MISSOURI DEPARTMENT OF
REVENUE**2025 Individual Income Tax Return**
Single/Married (One Income)

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 extension. Attach a copy Federal Extension (Form 4868).

Vendor Code

Department Use Only

0 0 6

☐ Department of Social Services Application of Eligibility form attached.

Filing Status

☐ Single ☐ Claimed as a Dependent ☐ Married Filing Combined ☐ Married Filing Separately ☐ Head of Household ☐ Qualifying Widow(er)

Select the appropriate boxes that apply.

Age 65 or Older

Blind

100% Disabled

Non-Obligated Spouse

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

Name

Social Security Number

Deceased
in 2025

Spouse's Social Security Number

Deceased
in 2025

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.) Attach form if applicable.

Address

Present Address (Include Apartment Number or Rural Route)

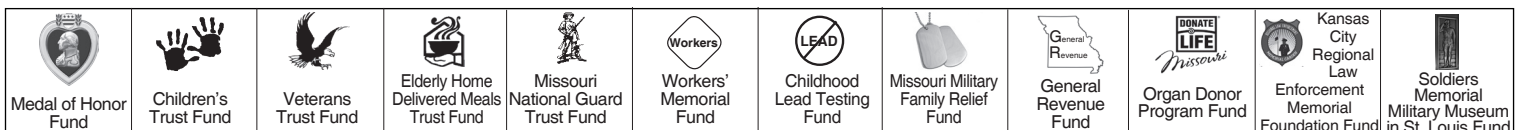
City, Town, or Post Office

State

ZIP Code

County of Residence

You may contribute to any one or all of the trust funds on Line 16. See instructions for more trust fund information.



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Income

1. Federal adjusted gross income from federal return (see page 6 of the instructions) 1 .00
2. Any state income tax refund included in federal adjusted gross income 2 .00
3. Total Missouri adjusted gross income. 3 .00

Deductions

- 4a. Tax from federal return. Do not enter federal income tax withheld. 4a .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. 4b %
- 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%

- 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
5. Missouri standard deduction or itemized deductions.
- Single or Married Filing Separate - \$15,750
 - Head of Household - \$23,625
 - Married Filing Combined or Qualifying Widow(er) - \$31,500
- If age 65 or older, blind, or claimed as a dependent, see federal return or page 6.
- If itemizing, see page 14 5 .00

6. Additional Exemption for Head of Household and Qualifying Widow(er) 6 .00
7. Long-term care insurance deduction 7 .00
8. Total Deductions - Add Lines 4c through 7 8 .00

Tax

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. Missouri tax withheld from Form(s) W-2 and 1099.
Attach copies of Form(s) W-2 and 1099 11 .00
12. Missouri estimated tax payments made for 2025.
Include overpayment from 2024 applied to 2025. 12 .00
13. Total Payments - Add Lines 11 and 12 13 .00

Refund

14. If Line 13 is more than Line 10, enter the difference. This is your overpayment.
If Line 13 is less than Line 10, skip to Line 19. 14 .00
15. Amount from Line 14 that you want applied to your 2026 estimated tax 15 .00

16. Enter the amount of your donation in the trust fund boxes below (see instructions for trust fund codes.)

- 16a. Children's Trust Fund .00 16b. Veterans Trust Fund .00 16c. Elderly Home Delivered Meals Trust Fund .00 16d. Missouri National Guard Trust Fund .00
- 16e. Workers' Memorial Fund .00 16f. Childhood Lead Testing Fund .00 16g. Missouri Military Family Relief Fund .00 16h. General Revenue Fund .00



16i. Organ Donor Program Fund . 00 16j. Enforcement Memorial Foundation Fund 00 16k. Military Museum in St. Louis Fund 00 16l. Medal of Honor 00

16m. Additional Fund Code Additional Fund Amount . 00

16n. Additional Fund Code Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 16a through 16n and enter here 16 [] [] . 00

17. Amount from Line 14 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter amount from Line E of [Form 5632](#). 17 .00

18. **REFUND** - Subtract Lines 15, 16, and 17 from Line 14 and enter here. 18 [] [] . 00

a. Routing Number

b. Account Number

c. ☐ Checking ☐ Savings

19. **AMOUNT DUE** - If Line 13 is less than Line 10, enter the difference here 19 [] [] . 00

If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

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	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

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