Residence	
You	u 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 inform	nation.



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				Yourse	elf (Y)		Spo	use (S)		
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y			00	1S		. 00]
				 						ני ר
	2.	Total additions (from Form MO-A, Part 1, Line 7)	2Y			00	2S		. 00)
e	3.	Total income - Add Lines 1 and 2	ЗY			00	3S		. 00)
Income	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		00		•	_
	6.	Total Missouri adjusted gross income - Add columns 5Y and 5S	5		0		00]			
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y			%	7S		%	
	8.	Pension, Social Security and Social Security Disability exemption Section D)				, 	8		00)
	9.	Tax from federal return		9].[0	00			
	10	Other tax from federal return.		10			00			
				11		 ר ר	00			
	11.	Total tax from federal return. Do not enter federal income tax with	neid.							
	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		0,	%			
Deductions		Missouri Adjusted Gross Income Range, Line 6: Federal Ta \$25,000 or less 38 \$25,001 to \$50,000 26 \$50,001 to \$100,000 15 \$100,001 to \$125,000 5 \$125,001 or more 0	5% 5% 5%	rcentage:			322020006			
	13.	Federal income tax deduction – Multiply Line 11 by the percenta	ade d	on Line 12. F	Inter this		[]			7
anc		amount not to exceed \$5,000 for an individual or \$10,000 for co	ombir	ned filers			13		. 00)
Exemptions	14.	 Missouri standard deduction or itemized deductions. (If itemizing Single or Married Filing Separate-\$14,600 Head of House 	-		-A, Part 2)					٦
Exem		Married Filing Combined or Qualifying Widow(er)-\$29,200					14		. 00	<u>기</u>
-	15.	Additional Exemption for Head of Household and Qualifying Wid	dow(er)			15		. 00)
	16.	Long-term care insurance deduction					16		. 00)
	17.	Health care sharing ministry deduction					17		. 00)
	18.	Active Duty Military income deduction					18		. 00)
	19.	Inactive Duty Military income deduction					19		. 00)
	20.	Reserved					20		. 00)
	21	Farmland sold, rented, leased, or crop-shared to a beginning fa	ırm≏r	deduction	Enter the o	Im	[1		٦
	<u> </u>	of Lines 21A, 21B, and 21C on Line 21					21		. 00)
	21	A. Sold		21C. Crop-						
		\$	00	Shared	\$. 00			

			Г] [
	22.	First time home buyers deduction.	В. Ц			22	. 00
q	23.	Long term dignity savings account deduction				23	. 00
ntinue	24.	Foster parent tax deduction				24	. 00
Is Col	25.	Total deductions - Add Lines 8 and 13 through 24				25	. 00
Deductions Continued	26.	Subtotal - Subtract Line 25 from Line 6				26	. 00
De	27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y		00	27S	. 00
	28.	Enterprise zone or rural empowerment zone income modification	28Y		00	28S	. 00
	29.	Taxable income - Subtract Line 28 from Line 27	29Y		00	29S	. 00
	30.	Tax (see tax chart on page 26 of the instructions)	30Y		00	30S	. 00
	31.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y		00	31S	. 00
Тах	32.	Missouri income percentage - Enter 100% if not completing Form MO-NRI . Attach Form MO-NRI and federal return if app	blicable.	32Y	%	, o <u>32</u> S	%
	33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y		00	335	. 00
	34.	Other taxes - Select box and attach federal form indicated.					
	34.	Other taxes - Select box and attach federal form indicated.			24322	030006	
	34.		34Y		24322 00	030006 34S	. 00
		Lump sum distribution (Form 4972)	34Y 35Y		00		. 00 . 00
	35.	 Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) 	35Y		00	34S	
	35.	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S	35Y		00	34S 35S 36	. 00
	35.	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S	35Y		00	34S 35S 36 37	. 00
	35. 36. 37.	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S	35Y		00	34S 35S 36 37	. 00
edits	35. 36. 37.	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S MISSOURI tax withheld - Attach Forms W-2 and 1099	35Y om 2023 a	pplied to 2024 olders - Attach For	00 00 	34S 35S 36 37	. 00
and Credits	35. 36. 37. 38.	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34	35Y om 2023 a on shareho	pplied to 2024 olders - Attach For	00 00	34S 35S 36 37 38	
nents and Credits	35. 36. 37. 38. 39.	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34	35Y om 2023 a on shareho	pplied to 2024 olders - Attach For	00 00	34S 35S 36 37 38 39	. 00
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Payments and Credits	 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S MISSOURI tax withheld - Attach Forms W-2 and 1099 2024 Missouri estimated tax payments - Include overpayment from Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP Missouri tax payments for nonresident entertainers - Attach Form MO-2NR and MO-NRP Missouri tax payments for nonresident entertainers - Attach Form MO-2NR and MO-NRP Missouri tax payments for nonresident entertainers - Attach Form MO-2NR and MO-NRP Missouri tax payments for nonresident entertainers - Attach Form MO-2NR and With Missouri extension of time to file (Form MO-2NR Miscellaneous tax credits (from Form MO-TC, Line 13) - Attace Property tax credit - Attach Form MO-PTS	35Y 35Y om 2023 a on shareho orm MO-2 60)	pplied to 2024 olders - Attach For ENT	00 00 	34S 35S 36 37 38 39 40 41 42 43	

