MISSOURI DEPARTMENT OF REVENUE

Form **MO-1040**

2020 Individual Income Tax Return - Long Form

For Calendar Year January 1 - December 31, 2020

Print in BLACK ink only and DO NOT STAPLE.

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

☐ Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

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: 0 0 6

Department Use Only

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 2020 ☐ | Spouse's Social Security Number - - | Deceased in 2020 ☐

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 47. See pages 11-12 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	Kansas City Regional Law Enforcement Memorial Foundation Fund	Soldiers Memorial Military Museum in St. Louis Fund

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Income

	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 %

Exemptions and Deductions

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 . . . 9 .00

10. Other tax from federal return . . . 10 .00

11. Total tax from federal return. Do not enter federal income tax withheld. . . . 11 .00

12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage . . . 12 %

Missouri Adjusted Gross Income Range, Line 6:	Federal Tax Percentage:
$25,000 or less	35%
$25,001 to $50,000	25%
$50,001 to $100,000	15%
$100,001 to $125,000	5%
$125,001 or more	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed $5,000 for an individual or $10,000 for combined filers. . . . 13 .00

14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2)
- Single or Married Filing Separate-$12,400
- Head of Household-$18,650
- Married Filing Combined or Qualifying Widow(er)-$24,800

Note: If age 65 or older, blind, or claimed as a dependent, see page 6. . . . 14 .00

15. Long-term care insurance deduction . . . 15 .00

16. Health care sharing ministry deduction . . . 16 .00

17. Active Duty Military income deduction . . . 17 .00

18. Inactive Duty Military income deduction . . . 18 .00

19. Bring jobs home deduction . . . 19 .00

20. Transportation facilities deduction . . . 20 .00

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

Deductions Continued

21. First Time Home Buyers deduction. A. _____ B. _____ — 21 _____ . 00

22. Total deductions - Add Lines 8 and 13 through 21 — 22 _____ . 00

23. Subtotal - Subtract Line 22 from Line 6 — 23 _____ . 00

24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S — 24Y _____ . 00 | 24S _____ . 00

25. Enterprise zone or rural empowerment zone income modification — 25Y _____ . 00 | 25S _____ . 00

Tax

26. Taxable income - Subtract Line 25 from Line 24 — 26Y _____ . 00 | 26S _____ . 00

27. Tax (see tax chart on page 22 of the instructions). — 27Y _____ . 00 | 27S _____ . 00

28. Resident credit - Attach **Form MO-CR** and other states' income tax return(s). — 28Y _____ . 00 | 28S _____ . 00

29. 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% — 29Y _____ % | 29S _____ %

30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29 — 30Y _____ . 00 | 30S _____ . 00

31. Other taxes - Select box and attach federal form indicated.

☐ Lump sum distribution (Form 4972)

☐ Recapture of low income housing credit (Form 8611) — 31Y _____ . 00 | 31S _____ . 00

32. Subtotal - Add Lines 30 and 31 — 32Y _____ . 00 | 32S _____ . 00

33. Total Tax - Add Lines 32Y and 32S — 33 _____ . 00

Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099. — 34 _____ . 00

35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020 — 35 _____ . 00

36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms **MO-2NR** and **MO-NRP** — 36 _____ . 00

37. Missouri tax payments for nonresident entertainers - Attach **Form MO-2ENT** — 37 _____ . 00

38. Amount paid with Missouri extension of time to file (**Form MO-60**). — 38 _____ . 00

39. Miscellaneous tax credits (from **Form MO-TC**, Line 13) - Attach Form MO-TC — 39 _____ . 00

40. Property tax credit - Attach **Form MO-PTS** — 40 _____ . 00

41. Total payments and credits - Add Lines 34 through 40 — 41 _____ . 00

Skip Lines 42 through 44 if you are not filing an amended return.

Amended Return

42. Amount paid on original return . . . . . 42 .00

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

Indicate Reason for Amending

Enter date of IRS report (MM/DD/YY)

☐ A. Federal audit. . . . .

Enter year of loss (YY)

☐ B. Net Operating Loss carryback . . . . .

Enter year of credit (YY)

☐ C. Investment tax credit carryback . . . . .

Enter date of federal amended return, if filed. (MM/DD/YY)

☐ D. Correction other than A, B, or C . . . . .

44. Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43. Enter on Line 44. . . . . 44 .00

Refund

45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference. Amount of OVERPAYMENT . . . . . 45 .00

46. Amount of Line 45 to be applied to your 2021 estimated tax . . . . . 46 .00

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

47a. Children's Trust Fund .00 47b. Veterans Trust Fund .00 47c. Elderly Home Delivered Meals Trust Fund .00 47d. Missouri National Guard Trust Fund .00

47e. Workers' Memorial Fund .00 47f. Childhood Lead Testing Fund .00 47g. Missouri Military Family Relief Fund .00 47h. General Revenue Fund .00

47i. Organ Donor Program Fund .00 47j. Kansas City Regional Law Enforcement Memorial Foundation Fund .00 47k. Soldiers Memorial Military Museum in St. Louis Fund .00

47l. Additional Fund Code Additional Fund Amount .00 47m. Additional Fund Code Additional Fund Amount .00

Total Donation - Add amounts from Boxes 47a through 47m and enter here . . . . . 47 .00

48. Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632** . . . . . 48 .00

49. **REFUND** - Subtract Lines 46, 47, and 48 from Line 45 and enter here . . . . . 49 .00

a. Routing Number

b. Account Number

c. ☐ Checking ☐ Savings

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Amount Due

50. If Line 33 is larger than Line 41 or Line 44, enter the difference.
Amount of UNDERPAYMENT . . . . . 50 .00

51. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 51 .00

☐ Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

52. **AMOUNT DUE** - Add Lines 50 and 51.
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . . 52 .00

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)

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

E-mail Address | Daytime Telephone

Preparer's Signature | Date (MM/DD/YY)

Preparer's FEIN, SSN, or PTIN | Preparer's Telephone

Preparer's Address | State | ZIP Code

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

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. . . . . ☐ Yes ☐ No

Department Use Only

☐ A ☐ FA ☐ E10 ☐ DE ☐ F .

(Revised 12-2020)

Mail To:

Balance Due:
Missouri Department of Revenue
P.O. Box 3370
Jefferson City, MO 65105-3370

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 3222
Jefferson City, MO 65105-3222

Phone (Balance Due): (573) 751-7200
Phone (Refund or No Amount Due): (573) 751-3505
Fax: (573) 522-1762
E-mail: income@dor.mo.gov

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