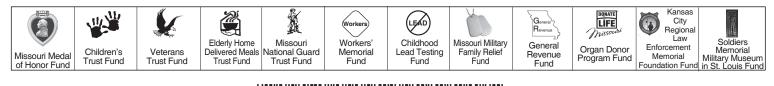
N	Form MO-1040 AD-1040 A	
5	For Calendar Year January 1 - December 31, 2024	
Prin	nt in BLACK ink only and DO NOT STAPLE.	
	Amended Return Composite Return (For use by S corporations or Partnerships)	
	Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal 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.	
	Reginning (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 5 ourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse	Spouse
Name	Social Security Number in 2024 Spouse's Social Security Number i	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.



24322010006

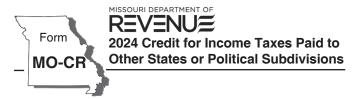
				Yourse	elf (Y)		S	pouse (S)		
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y			00	1S			00
).Ľ	
	2.	Total additions (from Form MO-A, Part 1, Line 7)	2Y			00	2S			00
Income	3.	Total income - Add Lines 1 and 2	3Y			00	3S			00
	4.	Total subtractions (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	S		6		. 00)		
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y			%	7S		°	6
	8.	Pension, Social Security and Social Security Disability exemption				8, • • • •	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 withh	neld.	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			%			
Deductions		Missouri Adjusted Gross Income Range, Line 6: Federal Tax \$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'	5% 5% 5% %	rcentage:			1322020006			
	13.	Federal income tax deduction – Multiply Line 11 by the percenta	-						[
ns and	14.	amount not to exceed \$5,000 for an individual or \$10,000 for con Missouri standard deduction or itemized deductions. (If itemizing					13			00
Exemptions		Single or Married Filing Separate-\$14,600 Head of Hous Married Filing Combined or Qualifying Widow(er)-\$29,200	sehol	d-\$21,900			14			00
Exe	15.	Additional Exemption for Head of Household and Qualifying Wic					15			00
		Long-term care insurance deduction		,			16] [00
							17		1 F	00
		Health care sharing ministry deduction							1 F	
	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 far of Lines 21A, 21B, and 21C on Line 21					21			00
	21	A. Sold \$ 21B. Rented/ \$	00	21C. Crop- Shared	\$. 00			

	22.	First time home buyers deduction.	В.		22	
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
ă	27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	. 00	275	. 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	295	. 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
	32.	Missouri income percentage - Enter 100% if not completing Form MO-NRI . Attach Form MO-NRI and federal return if app	licable. 32	2Y 9	ó 32S	%
Тах	33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	. 00	33S	. 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			. oo . oo
	35.	 Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) 	35Y	. 00	345	
	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	
	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	
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 35Y om 2023 ap	00 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 35Y om 2023 ap	00 . 00 . 00	34S 35S 36 37 38	. 00
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 35Y om 2023 ap on sharehole	00 .00 .00 plied to 2024 ders - Attach Forms NT	34S 35S 36 37 38 39	. 00
Payments and Credits	 35. 36. 37. 38. 39. 40. 41. 	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34	35Y 35Y om 2023 ap on sharehol orm MO-2E 60)	00	34S 35S 36 37 38 39 40	
Payments and Credits	 35. 36. 37. 38. 39. 40. 41. 42. 	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34	35Y 35Y om 2023 ap on sharehol orm MO-2E 60)	00 00 plied to 2024 ders - Attach Forms NT	34S 35S 36 37 38 39 40 41	
Payments and Credits	 35. 36. 37. 38. 39. 40. 41. 42. 43. 	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34	35Y 35Y om 2023 ap on sharehold orm MO-2E 60)	00	34S 35S 36 37 38 39 40 41 42	
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 ap on sharehol orm MO-2E 60).	00	34S 35S 36 37 38 39 40 41 42 43	

	Sk	kip 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 Enter date of IRS report (MM/DD/YY)		
E				
Amended Return		A. Federal audit		
nende		B. Net Operating Loss carryback		
An		Enter year of credit (YY)		
		C. Investment tax credit carryback		
		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.	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 2025 estimated tax	50	. 00
	51.	Enter the amount of your donation in the trust fund boxes below. See instructions for additional t	rust fund codes.	
		Elderly Home	Missouri	
	51	a. Trust Fund . 00 51b. Trust Fund . 00 51c. Trust Fund . 00 51c. Trust Fund . 00 51c. Trust Fund	National Guard 1d. Trust Fund	. 00
	51	Workers' e. Memorial Fund	General Ih. Revenue Fund	. 00
		Kansas City Soldiers Memorial Regional Law Military	MIssouri	
Refund	51	Organ Donor	Medal of	. 00
Re	51	Additional Additional Additional Fund Fund Fund Fund Additional Fund Fund Fund 000 51n, Code 000		
	51		51	. 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 Sa	vings
		b. Account		villys
		Number		

