

2025
2D Barcode Specifications for Form MO-1040A

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
*** Header Information ***						
1	Header	Version Number				(see notes below)
2	Header	Developer Code				(T1 is current standard version)
3	Header	Jurisdiction (MO)				MO
4	Header	Description (MO1040A) and current tax year				MO1040A/2025
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
*** MO 1040A ***						
Fields 7 through 11 are carriage return only (blank)						
12	Top	Approved Federal Extension -- CHECK HERE	PIC X(1)	1		X YES
13	Top	Department of Social Services Application of Eligibility form attached -- CHECK HERE	PIC X(1)	1		X YES
14	Top	Carriage return only (blank)				
15	Top	Vendor Code	PIC 9(4)	4		Software Vendor Code
16	NAME	Your Social Security Number	PIC 9(9)	9		
17	NAME	Spouse's Social Security Number	PIC 9(9)	9		
18	NAME	Your Last Name	PIC X(20)	20		
19	NAME	Your First Name	PIC X(14)	14		
20	NAME	Your Middle Initial	PIC X(1)	1		
21	NAME	Yourself Title (JR, SR, etc)	PIC X(3)	3		Title (JR, SR, etc) (No period after suffix)
22	NAME	Yourself Deceased in 2025	PIC X(1)	1		X YES
23	NAME	Spouse's Last Name	PIC X(20)	20		
24	NAME	Spouse's First Name	PIC X(14)	14		
25	NAME	Spouse's Middle Initial	PIC X(1)	1		
26	NAME	Spouse's Title (JR, SR, etc)	PIC X(3)	3		Spouse's Title (No period after suffix)
27	NAME	Spouse Deceased in 2025	PIC X(1)	1		X YES
28	NAME	In Care of Name	PIC X(30)	30		
29	NAME	County of Residence	PIC X(4)	4		Use 4 character county code
30	NAME	Present Address (include Apt. or Rural Route)	PIC X(35)	35		
31	NAME	City, Town or Post Office	PIC X(23)	23		
32	NAME	State	PIC X(2)	2		
33	NAME	Zip Code	PIC X(9)	9		99999 or 999999999
34	CHKBOX	Carriage return only (blank)				
35	CHKBOX	Carriage return only (blank)				
36	CHKBOX	Age 65 Yourself	PIC X(1)	1		X YES
37	CHKBOX	Age 65 Spouse	PIC X(1)	1		X YES
38	CHKBOX	Blind Yourself	PIC X(1)	1		X YES
39	CHKBOX	Blind Spouse	PIC X(1)	1		X YES
40	CHKBOX	100% Disabled Yourself	PIC X(1)	1		X YES
41	CHKBOX	100% Disabled Spouse	PIC X(1)	1		X YES
42	CHKBOX	Non-Obligated Spouse Yourself	PIC X(1)	1		X YES
43	CHKBOX	Non-Obligated Spouse Spouse	PIC X(1)	1		X YES
44	1	Federal Adjusted Gross Income (Yourself)	PIC S9(9)	9	Y	
45		Carriage return only (blank)				
46		Carriage return only (blank)				
47		Carriage return only (blank)				
48	2	Any state income tax refund	PIC 9(9)	9	N	
49		Carriage return only (blank)				
50	3	Missouri Adj Gross Income (Subtract Line 2 from Line 1)	PIC S9(9)	9	Y	
51		Carriage return only (blank)				
52		Carriage return only (blank)				
53	CHKBOX	Single	PIC X(1)	1		X YES
54	CHKBOX	Claimed as a dependent on another person's federal tax return	PIC X(1)	1		X YES
55	CHKBOX	Married filing joint federal & combined Missouri	PIC X(1)	1		X YES
56	CHKBOX	Married filing separate	PIC X(1)	1		X YES
57	CHKBOX	Head of household	PIC X(1)	1		X YES
58	CHKBOX	Qualifying widow(er) with dependent child	PIC X(1)	1		X YES
59	4a	Tax from Federal Return	PIC 9(9)	9	N	
60		Carriage return only (blank)				
61		Carriage return only (blank)				
62	4b	Total Federal Tax percentage	PIC 9(2)	2	N	35 for 35%, 25 for 25%, 15 for 15%, 5 for 5%, 0 for 0%. 35 is max.
63	4c	Federal tax deduction.	PIC 9(9)	9		Married -- 10000, Single -- 5000 max
64	5	Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS.	PIC 9(9)	9	N	
65	6	Additional Exemption for Head of Household and Qualified Widow(er)	PIC 9(9)	9	N	
66	7	Long-term care insurance deduction	PIC 9(9)	9	N	
67		Carriage return only (blank)				
68		Carriage return only (blank)				
69		Carriage return only (blank)				
70		Carriage return only (blank)				
71		Carriage return only (blank)				
72		Carriage return only (blank)				
73		Carriage return only (blank)				
		Carriage return only (blank) - REMOVED				
		Carriage return only (blank) - REMOVED				
		Carriage return only (blank) - REMOVED				
		Carriage return only (blank) - REMOVED				
74		Carriage return only (blank)				
75	8	Total deductions--add Lines 4c through 7	PIC 9(9)	9	N	
76	9	Subtotal -- subtract Line 8 from Line 3	PIC 9(9)	9	N	
77		Carriage return only (blank)				
78		Carriage return only (blank)				
79	10	Tax	PIC 9(9)	9	N	
		Fields 80 through 92 are carriage return only (blank)				
93	11	Missouri Tax withheld	PIC 9(9)	9	N	
94	12	2025 Missouri estimated tax payments	PIC 9(9)	9	N	
		Fields 95 through 100 are carriage return only (blank)				
101	13	Total payments. Add Lines 11 and 12.	PIC 9(9)	9	N	
		Fields 102 through 112 are carriage return only (blank)				
113	14	Overpayment	PIC 9(9)	9	N	
114	15	Amount of Line 14 to be applied to your 2026 estimated tax	PIC 9(9)	9	N	
115	16a	Children's Trust Fund	PIC 9(9)	9	N	
116	16b	Veterans Trust Fund	PIC 9(9)	9	N	
117	16c	Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9	N	
118	16d	Missouri National Guard Trust Fund	PIC 9(9)	9	N	
119	16e	Workers' Memorial Trust Fund	PIC 9(9)	9	N	
120	16f	Childhood Lead Testing Trust Fund	PIC 9(9)	9	N	
121	16g	Missouri Military Family Relief Fund	PIC 9(9)	9	N	
122	16h	General Revenue Fund	PIC 9(9)	9	N	
123	16i	Organ Donor Trust Fund	PIC 9(9)	9	N	
Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
124	16j	Kansas City Regional Law Enforcement Memorial Foundation Fund	PIC 9(9)	9	N	
125	16k	Soldiers Memorial Military Museum in St. Louis Fund	PIC 9(9)	9	N	
126	16l	Medal of Honor Fund	PIC 9(9)	9	N	
127	16m1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
128	16m2	Trust Fund Dollar Amount	PIC 9(9)	9	N	

