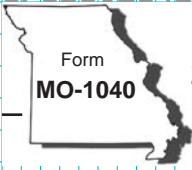


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Missouri Department of Revenue
**2018 Individual Income
Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2018

Print in BLACK ink only and DO NOT STAPLE.

Amended Return **Composite Return**
(For use by S corporations or Partnerships)

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) Vendor Code Department Use Only

 0 0 6

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 2018 Spouse's Social Security Number Deceased in 2018

- - - -

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

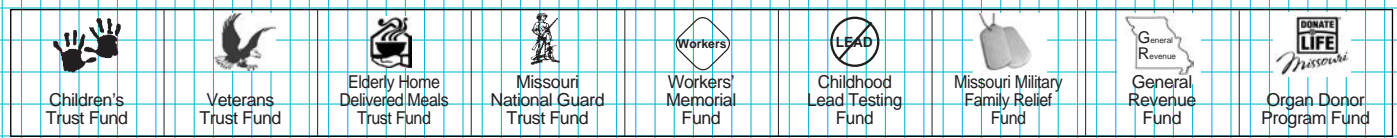
Present Address (Include Apartment Number or Rural Route)

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 44. See pages 10-11 of the instructions for more trust fund information.



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Income

Exemptions and Deductions

	Yourself (Y)			Spouse (S)		
1. Federal adjusted gross income from 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 18)	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		%
8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E)				8		.00
9. Tax from federal return - Do not enter federal income tax withheld (see instructions on page 7 and 8)	9		.00			
10. Other tax from federal return - Attach a copy of your federal return (pages 1 and 2, and all applicable schedules)	10		.00			
11. Total tax from federal return - Add Lines 9 and 10	11		.00			
12. Federal income tax deduction - Enter the amount from Line 11, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers (see instructions on page 7)				12		.00
13. 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 pages 7 and 8. If itemizing, see Form MO-A, Part 2				13		.00
14. Long-term care insurance deduction				14		.00
15. Health care sharing ministry deduction				15		.00
16. Military income deduction				16		.00
17. Bring jobs home deduction				17		.00
18. Transportation facilities deduction				18		.00
<input type="checkbox"/> A. Port Cargo Expansion <input type="checkbox"/> B. International Trade Facility <input type="checkbox"/> C. Qualified Trade Activities						
19. Total deductions - Add Lines 8 and 12 through 18				19		.00
20. Subtotal - Subtract Line 19 from Line 6				20		.00
21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S	21Y		.00	21S		.00
22. Enterprise zone or rural empowerment zone income modification	22Y		.00	22S		.00



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Tax

Payments and Credits

04									
05	23.	Taxable income - Subtract Line 22 from Line 21	23Y		.00	23S		.00	
06									
07	24.	Tax (see tax chart on page 20 of the instructions)	24Y		.00	24S		.00	
08									
09	25.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	25Y		.00	25S		.00	
10									
11									
12	26.	Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	26Y		%	26S		%	
13									
14									
15									
16	27.	Balance - Subtract Line 25 from Line 24; OR multiply Line 24 by percentage on Line 26	27Y		.00	27S		.00	
17									
18									
19	28.	Other taxes - Select box and attach federal form indicated.							
20		<input type="checkbox"/> Lump sum distribution (Form 4972)							
21		<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	28Y		.00	28S		.00	
22									
23									
24									
25	29.	Subtotal - Add Lines 27 and 28	29Y		.00	29S		.00	
26									
27	30.	Total Tax - Add Lines 29Y and 29S				30		.00	
28									
29									
30									
31	31.	MISSOURI tax withheld - Attach Forms W-2 and 1099				31		.00	
32									
33									
34	32.	2018 Missouri estimated tax payments - Include overpayment from 2017 applied to 2018				32		.00	
35									
36	33.	Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP				33		.00	
37									
38									
39	34.	Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT				34		.00	
40									
41	35.	Amount paid with Missouri extension of time to file (Form MO-60)				35		.00	
42									
43	36.	Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC				36		.00	
44									
45	37.	Property tax credit - Attach Form MO-PTS				37		.00	
46									
47	38.	Total payments and credits - Add Lines 31 through 37				38		.00	
48									
49									
50									
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
65									
66									

Skip Lines 39 through 41 if you are not filing an amended return.

Amended Return

39. Amount paid on original return 39 [] .00

40. Overpayment as shown (or adjusted) on original return 40 [] .00

Indicate Reason for Amending

A. Federal audit Enter date of IRS report (MM/DD/YY) [] [] []

B. Net operating loss carryback Enter year of loss (YY) []

C. Investment tax credit carryback Enter year of credit (YY) []

D. Correction other than A, B, or C Enter date of federal amended return, if filed. (MM/DD/YY) [] [] []

41. Amended return total payments and credits - Add Line 39 to Line 38 or subtract Line 40 from Line 38 41 [] .00

42. If Line 38, or if amended return, Line 41, is larger than Line 30, enter the difference. Amount of OVERPAYMENT 42 [] .00

43. Amount of Line 42 to be applied to your 2019 estimated tax 43 [] .00

Refund

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

44a. Children's Trust Fund [] .00 44b. Veterans Trust Fund [] .00 44c. Elderly Home Delivered Meals Trust Fund [] .00

44d. Missouri National Guard Trust Fund [] .00 44e. Workers' Memorial Fund [] .00 44f. Childhood Lead Testing Fund [] .00

44g. Missouri Military Family Relief Fund [] .00 44h. General Revenue Fund [] .00 44i. Organ Donor Program Fund [] .00

44j. Additional Fund Code [] Additional Fund Amount [] .00 44k. Additional Fund Code [] Additional Fund Amount [] .00

Total Donation - Add amounts from Boxes 44a through 44k and enter here 44 [] .00

45. Amount of Line 42 to be deposited into a Missouri 529 Education Savings Plan (MOST) account. Enter amount from Line E of Form 5632 45 [] .00

46. REFUND - Subtract Lines 43, 44, and 45 from Line 42 and enter here 46 [] .00

a. Routing Number [] c. Checking Savings

b. Account Number []



01	04	47. If Line 30 is larger than Line 38 or Line 41, enter the difference.			
02	05	Amount of UNDERPAYMENT (see the instructions for Line 48)	47		00
03	06				
04	07	48. Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount here	48		00
05	08				
06	09	<input type="checkbox"/> Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.			
07	10				
08	11	49. AMOUNT DUE - Add Lines 47 and 48.			
09	12	If you pay by check, you authorize the Department of Revenue to process the check			
10	13	electronically. Any returned check may be presented again electronically	49		00
11	14				

Amount Due

Signature

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	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
E-mail Address	Daytime Telephone
<input type="text"/>	<input type="text"/>
Preparer's Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone
<input type="text"/>	<input type="text"/>
Preparer's Address	State ZIP Code
<input type="text"/>	<input type="text"/>

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

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(Revised 12-2018)

Mail To:	Balance Due:	Refund or No Amount Due:	Phone (Balance Due): (573) 751-7200
	Missouri Department of Revenue	Missouri Department of Revenue	Phone (Refund or No Amount Due): (573) 751-3505
	P.O. Box 3370	P.O. Box 3222	Fax: (573) 751-2195
	Jefferson City, MO 65105-3370	Jefferson City, MO 65105-3222	E-mail: income@dor.mo.gov



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