51a. Trust Fund .00 51b. Trust Fund .00 51c. Trust Fund .00 51d. Trust Fund 51e. Memorial Fund .00 51f. Childhood Lead .00 51g. Military Family Religend Law Edge .00 51g. Military Family Religend Law Edge .00 51g. Soldiers Memorial Military Museum in .00 51h. General Revenue Fu Soldiers Memorial Military Museum in .00 .00 51h. General Revenue Fu Soldiers Memorial Military Museum in .00 .00 51h. Soldiers Memorial Military Museum in .00 Military Soldiers Memorial Military Museum in .00 .00 51h. Military Museum in .00 .00 51h. Totary Museum in .00 .00 51h. Totary Museum in .00 .00 51h. Soldiers Museum in .00 <t< th=""><th>'n.</th><th>ng an amended re</th><th></th><th></th><th></th><th></th><th></th></t<>	'n.	ng an amended re					
Indicate Reason for Amending						46	. 00
Enter date of IRS report (MM/DD/YY) A. Federal audit		riginal return				47	. 00
Image: Second	IPS report (MM/F	Entor data			2		
C. Investment tax credit carryback Enter view of Credit (11) Enter date of federal amended return, if filed. (MM/DD/YY D. Correction other than A, B, or C Enter date of federal amended return, if filed. (MM/DD/YY D. Correction other than A, B, or C 48. Amended return total payments and credits - Add Lines 45 and 46; subtract Line 47. Enter on Line 48. 49. If Line 45, or if amended return, Line 48, is larger than Line 36, enter the difference. Amount of OVERPAYMENT 50. Amount of Line 49 to be applied to your 2025 estimated tax 51. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund co 51a. Children's 51b. Viewen's 51c. Children's 51c. C			ו כ ר)		
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51i. Organ Donor Program Fund . 00 51j. Enforcement Foundation Fund . 00 51k. St. Louis Fund . 00 51l. Missouri Hendori Honor Fund Additional Fund Additional Fund Additional Fund . 00 51k. St. Louis Fund . 00 51l. Missouri Honor Fund Total Donation - Add amounts from Boxes 51a through 51n and enter here . 00 51 . 00 51 52. Amount of Line 49 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from Form 5632	Soldiers		Sol	5	. 00 51	h. Revenue Fund	
Additional Fund S1m. Code Additional Additional Strence Additional Fund Amount Additional Strence Additional Fund Amount Additional Strence Additional Strenc	Military Museum in	t OO	Mili Mu:	m in	. 00 51	Medal of	. 00
52. Amount of Line 49 to be deposited into a Missouri 529 Education Plan (MOST) 52 53. REFUND - Subtract Lines 50, 51, and 52 from Line 49 and enter here 53 a. Routing c. Checking b. Account Checking	Fund	Fund	Fur		0		
account. Enter the total deposit amount from Form 5632 52 53. REFUND - Subtract Lines 50, 51, and 52 from Line 49 and enter here 53 a. Routing	enter here	51a through 51n a	nter	ere		51	. 00
53. REFUND - Subtract Lines 50, 51, and 52 from Line 49 and enter here	n Plan (MOST)	/lissouri 529 Educa	Pla	MOST)			
a. Routing Number c. Checking b. Account		om <u>Form 5632</u>				52	. 00
Number c. Checking b. Account	er here	rom Line 49 and er	here			53	. 00
Number c. Checking b. Account	_						
					c.	Checking	Savings
Number							

