

MISSOURI DEPARTMENT OF
REVENUE
2024 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2024

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)

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 2024 Spouse's Social Security Number - - Deceased in 2024

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 51. See pages 11-12 of the instructions for more trust fund information.



24322010006

Income

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

Exemptions and Deductions

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D)		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-\$14,600 • Head of Household-\$21,900 • Married Filing Combined or Qualifying Widow(er)-\$29,200		14		.00
15. Additional Exemption for Head of Household and Qualifying Widow(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 farmer deduction. Enter the sum of Lines 21A, 21B, and 21C on Line 21		21		.00

21A. Sold \$ <input style="width: 60px;" type="text"/> .00	21B. Rented/Leased \$ <input style="width: 60px;" type="text"/> .00	21C. Crop-Shared \$ <input style="width: 60px;" type="text"/> .00
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Deductions Continued

22. First time home buyers deduction. A. <input style="width: 80px; height: 20px;" type="text"/> B. <input style="width: 80px; height: 20px;" type="text"/>	22	<input style="width: 100%; height: 20px;" type="text"/>	.00
23. Long term dignity savings account deduction	23	<input style="width: 100%; height: 20px;" type="text"/>	.00
24. Foster parent tax deduction	24	<input style="width: 100%; height: 20px;" type="text"/>	.00
25. Total deductions - Add Lines 8 and 13 through 24	25	<input style="width: 100%; height: 20px;" type="text"/>	.00
26. Subtotal - Subtract Line 25 from Line 6	26	<input style="width: 100%; height: 20px;" type="text"/>	.00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	<input style="width: 100%; height: 20px;" type="text"/>	.00
	27S	<input style="width: 100%; height: 20px;" type="text"/>	.00
28. Enterprise zone or rural empowerment zone income modification	28Y	<input style="width: 100%; height: 20px;" type="text"/>	.00
	28S	<input style="width: 100%; height: 20px;" type="text"/>	.00

Tax

29. Taxable income - Subtract Line 28 from Line 27	29Y	<input style="width: 100%; height: 20px;" type="text"/>	.00
	29S	<input style="width: 100%; height: 20px;" type="text"/>	.00
30. Tax (see tax chart on page 26 of the instructions)	30Y	<input style="width: 100%; height: 20px;" type="text"/>	.00
	30S	<input style="width: 100%; height: 20px;" type="text"/>	.00
31. Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y	<input style="width: 100%; height: 20px;" type="text"/>	.00
	31S	<input style="width: 100%; height: 20px;" 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 style="width: 80px; height: 20px;" type="text"/> %	32S <input style="width: 80px; height: 20px;" type="text"/> %
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	<input style="width: 100%; height: 20px;" type="text"/>	.00
	33S	<input style="width: 100%; height: 20px;" type="text"/>	.00
34. Other taxes - Select box and attach federal form indicated.	 24322030006		
<input type="checkbox"/> Lump sum distribution (Form 4972)			
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	34Y	<input style="width: 100%; height: 20px;" type="text"/>	.00
	34S	<input style="width: 100%; height: 20px;" type="text"/>	.00
35. Subtotal - Add Lines 33 and 34	35Y	<input style="width: 100%; height: 20px;" type="text"/>	.00
	35S	<input style="width: 100%; height: 20px;" type="text"/>	.00
36. Total Tax - Add Lines 35Y and 35S	36	<input style="width: 100%; height: 20px;" type="text"/>	.00

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099	37	<input style="width: 100%; height: 20px;" type="text"/>	.00
38. 2024 Missouri estimated tax payments - Include overpayment from 2023 applied to 2024	38	<input style="width: 100%; height: 20px;" type="text"/>	.00
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	39	<input style="width: 100%; height: 20px;" type="text"/>	.00
40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	40	<input style="width: 100%; height: 20px;" type="text"/>	.00
41. Amount paid with Missouri extension of time to file (Form MO-60)	41	<input style="width: 100%; height: 20px;" type="text"/>	.00
42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	42	<input style="width: 100%; height: 20px;" type="text"/>	.00
43. Property tax credit - Attach Form MO-PTS	43	<input style="width: 100%; height: 20px;" type="text"/>	.00
44. Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return)	44	<input style="width: 100%; height: 20px;" type="text"/>	.00
45. Total payments and credits - Add Lines 37 through 44	45	<input style="width: 100%; height: 20px;" 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

Amended Return

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)

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 2025 estimated tax 50 . 00

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

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

Refund

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



Amount Due

- 54. If Line 36 is larger than Line 45 or Line 48, enter the difference.
Amount of UNDERPAYMENT 54 .00
- 55. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 55 .00
 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 56 .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"/>
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)	
<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"/>
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone	
<input type="text"/>	<input type="text"/>	
Preparer's Address	State	ZIP Code
<input type="text"/>	<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

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Form MO-1040 (Revised 12-2024)

Mail to: Balance Due:
Missouri Department of Revenue
P.O. Box 3370
Jefferson City, MO 65105-3370
Phone: (573) 751-7200

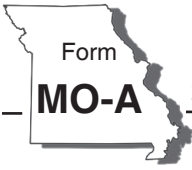
Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 3222
Jefferson City, MO 65105-3222
Phone: (573) 751-3505

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
2024 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

--

Part 1 - Missouri Modifications to Federal Adjusted Gross Income

Additions

Yourself (Y)

Spouse (S)

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

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

2. Partnership Fiduciary S Corporation Business Interest



Net Operating Loss (Carryback/Carryforward)

Other (description)