2025
2D Barcode Specifications for Form MO-1040A

129	16n1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
130	16n2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
131	17	MOST Deposit	PIC 9(9)	9	N	
132	18	Subtract Lines 15, 16, and 17 from Line 14 (amount overpaid).	PIC 9(9)	9	N	
133		Carriage return only (blank)				
134		Carriage return only (blank)				
135	19	If Line 13 < Line 10, enter different here (amount due).	PIC 9(9)	9	N	
136	SIGN	I authorize the Director of Revenue to discuss my return and	PIC X(1)	1		
137	SIGN	Did you pay a tax return preparer to complete return, but they failed or	PIC X(1)	1		REQUIRED - X YES, YES OR NO must be checked on return
138	SIGN	Electronic Signature	PIC X(1)	1		X if electronic signature is present for taxpayer on single filer return or taxpayer and spouse on combined filing return
139	SIGN	Daytime Telephone	PIC 9(10)	10		
140	SIGN	FEIN, SSN, PTIN	PIC X(9)	9		
141	E10	E10 Checkbox	PIC X(1)	1		X YES if Code Field 12 - Approved Fed Extension is Checked YES

		Fields 142 through 192 are carriage return only (blank)				
--	--	---	--	--	--	--

		**** Missouri Itemized Deductions ****				
193	1	Total federal itemized deductions from Federal Form 1040 or 1040-SR, Line 12	PIC 9(9)	9	N	
194	2	2025 (FICA) — yourself — Social security \$ Medicare \$	PIC 9(9)	9	N	
195		Carriage return only (blank)				
196	3	2025 Railroad retirement tax — yourself (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
197		Carriage return only (blank)				
198	4	2025 Medicare tax	PIC 9(9)	9	N	
199	5	2025 Self-employment tax	PIC 9(9)	9	N	
200	7	State and local income taxes — See instructions	PIC 9(9)	9	N	
201	8	Earnings taxes included in Line 7	PIC 9(9)	9	N	
202	9	Net state income taxes — (subtract Line 8 from Line 7 or enter Line 7)	PIC 9(9)	9	N	

		Fields 203 through 373 are carriage return only (blank)				
--	--	---	--	--	--	--