	54.	If Line 36 is larger than Line 45 or Line 48 Amount of UNDERPAYMENT		ice.		54			00
Due	55.	Underpayment of estimated tax penalty -	Attach <u>Form MO-2</u>	2210. Enter penalt	y amount here	55			00
Amount Due		Select this box if you are a farmer	exempt from the u	nderpayment of es	stimated tax pe	enalty.			
4	56.	AMOUNT DUE - Add Lines 54 and 55. If you pay by check, you authorize the De electronically. Any returned check may be	•			56			00
	of r the bas imp una alie	der penalties of perjury, I declare that I have ny knowledge and belief it is true, correct, and Department of Revenue with my signature a sed on all information of which he or she h posed on any individual who files a frive authorized aliens as defined under federal la ns. I am aware of any applicable reporting r <u>Mo</u> .	d complete. By signi s required under <u>Se</u> as knowledge. As blous return. I als w and that I am no	ng or entering my r ection 143.561, RS provided in <u>Chap</u> o declare under t eligible for any ta	name in the "Sig <u>Mo.</u> Declaratio ter 143, RSM penalties of p x exemption, c	gnature" field n of prepare <u>0.</u> , a penalt perjury that redit, or aba	d(s) below, I er (other that y of up to \$ I employ atement if I	am provid n taxpaye 5500 shal no illega employ s	ding er) is I be I or such
	Sig	nature			D	ate (MM/DD/	YY)		
	Spo	ouse's Signature (If filing combined, BOTH must	sign)		D	ate (MM/DD/	YY)		
Signature	E-n	nail Address			D	aytime Telep	hone		
	Pre	Preparer's Signature				ate (MM/DD/	ΥΥ)		
	Pre	parer's FEIN, SSN, or PTIN			P	reparer's Tel	epnone		
	Pre	parer's Address			S	tate	ZIP Code		
	or Dic an	uthorize the Director of Revenue or delega any member of the preparer's firm you pay a tax return preparer to complete Internal Revenue Service preparer tax iden parer's name, address, and phone number	your return, but the tification number?	preparer failed to If you marked yes ections of the sign	sign the return , please insert ature block abo	or provide the	. 🗌 Yes		No No
			Department						
	_								
	A	☐ FA ☐ E10	L DE	L F					
	l to:	Missouri Department of RevenueMP.O. Box 3370FJefferson City, MO 65105-3370JPhone: (573) 751-7200F	Refund or No Amo lissouri Departmer .O. Box 3222 efferson City, MO hone: (573) 751-	nt of Revenue 65105-322 3505	Fax: (573) 52 Email: <u>incor</u> Submission Email: <u>incor</u> Inquiry and c	netaxproce of Individu ne@dor.m	ial Income o.gov	or.mo.go	v
If yes indiv recei	s, visit iduals, ive info	erved on active duty in the United S dor.mo.gov/military/ to see the services and benefits or complete the survey at <u>mvc.dps.mo.gov/MoVetera</u> rmation from the Missouri Veterans Commission. A list s can be found at <u>veteranbenefits.mo.gov/state-bene</u>	DOR offers to all eligible nsInformation/Survey/ of all state agency resou	military DOR to			N	/IO-1040 Pa	ige 5

and benefits can be found at <u>veteranbenefits.mo.gov/state-benefits/</u>. 5 Visit <u>dor.mo.gov/taxation/individual/tax-types/income/</u> for additional information.

REVENUE 2024 Missouri Working Family Tax Credit

MISSOURI DEPARTMENT OF

Form

MO-WFTC

Department Use Only (MM/DD/YY)



Attach to Form MO-1040. The Federal Return must also be attached to your MO-1040 or your claim will be denied.

