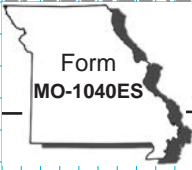


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Missouri Department of Revenue
2018 Declaration of Estimated Tax for Individuals

Below are the instructions for completing Form MO-1040ES. Please print in black or blue ink. Do not use red ink or pencil.

1. Social Security Number - Enter the primary social security number as it will appear on your 2018 tax return.
2. Spouse's Social Security Number - If you are filing a combined 2018 tax return, enter your spouse's social security number.
3. Name Control - Enter the first four letters of your last name. (If filing a combined return, please also enter the first four letters of your spouse's last name.) See examples below. (Please use all capital letters as shown.)

Name	Enter	Name	Enter
John Brown	BROW	Juan DeJesus	DEJE
Joan A. Lee	LEE	Jean McCarty	MCCA
John O'Neill	ONEI	Pedro Torres-Lopes	TORR

4. Name and Address - Enter your name, your spouse's name (if applicable), and your mailing address.
5. 1st quarter through 4th quarter boxes - Mark the box for the quarter you are remitting payment.

Quarter	Due Date
1st Quarter	April 15
2nd Quarter	June 15
3rd Quarter	September 15
4th Quarter	January 15

Note: If the due date falls on a Saturday, Sunday, or legal holiday, the voucher will be considered timely if filed on the next business day.

6. Amount Paid - Enter the amount of your installment payment. If you completed the Estimated Tax Worksheet for Individuals, enter and pay the amount from line 18.
7. Make your check or money order payable to the Missouri Department of Revenue. Do not send cash (US funds only.)
8. Detach payment voucher and mail with your payment to:

Missouri Department of Revenue
P.O. Box 555
Jefferson City, MO 65105-0555

If the declaration must be amended:

1. Complete the amended computation schedule(see instructions).
2. Enter the revised amounts on the remaining Form MO-1040ES vouchers.
3. Mail with remittance (U.S. funds only), payable to the Missouri Department of Revenue, P.O. Box 555, Jefferson City, MO 65105-0555.

Instructions



Missouri Department of Revenue
2018 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



Social Security Number	Name Control	<input type="checkbox"/> 1st Qtr.	<input type="checkbox"/> 2nd Qtr.	<input type="checkbox"/> 3rd Qtr.	<input type="checkbox"/> 4th Qtr.
<input type="text"/>	<input type="text"/>				
Spouse's Social Security Number	Name Control	Amount Paid \$ <input type="text"/> . <input type="text"/>			
<input type="text"/>	<input type="text"/>				

Your Name (Last, First, Initial)
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code

Department Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>