

Print in BLACK ink only and DO NOT STAPLE. For Privacy Notice, see Instructions. Federal Extension - Select this box if you have an approved federal **Vendor Code Department Use Only** extension. Attach a copy Federal Extension (Form 4868). 006 Department of Social Services Application of Eligibility form attached. Filing Status Single Claimed as a Married Filing Married Filing Head of Qualifying Dependent Combined Household Widow(er) Separately Age 65 or Older Blind 100% Disabled Non-Obligated Spouse Select the appropriate boxes that apply. Spouse Deceased Deceased in 2024 Social Security Number in 2024 Spouse's Social Security Number Suffix First Name M.I. Last Name Name Spouse's First Name M.I. Suffix Spouse's Last Name In Care Of Name (Attorney, Executor, Personal Representative, etc.) Attach form if applicable. 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 16. See instructions for more trust fund information.





























4	1.	Federal adjusted gross income from federal return (see page 6 of the instructions)	1	. 00
Income			2	
=				$\neg \cdot \neg$
	3.	Total Missouri adjusted gross income	3	[00]
	4a	. Tax from federal return. Do not enter federal income tax withheld.	. 00	
	4b	. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 3. Use the chart below to find your percentage	%	
ns		Missouri Adjusted Gross Income Range, Line 3: 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%		
Deductions	4c.	Federal income tax deduction – Multiply Line 4a by the percentage on Line 4b. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers	4c	. 00
	2. Any state income tax refund included in federal adjusted gross income			
	6.		6	. 00
	7.	Long-term care insurance deduction	7	00
	8.	Total Deductions - Add Lines 4c through 7	8	
Тах	9.	Missouri Taxable Income - Subtract Line 8 from Line 3	9	00
	10.	Tax - Use the tax chart on page 10 to figure the tax	10	00
	11.		11	. 00
	12.		12	. 00
	13.	Total Payments - Add Lines 11 and 12	13	. 00
Refund	14.		14	. 00
_	15.	Amount from Line 14 that you want applied to your 2025 estimated tax	15	. 00
	16.	Enter the amount of your donation in the trust fund boxes below (see instructions for trust fund co	des.)	
		Children's Veterans Veterans Belivered Meals	•	. 00
	16	Workers' e. Memorial Fund	General h. Revenue Fund	. 00

Signature	Spouse's Signature (If filing combined, BOTH must sign) E-mail Address Preparer's Signature Preparer's FEIN, SSN, or PTIN Preparer's Address I authorize the Director of Revenue or delegate to discuss my return and attachments with or any member of the preparer's firm. Did you pay a tax return preparer to complete your return, but the preparer failed to sign the an Internal Revenue Service preparer tax identification number? If you marked yes, please preparer's name, address, and phone number in the applicable sections of the signature blo	return or provide insert the
Signature	E-mail Address Preparer's Signature Preparer's FEIN, SSN, or PTIN Preparer's Address I authorize the Director of Revenue or delegate to discuss my return and attachments with or any member of the preparer's firm. Did you pay a tax return preparer to complete your return, but the preparer failed to sign the an Internal Revenue Service preparer tax identification number? If you marked yes, please preparer's name, address, and phone number in the applicable sections of the signature block.	Daytime Telephone Date (MM/DD/YY) Preparer's Telephone State ZIP Code the preparer Yes No return or provide insert the
Signature	E-mail Address Preparer's Signature Preparer's FEIN, SSN, or PTIN Preparer's Address I authorize the Director of Revenue or delegate to discuss my return and attachments with or any member of the preparer's firm. Did you pay a tax return preparer to complete your return, but the preparer failed to sign the	Daytime Telephone Date (MM/DD/YY) Preparer's Telephone State ZIP Code The preparer Yes No
Signature	E-mail Address Preparer's Signature Preparer's FEIN, SSN, or PTIN	Daytime Telephone Date (MM/DD/YY) Preparer's Telephone
Signature	E-mail Address Preparer's Signature	Daytime Telephone Date (MM/DD/YY)
Signature	Total Donation - Add amounts from Boxes 16a through 16n and enter here	
Signature		
nature	F-mail Address	
ø	F-mail Address	
	Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)
	Spouse's Signature (If filing combined BOTH must sign)	Date (MM/DD/YY)
	Signature	Date (MM/DD/YY)
	of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the Department of Revenue with my signature as required under Section 143.561, RSMo. Dec based on all information of which he or she has knowledge. As provided in Chapter 143, imposed on any individual who files a frivolous return. I also declare under penaltie unauthorized aliens as defined under federal law and that I am not eligible for any tax exempaliens.	the "Signature" field(s) below, I am providing claration of preparer (other than taxpayer) is RSMo. , a penalty of up to \$500 shall be s of perjury that I employ no illegal or bition, credit, or abatement if I employ such
•		check may be presented again electronically.
mount	19. AMOUNT DUE - If Line 13 is less than Line 10, enter the difference here	
	Amount from Line 14 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter amount from Line E of Form 5632	
	a. Routing	
	18. REFUND - Subtract Lines 15, 16, and 17 from Line 14 and enter here	
Refund	·	
(contin	·	
7	16M. Code Amount 16N. Code Amount 16N. Code Amount 16N. Code	<u></u>
(pai		00
(pai	Additional Additional Additional Fund Fund Fund Additional Fund Additional Fund Fund Additional Fund Fund Fund Fund Fund Fund Fund Fund	
(pai	Fund Fund Fund Fund Fund	00 16l. Medal of Honor 00