		Direct Deposit				
374		Account Type	PIC X(1)	1		"C" for checking, "S" for savings, or blank
375		Routing Number	PIC 9(9)	9	N	
376		Account Number	PIC 17(17)	17	N	

		MO-5632				
377	A	MOST Account Number	PIC 9(11)	11		
378	A	Deposit Amount	PIC 9(9)	9	N	
379	B	MOST Account Number	PIC 9(11)	11		
380	B	Deposit Amount	PIC 9(9)	9	N	
381	C	MOST Account Number	PIC 9(11)	11		
382	C	Deposit Amount	PIC 9(9)	9	N	
383	D	MOST Account Number	PIC 9(11)	11		
384	D	Deposit Amount	PIC 9(9)	9	N	

385		"EOD"				
					722 calculated # characters	

General Information

For blank fields, use a carriage return

County of Residence, field 25, must contain the four digit county code. If out-of-state, enter NONR.

All alpha characters should be in capital letters (A-Z).

Numeric fields aren't zero filled.

Refer to the "Acceptable Values" column for clarification of acceptable field values.

Negative amounts will have a leading minus sign.

Check boxes, an X indicates Yes, nothing is No (see Acceptable Values Column)

Only whole dollar amounts should be entered on the MO-1040A return. When entering amounts (such as W-2s) where multiple amounts may need to be entered as a total, add the amounts together then round and enter.

Any fields which can be negative are noted above. The picture clause should have a S (example: PIC S9(9)). A negative sign must be included in the field (example: -90, -1000) and precede the first number in the field.

The intended use of the Description Column is to cross reference the barcode field number, form line number, and form line wording. The description may not be exact due to limitations of space. Please refer to the tax form and instructions for the exact line wording.

Trailer: The last field in the barcode data stream is the trailer. The trailer is used to indicate the end of data has been reached. A static String of "EOD" is used as the trailer value. If a trailer is not found, this indicates a data overflow condition has occurred.

Header Information: There is information generic to all barcodes that should be placed first in the barcode data stream. The first six fields in the barcode comprise the official header. The fields in the official header are variable length and therefore can contain as much or as little data as is necessary. This information must be consistent among all barcodes and is defined below.

(Note: The symbol <CR> is used to represent a single carriage return character.)

Header Version Number: will be incremented each time the standards group alters the physical structure of the barcodes that were created using multiple header formats. This value is static for all barcodes and is currently T1.

Developer Code: A four-digit code used to identify the Software Developer whose application produced the barcode. The purpose of this field is to allow forms to be traced to the vendor producing them.

Jurisdiction: An alphanumeric identifier indicating the taxing jurisdiction. Use the US Postal Service's official state abbreviations.

Description: An alphanumeric identifier used to describe the form being processed. The identifier can be used to route the barcode information to the correct system for further processing. For Missouri, use MO1040A.

Specification Version: A number that identifies the version of the specifications used to produce the form barcode. These specifications are provided by the jurisdiction processing the form and describe the data layout in the barcode. Draft versions of the specifications are not assigned version numbers. The final version shall be "0", revision thereafter will increase numerically.

Software/Form Version: A vendor defined version number that reflects the software and form revision used to produce the barcode.

Example

Header Version Number "T1"
Developer Code:"9999"
Jurisdiction: "MO"
Description: "MO1040A"
Specification Version: "0"
Software/Form Version: "1.0"

Raw Header

T1<CR>9999<CR>MO<CR>MO1040<CR>0<CR>1.0<CR>

End of Data

"EOD" must be printed in Field 385

2025
2D Barcode Specifications for Form MO-1040A

Trust Funds

TRUST FUND CODES for Form MO-1040A, Lines 16m and 16n

01 American Cancer Society
02 American Diabetes Association
03 American Heart Association
05 Amyotrophic Lateral Sclerosis (ALS—Lou Gehrig's Disease)
07 Muscular Dystrophy Association
08 March of Dimes
09 Arthritis Foundation Fund
10 National Multiple Sclerosis Society Fund
14 Foster Care and Adoptive Parents Recruitment and Retention Fund
19 Missouri National Guard Trust Fund

Please be sure to make this a two digit number. If it is a single digit number, add the zero on the left to make it a two digit number. (1=01; 2=02, etc.)

Missouri encourages you to default the 2-D barcode to "ON" when your software is released. It is highly preferred that we receive returns with a 2-D barcode. Please make every effort to print a 2-D barcode on all your returns.

ADDRESS ISSUE:

REFUND:

AMOUNT YOU OWE:

2-D barcode testing should be complete within two months of releasing the 2-D barcode packet.