



Missouri Department of Revenue
**2018 Individual Income Tax Return
 and Property Tax Credit
 Claim/Pension Exemption - Short Form**

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

Vendor Code

Department Use Only

0 0 6

[Redacted]

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 21. See 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



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Income

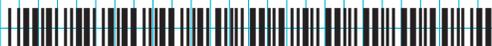
	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 8 of the instructions)	1Y	.00	1S	.00
2. Any state income tax refund included in federal adjusted gross income	2Y	.00	2S	.00
3. Missouri adjusted gross income - Subtract Line 2 from Line 1	3Y	.00	3S	.00
4. Total Missouri adjusted gross income - Add columns 3Y and 3S	4		.00	
5. Income percentages - Divide columns 3Y and 3S by total on Line 4. (Must equal 100%)	5Y	%	5S	%

Deductions and Taxable Income

6. Tax from federal return. Do not enter federal income tax withheld.	.00	→ Enter this amount on Line 6, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers.	6	.00
7. Missouri Standard or Itemized Deduction				
<u>Taxpayers Under Age 65</u>	<u>Taxpayers Age 65 or Older</u>			
• Single \$12,000	• Single \$13,600			
• Married Filing Combined \$24,000	• Married Filing Combined and YOU are Age 65 or Older \$25,300			
• Married Filing Separate \$12,000	• Married Filing Combined and You and Your Spouse are BOTH Age 65 or Older \$26,600			
• Head of Household \$18,000	• Married Filing Separate \$13,300			
• Qualifying Widow(er) \$24,000	• Head of Household \$19,600			
	• Qualifying Widow(er) \$25,300			
If blind or claimed as a dependent, see federal return or pages 6 and 7. If itemizing, see pages 6 and 7 of the instructions.	7		.00	
8. Pension exemption (Complete worksheet on page 19 and 20 of the instructions.) Attach worksheet, federal return, Form(s) 1099-R	8		.00	
9. Long-term care insurance deduction	9		.00	
10. Total Deductions - Add Lines 6 through 9	10		.00	

Taxes

11. Missouri Taxable Income - Subtract Line 10 from Line 4 and enter here	11		.00	
12. Multiply Line 11 by appropriate percentages on Lines 5Y and 5S	12Y	.00	12S	.00
13. Tax (See the tax chart on page 22 of the instructions)	13Y	.00	13S	.00
14. Total Taxes - Add Line 13Y and 13S	14		.00	



Payments and Credits

- 15. Missouri tax withheld - Attach Form(s) W-2 and 1099. 15 .00
- 16. 2018 Missouri estimated tax payment(s) - Include overpayment from 2017 applied to 2018. 16 .00
- 17. Property Tax Credit (from [Form MO-PTS](#), Line 14) - Attach Form MO-PTS. 17 .00
- 18. Total Payments and Credits - Add Lines 15, 16, and 17. 18 .00

Refund

- 19. If Line 18 is larger than Line 14, enter the amount of OVERPAYMENT. If Line 18 is less than Line 14, enter the AMOUNT DUE on Line 24. 19 .00
- 20. Enter the amount from Line 19 you want applied to your 2019 estimated tax. 20 .00

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

- | | | |
|--|--|---|
| 21a. Children's Trust Fund <input type="text"/> .00 | 21b. Veterans Trust Fund <input type="text"/> .00 | 21c. Elderly Home Delivered Meals Trust Fund <input type="text"/> .00 |
| 21d. Missouri National Guard Trust Fund <input type="text"/> .00 | 21e. Workers' Memorial Fund <input type="text"/> .00 | 21f. Childhood Lead Testing Fund <input type="text"/> .00 |
| 21g. Missouri Military Family Relief Fund <input type="text"/> .00 | 21h. General Revenue Fund <input type="text"/> .00 | 21i. Organ Donor Program Fund <input type="text"/> .00 |
| 21j. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00 | 21k. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00 | |

- Total Donation - Add amounts from Boxes 21a through 21k and enter here. 21 .00
- 22. Amount from Line 19 to be deposited into a Missouri 529 Education Savings Plan (MOST) account. Enter amount from [Form 5632](#), Line E. 22 .00
- 23. **Refund** - Subtract Lines 20, 21, and 22 from Line 19. 23 .00
If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below:

- a. Routing Number c. Checking Savings
- b. Account Number

Amount Due

- 24. **Amount Due** - If Line 18 is less than Line 14, enter the difference here. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. 24 .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 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

Department Use Only

A FA E10 DE F _____

(Revised 12-2018)

Mail To: Missouri Department of Revenue
P.O. Box 3395
Jefferson City, MO 65105-3395

Balance Due: Missouri Department of Revenue
P.O. Box 3385
Jefferson City, MO 65105-2800

Refund or No Amount Due: Missouri Department of Revenue
P.O. Box 3385
Jefferson City, MO 65105-2800

Phone (Balance Due): (573) 751-7200
Phone (Refund or No Amount Due): (573) 751-3505
Fax: (573) 751-2195
E-mail: propertytaxcredit@dor.mo.gov

Visit <http://dor.mo.gov/personal/individual/> for additional information.



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Public Pension Calculation - Pensions received from any federal, state, or local government.

