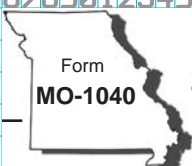


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Missouri Department of Revenue  
**2017 Individual Income  
Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2017

Print in BLACK ink only and DO NOT STAPLE.

Select Here for **Amended** Return

Select Here for **Composite** Return  
(For use by S corporations or Partnerships)

Vendor Code

Department Use Only

0 0 6

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)

Fiscal Year Ending (MM/DD/YY)

Select the appropriate boxes that apply, as of December 31, 2017.

**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  
[Redacted] - [Redacted] - [Redacted]

Deceased  
in 2017

Spouse's Social Security Number  
[Redacted] - [Redacted] - [Redacted]

Deceased  
in 2017

First Name [Redacted]

M.I. [Redacted]

Last Name [Redacted]

Suffix [Redacted]

Spouse's First Name [Redacted]

M.I. [Redacted]

Spouse's Last Name [Redacted]

Suffix [Redacted]

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

[Redacted]

Address

Present Address (Include Apartment Number or Rural Route)

[Redacted]

City, Town, or Post Office

[Redacted]

State

[Redacted]

ZIP Code

[Redacted]

[Redacted]

County of Residence

[Redacted]

You may contribute to any one or all of the trust funds on Line 48. See pages 10-11 of the instructions for more trust fund information.

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund



For Privacy Notice, see Instructions.

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1234567890123456789012345678901234567890123456789012345678901234567890123456789012345

	Yourself (Y)			Spouse (S)		
1. Federal adjusted gross income from your 2017 federal return (see worksheet on page 7 of the instructions)	1Y		.00	1S		.00
2. Total additions (from Form MO-A, Part 1, Line 7)	2Y		.00	2S		.00
3. Total income - Add Lines 1 and 2	3Y		.00	3S		.00
4. Total subtractions (from Form MO-A, Part 1, Line 17)	4Y		.00	4S		.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y		.00	5S		.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6					.00
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y		%	7S		%

Income

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E)				8		.00
9. Select your filing status box below. Enter the appropriate exemption amount on Line 9				9		.00
<input type="checkbox"/> A. Single - \$2,100 (see Box B before selecting.)				<input type="checkbox"/> E. Married Filing Separate (spouse NOT filing) - \$4,200		
<input type="checkbox"/> B. Claimed as a Dependent on Another Person's Federal Tax Return - \$0.00				<input type="checkbox"/> F. Head of Household - \$3,500		
<input type="checkbox"/> C. Married Filing Combined (joint federal) - \$4,200				<input type="checkbox"/> G. Qualifying Widow(er) with Dependent Child - \$3,500		
<input type="checkbox"/> D. Married Filing Separate - \$2,100						

10. Additional personal exemption (see instructions on page 7)				10		.00
11. Tax from federal return - <b>Do not enter federal income tax withheld</b> (see instructions on page 7 and 8)	11		.00			
12. Other tax from federal return - Attach a copy of your federal return (pages 1 and 2)	12		.00			
13. Total tax from federal return - Add Lines 11 and 12	13		.00			
14. Federal tax deduction - Enter the amount from Line 13, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers				14		.00
15. Missouri standard deduction or itemized deductions. <ul style="list-style-type: none"> <li>• Single or Married Filing Separate - \$6,350</li> <li>• Head of Household - \$9,350</li> <li>• Married Filing Combined or Qualifying Widow(er) - \$12,700</li> </ul> If age 65 or older, blind, claimed as a dependent, see page 8. If itemizing, see Form MO-A, Part 2.				15		.00
16. Number of dependents (from Federal Form 1040 or 1040A, Line 6c). <b>Do not include yourself or spouse.</b>		X \$1,200 =	16			.00
<input type="checkbox"/> Select box if claiming a stillborn child (see instructions on page 8).						
17. Number of dependents on Line 16 who are 65 years of age or older and do not receive Medicaid or state funding. <b>Do not include yourself or spouse</b>		X \$1,000 =	17			.00

Exemptions and Deductions



01 11111111112222222222333333333344444444445555555555666666666677777777778888888888  
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04									
05	18.	Long-term care insurance deduction				18			00
06	19.	Health care sharing ministry deduction				19			00
07	20.	Military income deduction				20			00
08	21.	Bring jobs home deduction				21			00
09	22.	Transportation facilities deduction				22			00

Exemptions and Deductions (cont.)