	54.	If Line 36 is larger than Line 45 or Line 48, enter the difference. Amount of UNDERPAYMENT		54		00
Due	55.	Underpayment of estimated tax penalty - Attach Form MO-2210. Enter	penalty amount here	55		00
Amount Due		Select this box if you are a farmer exempt from the underpaymer	nt of estimated tax per	nalty.		
4	56.	AMOUNT DUE - Add Lines 54 and 55. If you pay by check, you authorize the Department of Revenue to proce electronically. Any returned check may be presented again electronically		56		00
	of r the bas imp una alie	der penalties of perjury, I declare that I have examined this return, including a my knowledge and belief it is true, correct, and complete. By signing or enterin e Department of Revenue with my signature as required under <u>Section 143.5</u> sed on all information of which he or she has knowledge. As provided in posed on any individual who files a frivolous return. I also declare u authorized aliens as defined under federal law and that I am not eligible for ens. I am aware of any applicable reporting requirements of <u>Section 135.80</u> <u>SMo</u> .	ng my name in the "Sigr 61, RSMo. Declaration Chapter 143, RSMo. Inder penalties of per any tax exemption, cre	hature" field(s) to of preparer (ot a, a penalty of erjury that I ere edit, or abatem	elow, I am provid her than taxpayer up to \$500 shall nploy no illegal ent if I employ so	ding r) is I be I or uch
	Sig	gnature	Da	te (MM/DD/YY)		
	Spo	ouse's Signature (If filing combined, BOTH must sign)	Da	te (MM/DD/YY)		
ē	E-n	mail Address	Da	ytime Telephone		
Signature						
Sign	Pre	eparer's Signature	Da	Date (MM/DD/YY)		
			[L		
	Pre	eparer's FEIN, SSN, or PTIN	Pre	eparer's Telepho	ne	
	Pre	eparer's Address	Sta	ate ZIP	Code	
	or Dic an	authorize the Director of Revenue or delegate to discuss my return and att any member of the preparer's firm	iled to sign the return of ed yes, please insert th e signature block abov	or provide		No No
		Department Use Only				
	A	FA E10 DE F] . [
Mai	l to:	Balance Due:Refund or No Amount Due:Missouri Department of RevenueMissouri Department of RevenueP.O. Box 3370P.O. Box 3222Jefferson City, MO 65105-3370Jefferson City, MO 65105-322Phone:(573) 751-7200		2-1762 etaxprocessi f Individual Ir e@dor.mo.go		v
If yes indiv recei	s, visit iduals, ve info	erved on active duty in the United States Armed Forces? t dor.mo.gov/military/ to see the services and benefits DOR offers to all eligible military s, or complete the survey at mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR to formation from the Missouri Veterans Commission. A list of all state agency resources its can be found at veteranbenefits.mo.gov/state-benefits/.			MO-1040 Pa	ge 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.



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
Spouse's Name	Spouse's Social Security Number

If you are claiming a resident credit as a shareholder of an S corporation with income earned in a non-taxed jurisdiction, complete MO-CR, Schedule 1 and see Instructions.

				Yourself (Y)		Spouse (S)	
	1.	Claimant's total adjusted gross income (Form MO-1040, Line 1Y and Line 1S)	1Y	. 00	1S		00
	2.	Claimant's Missouri income tax (Form MO-1040, Line 30Y and 30S). 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.		State of:		State of:	
			2Y	. 00	2S		. 00
	3.	Wages and commissions	3Y	.00	3S		. 00
	4.	Other income (Describe nature)	4Y	.00	4S		. 00
	5.	Total - Add Lines 3 and 4.	5Y	.00	5S		. 00
Form MO-CR	6.	Minus, related adjustments (Federal Form 1040 or 1040-SR, Line 10)	6Y	. 00	6S		. 00
	7.	Net amounts - Subtract Line 6 from Line 5	7Y	. 00	7S		. 00
	8.	Percentage of your income taxed - Divide Line 7 by Line 1	8Y	%	8S		%
	9.	Maximum credit - Multiply Line 2 by percentage on Line 8	9Y	. 00	9S		. 00
	10.	Income tax imposed by another state or political subdivision. This is not income tax withheld . The income tax must generally be reduced by all credits, except withholding and estimated tax. (See instructions.)	10Y	.00	10S		.00
	11.	Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 31Y or Line 31S	11Y	. 00	11S		. 00

Note: If you have completed Form MO-CR for credits in multiple states, add the amounts on Line 11 from each Form MO-CR and the amounts on Line 5, from each Form MO-CR, Schedule 1, before entering on Form MO-1040. The cumulative amount of credit reported on MO-1040, Line 31Y and 31S cannot exceed the Missouri tax liability.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Form MO-PTS	MISSOURI DEPARTMENT OF <b>REVENUE</b> 2024 Property Tax Credit Schedule
-		

Department Use Only		]	
(MM/DD/YY)			

This form must be attached to Form MO-1040.