To claim this credit, you must be a resident individual with a filing status of single, head of household, qualifying widow(er), or married filing combined, and who is allowed a Federal Earned Income Credit (EIC) on their federal return.

		Social Security Number	Spouse's Social Sec	urity Number
				_
		First Name	M.I. Last Name	
		Spouse's First Name	M.I. Spouse's Last Name	
	1.[Did you qualify for the Federal Earned Income	Credit (EIC) on Federal Form 1040 or 1040SR'	2
		Yes - Continue to calculate your Misso	ouri Working Family Tax Credit.	
		No - STOP. You do not qualify for the N	Aissouri Working Family Tax Credit.	
	2. [Do you have a filing status of married filing se	parately or claimed as a dependent?	
		Yes - STOP. You do not qualify for the	Missouri Working Family Tax Credit.	
2		No - Continue to calculate your Missou	ri Working Family Tax Credit.	
IIcallo	3. [Do you have investment income equal to or gr	eater than \$4,300 (see instructions)?	
<u>Cuallin</u>		Yes - STOP. You do not qualify for the	Missouri Working Family Tax Credit.	
3		No - Continue to calculate your Missou	ri Working Family Tax Credit.	
	4. (Qualifying Children listed on your Federal Sch	edule EIC.	<u>.</u>
		Name of Qualifying Child	Child's Social Security Number	Child's Date of Birth (MM/DD/YYYY)
	5.	Federal Earned Income Credit (EIC) from Fe	ederal Form 1040 or 1040-SR, Line 27	
	5.			
OULI	6.	Multiply Line 5 by 20% and enter the result.	·····	
		Multiply Line 5 by 20% and enter the result.		
	6.	Multiply Line 5 by 20% and enter the result. Total Tax from Form MO-1040, Line 36	·····	
CIERII AIIIOUIII	6. 7.	Multiply Line 5 by 20% and enter the result. Total Tax from Form MO-1040, Line 36 Add Line 42 and Line 43 from Form MO-1040	· · · · · · · · · · · · · · · · · · ·	6 .00 7 .00 8 .00
CIECULI ALLIOUTIL	6. 7. 8. 9.	Multiply Line 5 by 20% and enter the result. Total Tax from Form MO-1040, Line 36 Add Line 42 and Line 43 from Form MO-1040 Subtract Line 8 from Line 7, if less than 0, en	and enter the result.	6 .00 7 .00 8 .00 9 .00

This form, your Federal Return, and your Federal Schedule EIC must be attached with your MO-1040.

Mail to: Balance Due:

Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329 **Phone:** (573) 751-7200 Refund or No Amount Due: Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500 Phone: (573) 751-3505 Fax: (573) 522-1762

Email: <u>incometaxprocessing@dor.mo.gov</u> Submission of Individual Income Tax Returns Email: <u>income@dor.mo.gov</u> Inquiry and correspondence

Form MO-WFTC (Revised 12-2024)

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.

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

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



Part A

Resident/Nonresident Status - Select your status in the approp	riate box below.
Social Security Number	Spouse's Social Security Number
Name	Spouse's Name
Address	Address
City, State, ZIP Code	City, State, ZIP Code
1. Nonresident of Missouri State of residence during 2024	1. Nonresident of Missouri State of residence during 2024
Remote Work (See instructions on Form MO-NRI, page 3)	Remote Work (See instructions on Form MO-NRI, page 3)
2. Part-Year Missouri Resident	2. Part-Year Missouri Resident
Remote Work (See instructions on Form MO-NRI, page 3)	Remote Work (See instructions on Form MO-NRI, page 3)
Indicate the dates you were a Missouri Resident in 2024.	Indicate the dates you were a Missouri Resident in 2024.
A. Date From: Date To:	A. Date From: Date To:
B. Indicate the other state of residence	B. Indicate the other state of residence
and dates you resided there	and dates you resided there
Date From: Date To:	Date From: Date To:
Based on the Military Spouse's Residency Relief Act, if you are the because your spouse is there on military orders, and Missouri is your s complete Form MO-NRI. You must report 100% on Line 32 of Form MO-	state of residence, any income you earn is taxable to Missouri. Do not
3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.	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 tax year 2024 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	Missouri Home of Record I did not at any time during the tax year 2024 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 2024 solely because my spouse or I was stationed at on military orders. My home of record is in the state of	Non-Missouri Home of Record I resided in Missouri during 2024 solely because my spouse or I was stationed at on military orders. My home of record is in the state of

For Privacy Notice, see Instructions.