A. Port Cargo Expansion  B. International Trade Facility  C. Qualified Trade Activities

14									
17	23.	Total deductions - Add Lines 8, 9, 10, and 14 through 22				23			00
18	24.	Subtotal - Subtract Line 23 from Line 6				24			00
19	25.	Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S	25Y		00	25S			00
20	26.	Enterprise zone or rural empowerment zone income modification	26Y		00	26S			00

Tax

25	27.	Taxable income - Subtract Line 26 from Line 25	27Y		00	27S			00
26	28.	Tax (see tax chart on page 20 of the instructions)	28Y		00	28S			00
27	29.	Resident credit - Attach <a href="#">Form MO-CR</a> and other states' income tax return(s)	29Y		00	29S			00
28	30.	Missouri income percentage - Enter 100% unless you are completing <a href="#">Form MO-NRI</a> . Attach Form MO-NRI and a copy of your federal return if less than 100%	30Y		%	30S			%
29	31.	Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30	31Y		00	31S			00
30	32.	Other taxes - Select box and attach federal form indicated.							
31		<input type="checkbox"/> Lump sum distribution (Form 4972)							
32		<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	32Y		00	32S			00
33	33.	Subtotal - Add Lines 31 and 32	33Y		00	33S			00
34	34.	Total Tax - Add Lines 33Y and 33S				34			00

Payments and Credits

35	35.	MISSOURI tax withheld - Attach Forms W-2 and 1099				35			00
36	36.	2017 Missouri estimated tax payments - Include overpayment from 2016 applied to 2017				36			00
37	37.	Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP				37			00



Payments and Credits

38.	Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	38		.00
39.	Amount paid with Missouri extension of time to file (Form MO-60)	39		.00
40.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attach Form MO-TC	40		.00
41.	Property tax credit - Attach Form MO-PTS	41		.00
42.	Total payments and credits - Add Lines 35 through 41	42		.00

Skip Lines 43 through 45 if you are not filing an amended return.

43.	Amount paid on original return	43		.00
44.	Overpayment as shown (or adjusted) on original return	44		.00

Indicate Reason for Amending

Amended Return

		Enter date of IRS report (MM/DD/YY)		
<input type="checkbox"/>	A. Federal audit			
		Enter year of loss (YY)		
<input type="checkbox"/>	B. Net operating loss carryback			
		Enter year of credit (YY)		
<input type="checkbox"/>	C. Investment tax credit carryback			
		Enter date of federal amended return, if filed. (MM/DD/YY)		
<input type="checkbox"/>	D. Correction other than A, B, or C			

45.	Amended return total payments and credits - Add Line 43 to Line 42 or subtract Line 44 from Line 42	45		.00
46.	If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference. Amount of OVERPAYMENT	46		.00
47.	Amount of Line 46 to be applied to your 2018 estimated tax	47		.00

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

Refund

48a.	Children's Trust Fund		.00	48b.	Veterans Trust Fund		.00	48c.	Elderly Home Delivered Meals Trust Fund		.00
48d.	Missouri National Guard Trust Fund		.00	48e.	Workers' Memorial Fund		.00	48f.	Childhood Lead Testing Fund		.00
48g.	Missouri Military Family Relief Fund		.00	48h.	General Revenue Fund		.00	48i.	Organ Donor Program Fund		.00
48j.	Additional Fund Code		.00	48k.	Additional Fund Code		.00	Additional Fund Amount		.00	

Total Donation - Add amounts from Boxes 48a through 48k and enter here

49.	Amount of Line 46 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from Line E of Form 5632	49		.00
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**Refund (cont.)**

50. **REFUND** - Subtract Lines 47, 48, and 49 from Line 46 and enter here ..... 50 [redacted] .00  
 If you would like your refund deposited directly into your checking or savings account, complete boxes a, b, and c below.

a. Routing Number [redacted] c.  Checking  Savings

b. Account Number [redacted]

**Amount Due**

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.  
 Amount of UNDERPAYMENT (see the instructions for Line 52) ..... 51 [redacted] .00

52. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here .... 52 [redacted] .00  
 Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53. **AMOUNT DUE** - Add Lines 51 and 52.  
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically ..... 53 [redacted] .00

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. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on an 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 [redacted] Date (MM/DD/YY) [redacted]

Spouse's Signature (If filing combined, BOTH must sign) [redacted] Date (MM/DD/YY) [redacted]

E-mail Address [redacted] Daytime Telephone [redacted]

Preparer's Signature [redacted] Date (MM/DD/YY) [redacted]

Preparer's FEIN, SSN, or PTIN [redacted] Preparer's Telephone [redacted]

Preparer's Address [redacted] State [redacted] ZIP Code [redacted]

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

**Department Use Only**

A  FA  E10  DE  F [redacted]

(Revised 12-2017)

**Mail To: Balance Due:** Missouri Department of Revenue, P.O. Box 3370, Jefferson City, MO 65107-3370  
**Refund or No Amount Due:** Missouri Department of Revenue, P.O. Box 3222, Jefferson City, MO 65106-3222  
**Phone (Balance Due):** (573) 751-7200  
**Phone (Refund or No Amount Due):** (573) 751-3505  
**Fax:** (573) 751-2195  
**E-mail:** [income@dor.mo.gov](mailto:income@dor.mo.gov)