Soc	ial Se	ecurity Number		Date of Birth (MM/DD/YYYY)
First	Nam		M.I.	Last Name
Spo	use's	Social Security Number		Spouse's Date of Birth (MM/DD/YYYY)
Spo	use's	First Name	M.I.	Last Name
	50	elect only one qualification. Copies of letters, forms, etc., n	nust ha	included with claim
ions		A. 65 years of age or older - You must be a full year	resider	nt. (Attach Form SSA-1099.)
ificat		B. 100% Disabled Veteran as a result of military serve	ice (Atta	ach letter from Department of Veterans Affairs - see instructions.)
Qualifications		C. 100% Disabled (Attach letter from Social Security	Admin	introtion or Form SSA 1000
			Admin	istration of Form SSA-1099.)
		D. 60 years of age or older and received surviving s	pouse k	penefits (Attach Form SSA-1099.)
Filing			arried -	Living Separate for Entire Year
		Failure to provide the required attachmen	t(s) will	result in the delay or denial of your return.
			_	
	1.	Enter the amount of income from Form MO-1040, Line	96	
	2.	Enter the amount of nontaxable social security benefits <b>minor children</b> before any deductions and the amount retirement benefits. <b>Attach</b> Form(s) SSA-1099 or RRB	t of soc	ial security equivalent railroad
Income	3.	Enter the total amount of pensions, annuities, dividends, re	ental inc	come, unemployment compensation,
Inco		or interest income not included in Line 1. Include tax exem Attach Form(s) W-2, 1099, 1099-G, 1099-R, 1099-MISC,	npt inter	est from MO-A, Part 1, Line 8.
	4.	Enter the amount of railroad retirement benefits (not in <b>Attach</b> Form RRB-1099-R (Tier II). Refer to MO-A, Pa		
	5.	Enter the amount of veterans payments or benefits bef Attach letter from Veterans Affairs. See instructions, MC	-	
			323010	

For Privacy Notice, see Instructions.

	6.	Enter the total amount received by you, your spouse, and your <b>minor children</b> from: public assistance, Supplemental Security Income (SSI), child support, or Temporary Assistance payments (TA and TANF). <b>Attach</b> a letter from the Social Security Administration that includes the total amount of assistance received if applicable	6	00
	7.	Enter the amount of nonbusiness loss(es). You must include nonbusiness loss(es) in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040 or 1040-SR)	7	00
ontinued)	8.	Total household income - Add Lines 1 through 7 and enter the total here	8	00
Income (continued)	9.	<ul> <li>Enter the appropriate amount from the options below.</li> <li>Single or Married Living Separate - Enter \$0</li> <li>Married and Filing Combined - rented or did not own your home for the entire year - Enter \$</li> <li>Married and Filing Combined - owned and occupied your home for the entire year - Enter \$4</li> </ul>		00
	10.	<ul> <li>Net household income - Subtract Line 9 from Line 8 and enter the amount here</li></ul>	10	00
		<ul> <li>If you owned and occupied your home for the entire year and Line 10 is greater than \$30,000, you are <b>not eligible</b> to file this claim.</li> </ul>		
Real Estate or Rent	11.	special assessments, or \$1,100, whichever is less. <b>Attach</b> a copy of <b>paid</b> real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, <b>attach</b> the Assessor's Certification (Form 948)	11	00
Real E	12.	If you rented, enter the total amount from Certification of Rent Paid (Form(s) MO-CRP), Line 9 or \$750, whichever is less. <b>Attach</b> a completed Verification of Rent Paid (Form 5674). <b>Note</b> : If you rent from a facility that does not pay property tax, you are <b>not eligible</b> for a Property Tax Credit	12	00
Credit	13.		13	00
C	14.	Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 49-51 to figure your Property Tax Credit. You <b>must</b> use the chart to see how much credit you are allowed. Enter this amount on Form MO-1040, Line 43.	14	00
		Department Use Only		
	A	K R U		
		This form must be attached to Form MO-1040.		



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>.

Form	MISSOURI DEPARTMENT OF REVENUE 2024 MOST - M
_ 5632	Direct Deposit Fo

Requirements

**529 Account** 

REVENUZ 2024 MOST - Missouri's 529 Education Plan

Department (MM/DD/YY)

Use Only					
)					l

**Direct Deposit Form - Individual Income Tax** 

	Social Security Number		Spouse's Social Security Number				
axpayer	First Name	M.I.	Last Name	s	Suffix		
-	Spouse's First Name	M.I.	Spouse's Last Name	s	Suffix		

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.

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	
Add the amounts from Line A through Line D and enter the to and on Form MO-1040, Line 52 or Form MO-1040A, Line 17	-		. 00

## **Contact Information**

MOST-Missouri's 529 Education Plan missourimost.org Telephone: (888) 414-6678 E-mail: most529@missourimost.org Ever served on active duty in the United States Armed Forces? If yes, visit dor.mo.gov/military/ 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 veteranbenefits.mo.gov/state-benefits/.

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.

**Taxation Division** 

