

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

0 0 6

Department Use Only

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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 2020 | 
 Spouse's Social Security Number  -  -  ☐ Deceased in 2020

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

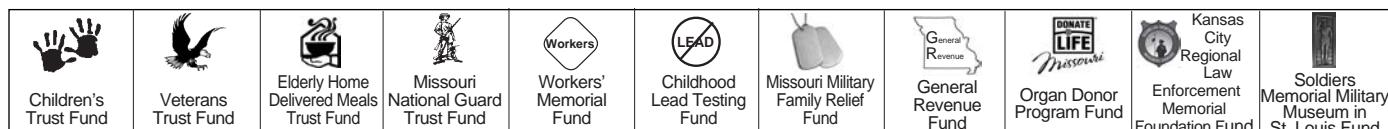
State

ZIP Code

  - 

County of Residence

You may contribute to any one or all of the trust funds on Line 21. See instructions for more trust fund information.



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- |   | Yourself (Y)                | Spouse (S)                  |
|---|-----------------------------|-----------------------------|
| 1. Federal adjusted gross income from federal return<br>(see worksheet on page 8 of the instructions) . . . . . | 1Y <input type="text"/> .00 | 1S <input type="text"/> .00 |
| 2. Any state income tax refund included in federal<br>adjusted gross income. . . . .                            | 2Y <input type="text"/> .00 | 2S <input type="text"/> .00 |
| 3. Missouri adjusted gross income - Subtract Line 2 from Line 1. . . . .  | 3Y <input type="text"/> .00 | 3S <input type="text"/> .00 |
| 4. Total Missouri adjusted gross income - Add columns 3Y and 3S . . . . .                                       | 4 <input type="text"/> .00  |                             |
| 5. Income percentages - Divide columns 3Y and 3S by total<br>on Line 4. (Must equal 100%) . . . . .             | 5Y <input type="text"/> %   | 5S <input type="text"/> %   |

6a. Tax from federal return. Do not enter federal income tax withheld.

6a  .00

6b. Federal tax percentage – Enter the percentage based on your Missouri  
Adjusted Gross Income, Line 4. Use the chart below to find your percentage.

6b  %

Missouri Adjusted Gross Income Range, Line 4:      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%

6c. Federal income tax deduction – Multiply Line 6a by the percentage  
on Line 6b. Enter this amount not to exceed \$5,000 for an individual or  
\$10,000 for combined filers. . . . .

6c  .00

7. Missouri Standard or Itemized Deduction

Taxpayers Under Age 65

- Single . . . . . \$12,400
- Married Filing Combined . . . . . \$24,800
- Married Filing Separate . . . . . \$12,400
- Head of Household . . . . . \$18,650
- Qualifying Widow(er) . . . . . \$24,800

Taxpayers Age 65 or Older

- Single . . . . . \$14,050
- Married Filing Combined and You or Your Spouse are  
Age 65 or Older . . . . . \$26,100
- Married Filing Combined and You and Your Spouse are  
**BOTH** Age 65 or Older . . . . . \$27,400
- Married Filing Separate . . . . . \$13,700
- Head of Household . . . . . \$20,300
- Qualifying Widow(er) . . . . . \$26,100

If blind, or claimed as a dependent, or itemizing see federal return or page 7 of the  
instructions. . . . .

7  .00

8. Pension exemption (Complete worksheet on page 21 and 22.)  
Attach worksheet, federal return, and Form(s) 1099 . . . . .

8  .00

9. Long-term care insurance deduction . . . . .

9  .00

10. Total Deductions - Add Lines 6c through 9 . . . . .

10  .00

11. Missouri Taxable Income - Subtract Line 10 from Line 4 and enter here . . . . .

11  .00

12. Multiply Line 11 by appropriate percentages on Lines 5Y  
and 5S . . . . .

12Y  .00      12S  .00



## Taxes Cont.

13. Tax (See the tax chart on page 24 of the instructions) . . . . . 13Y   .00 13S   .00

14. Total Taxes - Add Line 13Y and 13S. . . . . 14   .00

## Payments and Credits

15. Missouri tax withheld - Attach Form(s) W-2 and 1099. . . . . 15   .00

16. 2020 Missouri estimated tax payment(s) - Include overpayment from 2019 applied to 2020 . . . 16   .00

