

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

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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 ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐

Name

Social Security Number		Deceased in 2020		Spouse's Social Security Number		Deceased in 2020	
<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"/>
County of Residence			
<input type="text"/>			

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.

 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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20322010006

Yourself (Y)

Spouse (S)

1. Federal adjusted gross income from federal return
(see worksheet on page 7 of the instructions) 1Y .00 1S .00
2. Total additions (from **Form MO-A**, 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
Line 6. (Must equal 100%) 7Y % 7S %

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form
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
Missouri Adjusted Gross Income, Line 6. Use the chart below to
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
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)
• Single or Married Filing Separate-\$12,400 • Head of Household-\$18,650
• Married Filing Combined or Qualifying Widow(er)-\$24,800
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 Form MO-CR 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 Form MO-NRI . 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 MO-2NR and MO-NRP	36	<input type="text"/>	.00
37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	37	<input type="text"/>	.00
38. Amount paid with Missouri extension of time to file (Form MO-60).	38	<input type="text"/>	.00
39. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	39	<input type="text"/>	.00
40. Property tax credit - Attach Form MO-PTS	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

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

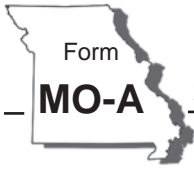
Phone (Balance Due): (573) 751-7200
Phone (Refund or No Amount Due): (573) 751-3505
Fax: (573) 522-1762
E-mail: income@dor.mo.gov

(Revised 12-2020)



20322050006

MO-1040 Page 5



MISSOURI DEPARTMENT OF

REVENUE**2020 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 13 to assist you in completing this form.

Name

Social Security Number

	-		-	
--	---	--	---	--

Spouse's Social Security Number

	-		-	
--	---	--	---	--

First Name

--

M.I. Last Name

--

--

Suffix

--

Spouse's First Name

--

M.I. Spouse's Last Name

--

--

Suffix

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Additions

Yourself (Y)

Spouse (S)

1. Interest on state and local obligations other than Missouri source. . . .

1Y		.00	1S		.00
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2. ☐ Partnership ☐ Fiduciary ☐ S Corporation ☐ Business Interest☐ Net Operating Loss (Carryback/Carryforward)☐ Other (description)

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2Y		.00	2S		.00
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3. Nonqualified distribution received from a qualified 529 plan not used for qualified expenses.

3Y		.00	3S		.00
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4. Food Pantry contributions included on Federal Schedule A.

4Y		.00	4S		.00
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5. Nonresident Property Tax.

5Y		.00	5S		.00
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6. Nonqualified distribution received from a qualified Achieving a Better Life Experience Program (ABLE) not used for qualified expenses. . . .

6Y		.00	6S		.00
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7. Total Additions - Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2.

7Y		.00	7S		.00
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Subtractions

8. Interest from exempt federal obligations included in federal adjusted gross income - Attach a detailed list or all Federal Form(s) 1099

8Y		.00	8S		.00
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9. Any state income tax refund included in federal adjusted gross income.

9Y		.00	9S		.00
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10. ☐ Partnership ☐ Fiduciary ☐ S Corporation ☐ Railroad Retirement Benefits ☐ Military (nonresident)☐ Combat Pay ☐ Build America and Recovery Zone Bond Interest ☐ MO Public-Private Transportation Act☐ Net Operating Loss ☐ Business Interest☐ Other (description)

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10Y		.00	10S		.00
-----	--	-----	-----	--	-----

11. Exempt contributions made to a qualified 529 plan

11Y		.00	11S		.00
-----	--	-----	-----	--	-----

12. Qualified Health Insurance Premiums - Attach the Qualified Health Insurance Premiums Worksheet (Form 5695) and supporting documentation

12Y		.00	12S		.00
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For Privacy Notice, see instructions.

Part 1 - Missouri Modifications to Federal Adjusted Gross Income

13. Missouri depreciation adjustment (**Section 143.121, RSMo**)☐

Sold or disposed property previously taken as addition modification

13Y		.00	13S		.00
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14. Home Energy Audit Expenses - Attach the Home Energy Audit Expense (**Form MO-HEA**)

14Y		.00	14S		.00
-----	--	-----	-----	--	-----

15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE)

15Y		.00	15S		.00
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16. Agriculture Disaster Relief

16Y		.00	16S		.00
-----	--	-----	-----	--	-----

17. Business Income Deduction – see worksheet on page 16.

17Y		.00	17S		.00
-----	--	-----	-----	--	-----

18. Total Subtractions - Add Lines 8 through 17. Enter here and on Form MO-1040, Line 4

18Y		.00	18S		.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 12

1		.00
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2. 2020 Social security tax - (Yourself)

