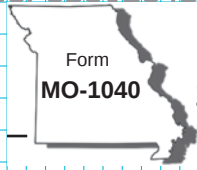


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MISSOURI DEPARTMENT OF
REVENUE
**2020 Individual Income
Tax Return - Long Form**

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	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

Deceased in 2020 **Deceased in 2020**

Social Security Number Spouse's Social Security Number

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.)

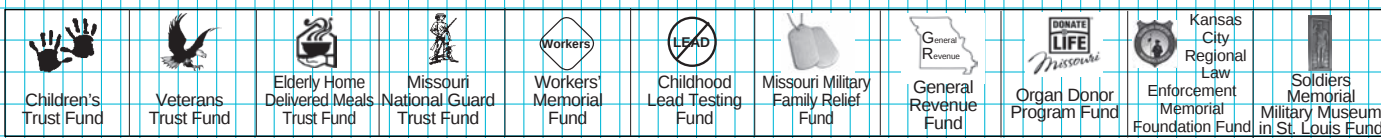
Address

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.



01	0000000001111111111222222222333333333344444444455555555556666666667777777777888888888
12	34567890123456789012345678901234567890123456789012345678901234567890123456789012345
04	
05	Deductions Continued
06	21. First Time Home Buyers deduction. A. 21 .00
07	22. Total deductions - Add Lines 8 and 13 through 21. 22 .00
08	23. Subtotal - Subtract Line 22 from Line 6. 23 .00
09	24. Multiply Line 23 by appropriate percentages (%) on 24Y .00 24S .00
10	Lines 7Y and 7S
11	25. Enterprise zone or rural empowerment zone income 25Y .00 25S .00
12	modification
13	
14	
15	
16	Tax
17	26. Taxable income - Subtract Line 25 from Line 24. 26Y .00 26S .00
18	27. Tax (see tax chart on page 22 of the instructions). 27Y .00 27S .00
19	28. Resident credit - Attach Form MO-CR and other states' 28Y .00 28S .00
20	income tax return(s).
21	29. Missouri income percentage - Enter 100% unless you are 29Y % 29S %
22	completing Form MO-NRI. Attach Form MO-NRI and a
23	copy of your federal return if less than 100%
24	30. Balance - Subtract Line 28 from Line 27; OR 30Y .00 30S .00
25	multiply Line 27 by percentage on Line 29
26	31. Other taxes - Select box and attach federal form indicated.
27	☐ Lump sum distribution (Form 4972)
28	☐ Recapture of low income housing credit (Form 8611) 31Y .00 31S .00
29	32. Subtotal - Add Lines 30 and 31. 32Y .00 32S .00
30	33. Total Tax - Add Lines 32Y and 32S. 33 .00
31	
32	
33	
34	
35	
36	
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38	
39	
40	
41	
42	
43	34. MISSOURI tax withheld - Attach Forms W-2 and 1099. 34 .00
44	
45	
46	35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020 35 .00
47	
48	36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms 36 .00
49	MO-2NR and MO-NRP
50	37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT 37 .00
51	
52	38. Amount paid with Missouri extension of time to file (Form MO-60) 38 .00
53	
54	39. Miscellaneous tax credits (from Form MO-TC, Line 13) - Attach Form MO-TC 39 .00
55	
56	40. Property tax credit - Attach Form MO-PTS 40 .00
57	
58	41. Total payments and credits - Add Lines 34 through 40. 41 .00
59	
60	
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62	
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64	
65	
66	



43. Overpayment as shown (or adjusted) on original return	43		00
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Enter date of IRS report (MM/DD/YY)

Enter year of loss (YY)

Enter year of credit (YY)

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

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Enter on Line 44. 44 00

Amount of OVERPAYMENT	45	00
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47. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

47d.	Missouri National Guard Trust Fund		.00
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Account	2023	2022
General Revenue Fund	47h.	00

Category	Value
Soldiers Memorial Military Museum in St. Louis Fund	47k.00

47m. Additional Fund Code Additional Fund Amount .00

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
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49. REFUND - Subtract Lines 46, 47, and 48 from Line 45 and enter here	49	00
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c. ☐ Checking ☐ Savings

b. Account Number	
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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 ... ☐ Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.	51		.00
	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

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	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	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

Mail To: 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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