ductions	2. 2024 Social security tax. 3. 2024 Railroad retirement tax (Tier I and Tier II). 4. 2024 Medicare tax (see instructions on page 8)	3	. 00
mized De	5. 2024 Self-employment tax (see instructions on page 9)		. 00
Missouri Itemized Deductions		. 00	. 00
	8. Earnings taxes included in Line 7 (see instructions on page 9)	. 00	
	9. Net state income taxes - Subtract Line 8 from Line 7 or enter Line 7 from worksheet be		00
	10. Missouri Itemized Deductions - Subtract Line 9 from Line 6. Enter here and on Form MO-2 Line 5.		. 00
	Note: If Line 10 is less than your federal standard deduction, see infor	0	
SI			ine
emized Deductions		eral itemized deduction	ns
ssouri Itemized Deductions		eral itemized deductio taxpayers).	ons . 00
ō	Complete this worksheet only if your total state and local taxes included in your federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate 1. Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d	eral itemized deduction taxpayers).	
ō	Complete this worksheet only if your total state and local taxes included in your federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate 1. Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d	eral itemized deduction taxpayers).	. 00
ō	Complete this worksheet only if your total state and local taxes included in your federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate 1. Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d	eral itemized deduction taxpayers).	. 00
ō	Complete this worksheet only if your total state and local taxes included in your federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate 1. Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d	eral itemized deduction taxpayers).	. 00
State Income tax, Line 9 of	Complete this worksheet only if your total state and local taxes included in your federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate. 1. Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d	eral itemized deduction taxpayers).	. 00
Worksheet for Net State Income tax, Line 9 of Missouri Itemized Deductions	Complete this worksheet only if your total state and local taxes included in your federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate. 1. Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d	eral itemized deduction taxpayers).	. 00

Mail to: Balance Due:

Missouri Department of Revenue P.O. Box 3370

Jefferson City, MO 65105-3370 **Phone:** (573) 751-5860

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: <u>incometaxprocessing@dor.mo.gov</u>
Submission of Individual Income Tax returns

Email: income@dor.mo.gov Inquiry and correspondence

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

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

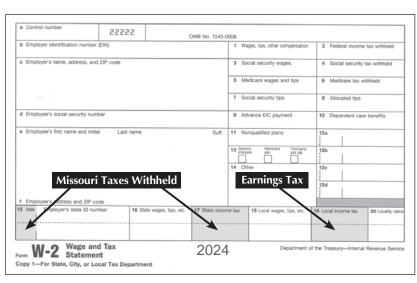
2024 Tax Chart

To identify your tax, use your Missouri taxable income from <u>Form MO-1040A</u>, Line 9 and the tax chart in Section A below. A separate tax must be computed for you and your spouse.

Calculate your Missouri tax using the online tax calculator at <u>dor.mo.gov/personal/individual/</u> or by using the worksheet in Section B below. Round to the nearest whole dollar and enter on Form MO-1040A, Line 10.

	Tax Rate (Chart
	If the Missouri taxable income is:	The tax is:
Over \$1,273 Over \$2,546 Over \$3,819 Over \$5,092 Over \$6,365 Over \$7,638	but not over \$5,092	

	Tax Calcula	ition Works	sheet			
		Yourself	Spouse	E	xample A	Example B
	1. Missouri taxable income (Form MO-1040A, Line 9) \$	·		\$	3,090	\$ 12,000
В	Enter the minimum taxable income for your tax bracket (see Section A above). If below \$1,273 enter \$0	3		\$	2,546	\$8,911
Section	3. Difference - Subtract Line 2 from Line 1 = \$	·		_ = \$	544	\$ 3,089
Sec	4. Enter the percent for your tax bracket (see Section A above)		%	_% X	2.5%	4.8%
	5. Multiply Line 3 by the percent on Line 4 = \$.		_ = \$	13.60	\$ 148.27
	6. Enter the tax from your tax bracket - before applying the percent (see Section A above) + \$.		_ + \$	25	\$248
	7. Total Missouri Tax - Add Line 5 and 6. Enter here and on Form MO-1040A, Line 10 = \$	·		_ = \$	39	\$ 396
					(\$38.60 ounded to the nearest dollar)	(\$396.27 rounded to the nearest dollar)





Department Use Only					
(MM/DD/YY)					

	Social Security Number		Spouse's Social Security Number	
Taxpayer	First Name	M.I.	Last Name	Suffix
ахр				
	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.

A) Amount	
B) Amount	
C) Amount	
D) Amount	
_	
	B) Amount C) Amount D) Amount

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.