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

3. 2020 Social security tax - (Spouse)

3		.00
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4. 2020 Railroad retirement tax - Tier I and Tier II (Yourself)

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

5. 2020 Railroad retirement tax - Tier I and Tier II (Spouse)

5		.00
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6. 2020 Medicare tax - Yourself and Spouse (see instructions on page 43)

6		.00
---	--	-----

7. 2020 Self-employment tax (see instructions on page 43)

7		.00
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8. Total - Add Lines 1 through 7

8		.00
---	--	-----

9. State and local income taxes from Federal Schedule A, Line 5 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
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12. Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14

12		.00
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Complete this worksheet only if your total state and local taxes included in your federal itemized deductions (Federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate filers).

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 \$10,000 (\$5,000 if married filing separately).

6		.00
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7. Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 11, above.

7		.00
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Part 3 - Pension and Social Security/Social Security Disability/Military Exemption

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

1. Missouri adjusted gross income from Form MO-1040, Line 6	1		.00
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
4. Select the appropriate filing status and enter amount on Line 4.			
• Married Filing Combined (joint federal) - \$100,000	4		.00
• Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000	5		.00
5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5		.00
6. Taxable pension for each spouse from public sources from Federal Form 1040 or Federal Form 1040-SR, Line 5b	6Y		.00
	6S		.00
7. Amount from Line 6 or \$39,014 (maximum social security benefit), whichever is less	7Y		.00
	7S		.00
8. If you received taxable social security, complete Form MO-A, Lines 1 through 8 of Section C, and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than \$0.	8Y		.00
	8S		.00
9. Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0.	9Y		.00
	9S		.00
10. Add amounts on Lines 9Y and 9S	10		.00
11. Total public pension, subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0	11		.00

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

1. Missouri adjusted gross income from Form MO-1040, Line 6	1		.00
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
4. Select the appropriate filing status and enter the amount on Line 4.			
• Married Filing Combined (joint federal) - \$32,000	4		.00
• Single, Head of Household, and Qualifying Widow(er) - \$25,000	5		.00
• Married Filing Separate - \$16,000	5		.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. Missouri adjusted gross income from Form MO-1040, Line 6	1		.00
2. Select the appropriate filing status and enter the amount on Line 2.			
• Married Filing Combined (joint federal) - \$100,000	2		.00
• Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000	3		.00
3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0			
4. Taxable social security benefits for each spouse from Federal Form 1040 or Federal Form 1040-SR, Line 6b	4Y		.00
	4S		.00
5. Taxable social security disability benefits for each spouse from Federal Form 1040 or 1040-SR, Line 6b	5Y		.00
	5S		.00
6. Amount from Line(s) 4Y or 5Y, and 4S or 5S	6Y		.00
	6S		.00
7. Add Lines 6Y and 6S	7		.00
8. Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0	8		.00

Military Pension Calculation

Part 3 - Section D

1. Military retirement benefits included on Federal Form 1040 or Federal Form 1040-SR, Line 5b	1		.00
2. Taxable public pension from Federal Form 1040 or Federal Form 1040-SR, Line 5b	2		.00
3. Divide Line 1 by Line 2 (Round to whole number)	3		%
4. Multiply Line 3 by Line 11 of Section A.	4		.00
5. Total military pension, subtract Line 4 from Line 1	5		.00

Total Pension and Social Security/Social Security Disability/Military Exemption

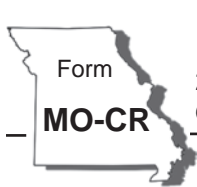
Part 3 - Section E

Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 5 (Section D) from Form MO-A. Enter total amount here and on Form MO-1040, Line 8.00
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Attach to Form MO-1040. Attach your federal return.
Instructions for Part 2 and 3 begin on page 43.



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MISSOURI DEPARTMENT OF

REVENUE**2020 Credit for Income Taxes Paid To
Other States or Political Subdivisions**

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

Attach Form MO-CR and **all income tax returns** for each state or political subdivision to [Form MO-1040](#).