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

3. Nonqualified distribution received from a qualified 529 plan not used for qualified expenses.

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

4. Food Pantry contributions included on Federal Schedule A.

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

5. Nonresident Property Tax.

5Y		.00	5S		.00
----	--	-----	----	--	-----

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

6Y		.00	6S		.00
----	--	-----	----	--	-----

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

7Y		.00	7S		.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		.00	8S		.00
----	--	-----	----	--	-----

9. Any state income tax refund included in federal adjusted gross income.

9Y		.00	9S		.00
----	--	-----	----	--	-----

10. Military Retirement Benefits (see Instructions on page 14)

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

11. 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)

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

12. Exempt contributions made to a qualified 529 plan

12Y		.00	12S		.00
-----	--	-----	-----	--	-----

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

13Y		.00	13S		.00
-----	--	-----	-----	--	-----

14. Missouri depreciation adjustment ([Section 143.121, RSMo.](#))
- Sold or disposed property previously taken as addition modification
- | | | | | | |
|-----|--|-----|-----|--|-----|
| 14Y | | .00 | 14S | | .00 |
|-----|--|-----|-----|--|-----|
15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE)
- | | | | | | |
|-----|--|-----|-----|--|-----|
| 15Y | | .00 | 15S | | .00 |
|-----|--|-----|-----|--|-----|
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 |
| 2. 2024 Social security tax - (Yourself) | 2 | | .00 |
| 3. 2024 Social security tax - (Spouse) | 3 | | .00 |
| 4. 2024 Railroad retirement tax - Tier I and Tier II (Yourself) | 4 | | .00 |
| 5. 2024 Railroad retirement tax - Tier I and Tier II (Spouse) | 5 | | .00 |
| 6. 2024 Medicare tax - Yourself and Spouse (see instructions on page 16) | 6 | | .00 |
| 7. 2024 Self-employment tax (see instructions on page 16) | 7 | | .00 |
| 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 |
| 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 (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 |
| 7. Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 11, above. | 7 | | .00 |



Part 3 - Pension and Social Security/Social Security Disability (Instructions for Part 3 begin on page 16)

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	<input type="text"/>	.00	1S	<input type="text"/>	.00
2. Amount from Line 1 or \$46,381 (maximum social security benefit), whichever is less	2Y	<input type="text"/>	.00	2S	<input type="text"/>	.00
3. If you received taxable social security, complete Form MO-A, Lines 1 through 4 of Section C, and enter the amount(s) from Line(s) 3Y and 3S.	3Y	<input type="text"/>	.00	3S	<input type="text"/>	.00
4. Subtract Line 3 from Line 2. If Line 3 is greater than Line 2, enter \$0.	4Y	<input type="text"/>	.00	4S	<input type="text"/>	.00
5. Total public pension. Add amounts on Lines 4Y and 4S.				5	<input type="text"/>	.00

Part 3 - Section B

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	<input type="text"/>	.00
2. Taxable social security benefits from Federal Form 1040 or Federal Form 1040-SR, Line 6b				2	<input type="text"/>	.00
3. Subtract Line 2 from Line 1				3	<input type="text"/>	.00
4. Select the appropriate filing status and enter the amount on Line 4. <ul style="list-style-type: none"> • Married Filing Combined (joint federal) - \$32,000 • Single, Head of Household, and Qualifying Widow(er) - \$25,000 • Married Filing Separate - \$16,000. 				4	<input type="text"/>	.00
5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0				5	<input type="text"/>	.00
6. Taxable pension for each spouse from private sources from Federal Form 1040 or Federal Form 1040-SR, Line 4b and 5b	6Y	<input type="text"/>	.00	6S	<input type="text"/>	.00
7. Amounts from Line 6Y and 6S or \$6,000, whichever is less	7Y	<input type="text"/>	.00	7S	<input type="text"/>	.00
8. Add Lines 7Y and 7S				8	<input type="text"/>	.00
9. Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0.				9	<input type="text"/>	.00

Part 3 - Section C

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.

1. Taxable social security benefits for each spouse from Federal Form 1040 or Federal Form 1040-SR, Line 6b	1Y	<input type="text"/>	.00	1S	<input type="text"/>	.00
2. Taxable social security disability benefits for each spouse from Federal Form 1040 or 1040-SR, Line 6b	2Y	<input type="text"/>	.00	2S	<input type="text"/>	.00
3. Amount from Line(s) 1Y or 2Y, and 1S or 2S.	3Y	<input type="text"/>	.00	3S	<input type="text"/>	.00
4. Total social security/social security disability. Add Lines 3Y and 3S.				4	<input type="text"/>	.00

Part 3 - Section D

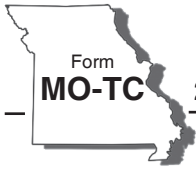
Total Pension and Social Security/Social Security Disability

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

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/.





MISSOURI DEPARTMENT OF
REVENUE
2024 Miscellaneous Income Tax Credits

Department Use Only (MM/DD/YY)

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.	<ul style="list-style-type: none"> • Yourself • Corporation Income • Fiduciary 		<ul style="list-style-type: none"> • Spouse (on a combined return) 	
				Column 1	Column 2	Column 1	Column 2
1.				00		00	
2.				00		00	
3.				00		00	
4.				00		00	
5.				00		00	
6.				00		00	
7.				00		00	
8.				00		00	
9.				00		00	
10.				00		00	
11. Subtotals - add Lines 1 through 10.				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.				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.				00		00	

Signature

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 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/.



For Privacy Notice, see instructions.
Form MO-TC (Revised 12-2024)