	Wor	ksheet for Missouri Source Income		_			
			Federal Form		Yourself or	Spo	ouse (On A
		Adjusted Gross	1040 or Federal Form 1040-SR		One Income Filer	Comb	ined Return)
		Income Computations	Line No.		Missouri Sources	Misso	ouri Sources
				1			
	A.	Wages, salaries, tips, etc.	1z	Α	. 00	A	. 00
	В.	Taxable interest income.	2b	В	. 00		. 00
	D. С.	Dividend income	3b	С	. 00		. 00
	D.	State and local income tax refunds (from schedule 1, part 1)	1	D	. 00		. 00
	E.	Alimony received (from schedule 1, part 1)	2a	E	. 00		. 00
			3	F	. 00		. 00
	F.	Business income or (loss) (from schedule 1, part 1)	7	G	. 00		
	G.	Capital gain or (loss)	4	Н	. 00		
	Н.	Other gains or (losses) (from schedule 1, part 1)	4b	1	. 00		
n	I.	Taxable IRA distributions	5b	J	00		
Part	J.	Taxable pensions and annuities	5	K	00		
-	K.	Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	6	L	. 00		
	L.	Farm income or (loss) (from schedule 1, part 1)	7	м	. 00		
	M.	Unemployment compensation (from schedule 1, part 1)	6b	N	. 00		
	N.	Taxable social security benefits	9	0	. 00		
	0.	Other income (from schedule 1, part 1)	9	P	. 00		
	Ρ.	Total - Add Lines A through O	10	Q	. 00		. 00
	Q.	Minus: federal adjustments to income	10			Q	
	R.	SUBTOTAL (Line P - Line Q) If no modifications to income,	11	R	_ 00	R	. 00
	~	enter this amount on Part C, Line 1		111			
	S.	Missouri modifications - additions to federal adjusted gross income		S	_ 00	S	00
	-	(Missouri source from Form MO-1040, Line 2)					
	1.	Missouri modifications - subtractions from federal adjusted gross income		Т	_ 00	Т	00
		(Missouri source from Form MO-1040, Line 4)		L • 1			
	0.	MISSOURI INCOME (Missouri sources) Line R plus Line S, minus		U	00	U	00
		Line T. Enter this amount on Part C, Line 1					
	Miss	souri Income Percentage					
				Y	ourself or	Sp	ouse
				One	Income Filer	•	bined Return)
	1	Missouri Income - Enter wages, salaries, etc. from Missouri. (You mus	at 🗌				
		file a Missouri return if the amount on this line is more than \$600)			. 00 1	S	
					· _		
c	2.	Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y					
Part C		and 5S or from your federal form if you are a military nonresident and yo	ou 🗌				
ב		are not required to file a Missouri return)	0.4		. 00 2	2S	
	3.	Missouri Income Percentage - 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 32Y and 32S	3Y		% 3	BS	%
	Un	der penalties of perjury, I declare that I have examined this form and to	o the best of m	ıy kn	owledge and believe it is	s true, correct	, and complete.
		claration of preparer (other than taxpayer) is based on all information of		e has	s any knowledge. As pro	ovided in Chap	oter 143, RSMo,
			alous roturn				
d)		enalty of up to \$500 shall be imposed on any individual who files a frive	olous letuill.				
ature	a p	enalty of up to \$500 shall be imposed on any individual who files a friv- nature	olous return.		Date (MM	/DD/YY)	
gnature	a p				Date (MM	/DD/YY)	
Signature	a p Sig	nature					
Signature	a p Sig				Date (MM		
Signature	a p Sig	nature					

Ever served on active duty in the United States Armed Forces? If yes, visit <u>dor.mo.gov/military/</u> to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at <u>veteranbenefits.mo.gov/state-benefits/</u>.