2025
2D Barcode Specifications for Form MO-PTC

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
		*** Header Information ***				(see notes below)
1	Header	Version Number				(T1 is current standard version)
2	Header	Developer Code				
3	Header	Jurisdiction (MO)				MO
4	Header	Description (MOPTC) and current tax year				**MOPTC/2025**
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
		**** MO PTC ****				
		Fields 7 through 9 are carriage return only (blank)				
10	Top	AMENDED RETURN — CHECK HERE	PIC X(1)	1		X YES
11	Top	**Carriage return only (blank)**				
12	Top	**Carriage return only (blank)**				
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
		Fields 34 through 135 are Carriage return only (blank)				
136	SIGN	I authorize the Director of Revenue to discuss my return	PIC X(1)	1		X YES
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		
		Fields 141 through 270 are carriage return only (blank)				
271	Name	Birthdate (Yourself)	PIC 9(8)	8		MMDDYY (example: 03151937) **Total of 8 digits
272	Name	Birthdate (Spouse)	PIC 9(8)	8		MMDDYY (example: 03151937) **Total of 8 digits
		Note: Name/Address information same as 1040 name/address information.				
273	A	65 years of age or older	PIC X(1)	1		X YES
274	B	100% Disabled Veteran	PIC X(1)	1		X YES
275	C	100% Disabled	PIC X(1)	1		X YES
276	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1		X YES
277	Filing	Single	PIC X(1)	1		X YES
278	Filing	Married — Filing Combined	PIC X(1)	1		X YES
279	Filing	Married — Living Separate for Entire Year	PIC X(1)	1		X YES
280		Carriage return only (blank)				
281	1	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	
282	2	Enter the total amount of pensions, annuities, dividends, or interest income	PIC 9(9)	9	N	
283	3	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
284	4	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
285	5	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
286		Carriage return only (blank)				
287	6	Total household income — add Lines 1 through 5	PIC S9(9)	9	Y	
288	7	Enter $0, $2000, or $4000 based on filing and occupancy status	PIC 9(9)	9	N	
289	8	Net household income — (Subtract Line 7 from Line 6.)	PIC S9(9)	9	Y	
290	9	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	
291	10	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
292	11	Total tax and or rent—add Lines 9 and 10 and enter total (max $750 or $1100, depending on occupancy)	PIC 9(9)	9	N	
293	12	Property Tax Credit	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 1				
294	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01012025) **Total of 8 digits
295	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312025) **Total of 8 digits
296	6	Enter your gross rent paid.	PIC 9(9)	9	N	
297	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
298	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
299	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
300	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
301	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
302	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
303	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
304	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
305	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
306	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
307	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
308	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
309	9	CRP total (see 20% of line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 2				
310	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01012025) **Total of 8 digits
311	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312025) **Total of 8 digits
312	6	Enter your gross rent paid.	PIC 9(9)	9	N	
313	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
314	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
315	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
316	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
317	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
318	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
319	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
320	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
321	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
322	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
323	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
324	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
325	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
		*** Certification of Rent Paid *** 3				

#	Line	Description	PIC	Len	N	Acceptable Values
326	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01012025) **Total of 8 digits
327	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312025) **Total of 8 digits
328	6	Enter your gross rent paid.	PIC 9(9)	9	N	
329	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
330	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
331	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
332	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
333	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
334	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
335	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
336	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
337	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
338	7G3	G3. Additional Persons sharing residence — 3	PIC X(3)	1		X YES (If this box is checked, enter 25% on Line 7.)
339	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
340	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
341	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 4				
342	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01012025) **Total of 8 digits
343	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312025) **Total of 8 digits
344	6	Enter your gross rent paid.	PIC 9(9)	9	N	
345	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
346	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
347	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
348	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
349	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
350	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
351	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
352	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
353	7G2	G2. Additional Persons sharing residence — 2	PIC X(2)	1		X YES (If this box is checked, enter 33% on Line 7.)
354	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
355	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
356	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
357	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 5				
358	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01012025) **Total of 8 digits
359	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312025) **Total of 8 digits
360	6	Enter your gross rent paid.	PIC 9(9)	9	N	
361	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
362	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
363	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
364	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
365	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
366	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
367	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
368	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
369	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
370	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
371	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
372	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
373	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		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	
		Fields 377 through 384 are carriage return only (blank)				
385		***EOD***				
			665	calculated number of 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.

No commas allowed in any money amounts.

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

Only whole dollar amounts should be entered on the MO-PTC return.

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 MOPTC.

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: "MOPTC"
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

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:
*It is preferred that you print only the 2-D barcode mailing address on the form, if your company is implementing 2-D barcode. If your company is not implementing 2-D barcode, please print only the non-2-D barcode address. If this doesn't work for your company, please print both addresses or refer your clients to the instructions.

REFUND:

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