Name

Social Security Number

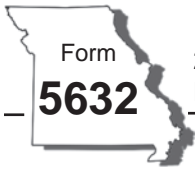
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Spouse's Name

Spouse's Social Security Number

 - -

	Yourself (Y)		Spouse (S)	
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S)	1Y <input type="text"/> .00		1S <input type="text"/> .00	
2. Claimant's Missouri income tax (Form MO-1040, Line 28Y and 28S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below.	2Y <input type="text"/> .00		2S <input type="text"/> .00	
		State of: <input type="text"/>		State of: <input type="text"/>
3. Wages and commissions.	3Y <input type="text"/> .00		3S <input type="text"/> .00	
4. Other income (Describe nature _____)	4Y <input type="text"/> .00		4S <input type="text"/> .00	
5. Total - Add Lines 3 and 4.	5Y <input type="text"/> .00		5S <input type="text"/> .00	
6. Less, related adjustments (Federal Form 1040 or 1040-SR, . . . Line 10).	6Y <input type="text"/> .00		6S <input type="text"/> .00	
7. Net amounts - Subtract Line 6 from Line 5	7Y <input type="text"/> .00		7S <input type="text"/> .00	
8. Percentage of your income taxed - Divide Line 7 by Line 1	8Y <input type="text"/> %		8S <input type="text"/> %	
9. Maximum credit - Multiply Line 2 by percentage on Line 8	9Y <input type="text"/> .00		9S <input type="text"/> .00	
10. Income tax you paid to another state or political subdivision. This is not income tax withheld. The income tax is reduced by all credits, except withholding and estimated tax.	10Y <input type="text"/> .00		10S <input type="text"/> .00	
11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 28Y or Line 28S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040	11Y <input type="text"/> .00		11S <input type="text"/> .00	



MISSOURI DEPARTMENT OF

REVENUE**2020 MOST - Missouri's 529 Education Plan
Direct Deposit Form - Individual Income Tax**Department Use Only
(MM/DD/YY)

--	--	--	--	--	--

Taxpayer

Social Security Number

	-		-	
--	---	--	---	--

Spouse's Social Security Number

	-		-	
--	---	--	---	--

First Name

--

M.I.

--

Last Name

--

Suffix

--

Spouse's First Name

--

M.I.

--

Spouse's Last Name

--

Suffix

--

Requirements

If you want to deposit your refund as a contribution to one or more Missouri MOST 529 Education Plan accounts:

- You must have an open Missouri MOST 529 Education Plan account that is administered by the Missouri Education Program. See the contact information below.
- Your total deposit must be at least \$25.
- If your overpayment is adjusted and the amount you requested to deposit exceeds your available refund, the Department will cancel your deposit and issue a refund to you.
- If your refund is offset to pay another debt, the Department will cancel your deposit.

529 Account

Enter the 11-digit MOST 529 account number and the amount you want contributed to each account. (You may contribute to a maximum of four accounts.)

A) Account Number

	-	
--	---	--

A) Amount

	.	00
--	---	----

B) Account Number

	-	
--	---	--

B) Amount

	.	00
--	---	----

C) Account Number

	-	
--	---	--

C) Amount

	.	00
--	---	----

D) Account Number

	-	
--	---	--

D) Amount

	.	00
--	---	----

Total Deposit

	.	00
--	---	----

Add the amounts from Line A through Line D and enter the total deposit amount here and on Form MO-1040, Line 48; Form MO-1040A, Line 16; or Form MO-1040P, Line 22.

Contact Information

MOST-Missouri's 529 Education Plan

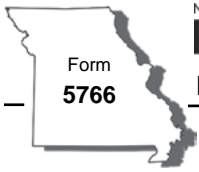
<https://www.missourimost.org>

Telephone: (888) 414-6678

E-mail: most529@missourimost.org

If you wish to deposit all or a portion of your refund into a Missouri MOST 529 Education Plan, you must include this form with your Missouri Individual Income Tax Return.





First-Time Home Buyers Bank Worksheet

Department Use Only
(MM/DD/YY)

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Account Holder Information

Account Holder Name		Social Security Number							
Spouse Name		Spouse Social Security Number							
Account Holder's Address					City		State		ZIP Code
Address of Residence Purchased					City		State		ZIP Code

Beneficiary Information

Beneficiary Name		Beneficiary Social Security Number							
Beneficiary Address					City		State		ZIP Code

Financial Institution

Financial Institution Name			Account Number						
Total Account Deposits		.00	Total Account Withdrawals		.00	Interest Earned		.00	
Account Balance January 1		.00	Account Balance December 31		.00				

Military

☐ Military servicemember with home of record outside of Missouri

Expenses

Date (MM/DD/YYYY)	Description	Amount
___/___/___		00
___/___/___		00
___/___/___		00

First-Time Home Buyer

Deduction

Enter this amount on Form MO-1040, Line 20a

A. Contribution Deduction.

A		.00
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Enter this amount on Form MO-1040, Line 20b

B. Accrued Interest.

B		.00
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