17. Property Tax Credit (from [Form MO-PTS](#), Line 14) - Attach completed Form MO-PTS . . . . . 17   .00

18. Total Payments and Credits - Add Lines 15, 16, and 17. . . . . 18   .00

19. If Line 18 is larger than Line 14, enter the amount of OVERPAYMENT. If Line 18 is less than Line 14, enter the AMOUNT DUE on Line 24 . . . . . 19   .00

20. Enter the amount from Line 19 you want applied to your 2021 estimated tax. . . . . 20   .00

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

21a. Children's Trust Fund <input type="text"/> <input type="text"/> .00	21b. Veterans Trust Fund <input type="text"/> <input type="text"/> .00	21c. Elderly Home Delivered Meals Trust Fund <input type="text"/> <input type="text"/> .00	21d. Missouri National Guard Trust Fund <input type="text"/> <input type="text"/> .00
21e. Workers' Memorial Fund <input type="text"/> <input type="text"/> .00	21f. Childhood Lead Testing Fund <input type="text"/> <input type="text"/> .00	21g. Missouri Military Family Relief Fund <input type="text"/> <input type="text"/> .00	21h. General Revenue Fund <input type="text"/> <input type="text"/> .00
21i. Organ Donor Program Fund <input type="text"/> <input type="text"/> .00	21j. Kansas City Regional Law Enforcement Memorial Foundation Fund <input type="text"/> <input type="text"/> .00	21k. Soldiers Memorial Military Museum in St. Louis Fund <input type="text"/> <input type="text"/> .00	
21l. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> <input type="text"/> .00	21m. Code <input type="text"/> Additional Fund Amount <input type="text"/> <input type="text"/> .00		

Total Donation - Add amounts from Boxes 21a through 21m and enter here . . . . . 21   .00

22. Amount from Line 19 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter amount from [Form 5632](#), Line E . . . . . 22   .00

23. **Refund** - Subtract Lines 20, 21, and 22 from Line 19. . . . . 23   .00

a. Routing Number

b. Account Number

c. ☐ Checking ☐ Savings

## Amount Due

24. **Amount Due** - If Line 18 is less than Line 14, enter the difference here. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . . 24   .00



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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

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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A

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E10

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F

**Mail To: Balance Due:**  
Missouri Department of Revenue  
P.O. Box 3395  
Jefferson City, MO 65105-3395  
Visit <http://dor.mo.gov/personal/individual/> for additional information.

**Refund or No Amount Due:**  
Missouri Department of Revenue  
P.O. Box 3385  
Jefferson City, MO 65105-3385

**Phone (Balance Due):** (573) 751-7200  
**Phone (Refund or No Amount Due):** (573) 751-3505  
**Fax:** (573) 522-1762  
**E-mail:** [propertytaxcredit@dor.mo.gov](mailto:propertytaxcredit@dor.mo.gov)

(Revised 12-2020)