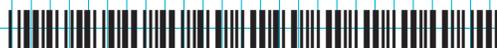
Section A

1.	Missouri adjusted gross income from Form MO-1040P, Line 4.	1		.00			
2.	Taxable social security benefits from Federal Form 1040, Line 5b	2		.00			
3.	Subtract Line 2 from Line 1	3		.00			
4.	Select the appropriate filing status and enter amount on Line 4. • Married Filing Combined (joint federal) - \$100,000 • Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000	4		.00			
5.	Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5		.00			
6.	Taxable pension for each spouse from public sources from Federal Form 1040, Line 4b	6Y		.00	6S		.00
7.	Amount from Line 6 or \$37,720 (maximum social security benefit), whichever is less	7Y		.00	7S		.00
8.	If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than \$0	8Y		.00	8S		.00
9.	Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0	9Y		.00	9S		.00
10.	Add amounts on Lines 9Y and 9S	10		.00			
11.	Total public pension - Subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0	11		.00			

Private Pension Calculation - Annuities, pensions, IRAs, and 401(k) plans funded by a private source.

Section B

1.	Missouri adjusted gross income from Form MO-1040P, Line 4.	1		.00			
2.	Taxable social security benefits from Federal Form 1040, Line 5b	2		.00			
3.	Subtract Line 2 from Line 1	3		.00			
4.	Select the appropriate filing status and enter the amount on Line 4. • Married Filing Combined (joint federal) - \$32,000 • Single, Head of Household and Qualifying Widow(er) - \$25,000 • Married Filing Separate - \$16,000	4		.00			
5.	Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5		.00			
6.	Taxable pension for each spouse from private sources from Federal Form 1040, Line 4b	6Y		.00	6S		.00
7.	Amounts from Line 6Y and 6S or \$6,000, whichever is less	7Y		.00	7S		.00
8.	Add Lines 7Y and 7S	8		.00			
9.	Total private pension - Subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0	9		.00			



Social Security or Social Security Disability Calculation - To be eligible for social security deduction you must be 62 years of age by December 31 and have selected the 62 and older box on page 1 of Form MO-1040P. Age limit does not apply to social security disability deduction.

Section C

1.	Missouri adjusted gross income from Form MO-1040P, Line 4.....	1		.00
2.	Select the appropriate filing status and enter amount on Line 2. • Married Filing Combined (joint federal) - \$100,000 • Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000....	2		.00
3.	Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0.....	3		.00
4.	Taxable social security benefits for each spouse from Federal Form 1040, Line 5b.....	4S		.00
5.	Taxable social security disability benefits for each spouse from Federal Form 1040, Line 5b.....	5Y		.00
6.	Amount from Line(s) 4Y or 5Y, and 4S or 5S.....	6Y		.00
7.	Add Lines 6Y and 6S.....	7		.00
8.	Total social security/social security disability - Subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0.....	8		.00

Military Pension Calculation

Section D

1.	Military retirement benefits included on Federal Form 1040, Line 4b.....	1		.00
2.	Taxable public pension from Federal Form 1040, Line 4b.....	2		.00
3.	Divide Line 1 by Line 2 (Round to whole number).....	3		%
4.	Multiply Line 3 by Line 11 of Section A. If you are not claiming a public pension exemption, enter \$0.....	4		.00
5.	Total military pension - Subtract Line 4 from Line 1.....	5		.00

Total Pension and Social Security/Social Security Disability/Military Exemption

Section E

	Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 5 (Section D). Enter total amount here and on Form MO-1040P, Line 8.....			.00
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- Complete this section only if you itemized deductions on your federal return. (See the information on pages 6 and 7).
- Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.
- If you are subject to “additional Medicare tax”, attach a copy of Federal Form 8959.

Missouri Itemized Deductions

1.	Total federal itemized deductions from Federal Form 1040, Line 8	1		.00
2.	2018 Social Security tax (Yourself)	2		.00
3.	2018 Social Security tax (Spouse)	3		.00
4.	2018 Railroad retirement tax - Tier I and Tier II (Yourself)	4		.00
5.	2018 Railroad retirement tax - Tier I and Tier II (Spouse)	5		.00
6.	2018 Medicare tax (see instructions on page 11)	6		.00
7.	2018 Self-employment tax (see instructions on page 11)	7		.00
8.	Total - Add Lines 1 through 7	8		.00
9.	State and local income taxes. From Federal Schedule A, Line 5 or see the worksheet below	9		.00
10.	Earnings taxes included in Line 9 (see instructions on page 11)	10		.00
11.	Net state income taxes. Subtract Line 10 from Line 9 or enter Line 7 from worksheet below	11		.00
12.	Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040P, Line 7	12		.00

Note: If Line 12 is less than your federal standard deduction, see information on pages 6 and 7.

Part 2 Worksheet - Net State Income Taxes, Line 11

Complete this worksheet only if your total state and local taxes included in your federal itemized deductions (Federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate filers).

1.	Enter the sum of your state and local taxes on Federal Form 1040, Schedule A, Line 5d	1		.00
2.	State and local income taxes from Federal Form 1040, Schedule A, Line 5a	2		.00
3.	Earnings taxes included on Federal Form 1040, Schedule A, Line 5a	3		.00
4.	Subtract Line 3 from Line 2	4		.00
5.	Divide Line 4 by Line 1	5		%
6.	Enter \$10,000 (\$5,000 if married filing separately)	6		.00
7.	Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 11, above	7		.00

