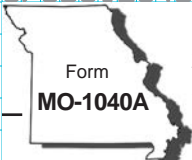


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Missouri Department of Revenue
2018 Individual Income Tax Return
Single/Married (One Income)

Print in BLACK ink only and DO NOT STAPLE.
For Privacy Notice, see Instructions.

Vendor Code	Department Use Only		
006			

Filing Status

<input type="checkbox"/> Single	<input type="checkbox"/> Claimed as a Dependent	<input type="checkbox"/> Married Filing Combined	<input type="checkbox"/> Married Filing Separately	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)
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Select the appropriate boxes that apply.

Age 65 or Older	Blind	100% Disabled	Non-Obligated Spouse
Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>

Name

Social Security Number	Deceased in 2018	Spouse's Social Security Number	Deceased in 2018
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/>
First Name	M.I.	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's First Name	M.I.	Spouse's Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

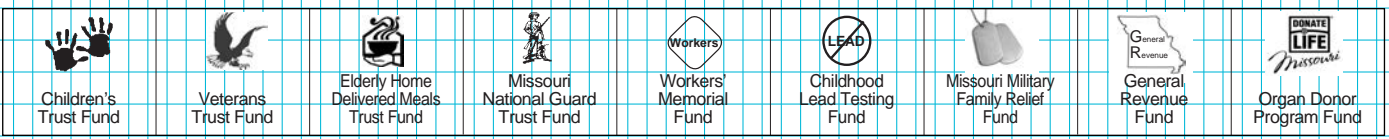
State

ZIP Code

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County of Residence

You may contribute to any one or all of the trust funds on Line 15. See instructions for more trust fund information.



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Income

1. Federal adjusted gross income from federal return (see page 5 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 - Subtract Line 2 from Line 1 3 [] .00

Deductions

4. Tax from federal return. Enter this amount on Line 4, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers 4 [] .00
Do not enter federal income tax withheld. [] .00 →
5. Missouri standard deduction or itemized deductions.
• Single or Married Filing Separate - \$12,000
• Head of Household - \$18,000
• Married Filing Combined or Qualifying Widow(er) - \$24,000
If age 65 or older, blind, or claimed as a dependent, see federal return or page 6.
If itemizing, see back of the form. 5 [] .00
6. Long-term care insurance deduction 6 [] .00
7. Total Deductions - Add Lines 4 through 6 7 [] .00

Tax

8. Missouri Taxable Income - Subtract Line 7 from Line 3 8 [] .00
9. Tax - Use the tax chart on page 9 to figure the tax 9 [] .00
10. Missouri tax withheld from Form(s) W-2 and 1099.
Attach copies of Form(s) W-2 and 1099 10 [] .00
11. Missouri estimated tax payments made for 2018.
Include overpayment from 2017 applied to 2018 11 [] .00
12. Total Payments - Add Lines 10 and 11 12 [] .00
13. If Line 12 is more than Line 9, enter the difference. This is your overpayment.
If Line 12 is less than Line 9, skip to Line 18 13 [] .00
14. Amount from Line 13 that you want applied to your 2019 estimated tax 14 [] .00

Refund

15. Enter the amount of your donation in the trust fund boxes below (see instructions for trust fund codes.)
15a. Children's Trust Fund [] .00 15b. Veterans Trust Fund [] .00 15c. Elderly Home Delivered Meals Trust Fund [] .00
15d. Missouri National Guard Trust Fund [] .00 15e. Workers' Memorial Fund [] .00 15f. Childhood Lead Testing Fund [] .00
15g. Missouri Military Family Relief Fund [] .00 15h. General Revenue Fund [] .00 15i. Organ Donor Program Fund [] .00
15j. Additional Fund Code [] Additional Fund Amount [] .00 15k. Additional Fund Code [] Additional Fund Amount [] .00
Total Donation - Add amounts from Boxes 15a through 15k and enter here 15 [] .00