20335040006

**Public Pension Calculation** - Pensions received from any federal, state, or local government.

Section A

- |   |    |  |     |    |  |     |
|---|----|--|-----|----|--|-----|
| 1. Missouri adjusted gross income from <a href="#">Form MO-1040P</a> , Line 4 . . . . .   | 1  |  | .00 |    |  |     |
| 2. Taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b . . . . .  | 2  |  | .00 |    |  |     |
| 3. Subtract Line 2 from Line 1 . . . . .  | 3  |  | .00 |    |  |     |
| 4. Select the appropriate filing status and enter amount on Line 4.<br>• Married Filing Combined (joint federal) - \$100,000<br>• Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000 . . . | 4  |  | .00 |    |  |     |
| 5. Subtract Line 4 from Line 3 and enter on Line 5.<br>If Line 4 is greater than Line 3, enter \$0 . . . . .  | 5  |  | .00 |    |  |     |
| 6. Taxable pension for each spouse from public sources from<br>Federal Form 1040 or Federal Form 1040-SR, Line 5b . . . . .   | 6Y |  | .00 | 6S |  | .00 |
| 7. Amount from Line 6 or \$39,014 (maximum social security<br>benefit), whichever is less . . . . .   | 7Y |  | .00 | 7S |  | .00 |
| 8. If you received taxable social security complete Lines 1 through<br>8 of Section C and enter the amount(s) from Line(s) 6Y and 6S.<br>See instructions if Line 3 of Section C is more than \$0 . . . . .                     | 8Y |  | .00 | 8S |  | .00 |
| 9. Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0. . . . .  | 9Y |  | .00 | 9S |  | .00 |
| 10. Add amounts on Lines 9Y and 9S . . . . .  | 10 |  | .00 |    |  |     |
| 11. Total public pension - Subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0. . . . .  | 11 |  | .00 |    |  |     |

**Private Pension Calculation** - Annuities, pensions, IRAs, and 401(k) plans funded by a private source.

Section B

- |   |    |  |     |    |  |     |
|---|----|--|-----|----|--|-----|
| 1. Missouri adjusted gross income from Form MO-1040P, Line 4. . . . .   | 1  |  | .00 |    |  |     |
| 2. Taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b . . . . .  | 2  |  | .00 |    |  |     |
| 3. Subtract Line 2 from Line 1 . . . . .  | 3  |  | .00 |    |  |     |
| 4. Select the appropriate filing status and enter the amount on Line 4.<br>• Married Filing Combined (joint federal) - \$32,000<br>• Single, Head of Household, and Qualifying Widow(er) - \$25,000<br>• Married Filing Separate - \$16,000 . . . . . | 4  |  | .00 |    |  |     |
| 5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0. . . . .  | 5  |  | .00 |    |  |     |
| 6. Taxable pension for each spouse from private sources from<br>Federal Form 1040 or Federal Form 1040-SR, Line 4b and 5b . . . . .   | 6Y |  | .00 | 6S |  | .00 |
| 7. Amounts from Line 6Y and 6S or \$6,000, whichever is less . . . . .  | 7Y |  | .00 | 7S |  | .00 |
| 8. Add Lines 7Y and 7S . . . . .  | 8  |  | .00 |    |  |     |
| 9. Total private pension - Subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0 . . . . .   | 9  |  | .00 |    |  |     |



20335050006

**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-1040P](#). Age limit does not apply to social security disability deduction.

Section C

1. Missouri adjusted gross income from Form MO-1040P, Line 4. . . . .	1		.00
2. Select the appropriate filing status and enter amount on Line 2.			
• Married Filing Combined (joint federal) - \$100,000	2		.00
• Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000 . . .	3		.00
3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0. . . . .	3		.00
4. Taxable social security benefits for each spouse from Federal Form 1040 or 1040-SR, Line 6b. . . . .	4Y		.00
	4S		.00
5. Taxable social security disability benefits for each spouse from Federal Form 1040 or 1040-SR, Line 6b. . . . .	5Y		.00
	5S		.00
6. Amount from Line(s) 4Y or 5Y, and 4S or 5S . . . . .	6Y		.00
	6S		.00
7. Add Lines 6Y and 6S. . . . .	7		.00
8. Total social security/social security disability - Subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0 . . . . .	8		.00

**Military Pension Calculation**

Section D

1. Military retirement benefits included on Federal Form 1040 or 1040-SR, Line 5b . . . . .	1		.00
2. Taxable public pension from Federal Form 1040 or 1040-SR, Line 5b. . . . .	2		.00
3. Divide Line 1 by Line 2 (Round to whole number). . . . .	3		%
4. Multiply Line 3 by Line 11 of Section A . . . . .	4		.00
5. Total military pension - Subtract Line 4 from Line 1 . . . . .	5		.00

**Total Pension and Social Security/Social Security Disability/Military Exemption**

Section E

Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 5 (Section D). Enter total amount here and on Form MO-1040P, Line 8 . . . . .		.00
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