



MISSOURI DEPARTMENT OF REVENUE **2013 FORM MO-1040**
INDIVIDUAL INCOME TAX RETURN—LONG FORM

FOR CALENDAR YEAR JAN. 1—DEC. 31, 2013, OR FISCAL YEAR BEGINNING
 20 __, ENDING 20 __

AMENDED RETURN — CHECK HERE
NAME AND ADDRESS SOFTWARE VENDOR CODE **002**

SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER

NAME (LAST) (FIRST) M.I. JR, SR
 SPOUSE'S (LAST) (FIRST) M.I. JR, SR
 DECEASED IN 2013

IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) COUNTY OF RESIDENCE

PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE) CITY, TOWN, OR POST OFFICE STATE ZIP CODE

You may contribute to any one or all of the trust funds on Line 45. See pages 9–10 for a description of each trust fund, as well as trust fund codes to enter on Line 45.

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	After School Retreat Fund	DONATE LIFE Missouri Organ Donor Program Fund
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PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2013.

AGE 62 THROUGH 64 <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	AGE 65 OR OLDER <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	BLIND <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	100% DISABLED <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	NON-OBLIGATED SPOUSE <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE
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INCOME	Yourself		Spouse	
	1Y	00	1S	00
1. Federal adjusted gross income from your 2013 federal return (See worksheet on page 6.)	1Y	00	1S	00
2. Total additions (from Form MO-A, Part 1, Line 6)	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 14)	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 and Social Security/Social Security Disability/Military exemption (from Form MO-A, Part 3, Section E.)	8		00	
	9. Mark your filing status box below and enter the appropriate exemption amount on Line 9. <input type="checkbox"/> A. Single — \$2,100 (See Box B before checking.) <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00 <input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200 <input type="checkbox"/> D. Married filing separate — \$2,100 <input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200 <input type="checkbox"/> F. Head of household — \$3,500 <input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500	9		00	
	10. Tax from federal return (Do not enter federal income tax withheld.) • Federal Form 1040, Line 55 minus Lines 45, 64a, 66, and amounts from Form 8885 on Line 71 • Federal Form 1040A, Line 35 minus Lines 38a and 40 and any alternative minimum tax included on Line 28 • Federal Form 1040EZ, Line 10 minus Line 8a.	10		00	
	11. Other tax from federal return — Attach copy of your federal return (pages 1 and 2).	11		00	
	12. Total tax from federal return — Add Lines 10 and 11.	12		00	
	13. Federal tax deduction — Enter amount from Line 12 not to exceed \$5,000 for individual filer; \$10,000 for combined filers.	13		00	
	14. Missouri standard deduction OR itemized deductions. Single or Married Filing Separate — \$6,100 ; Head of Household — \$8,950 ; Married Filing a Combined Return or Qualifying Widow(er) — \$12,200 ; If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you are itemizing, see Form MO-A, Part 2.	14		00	
	15. Number of dependents from Federal Form 1040 OR 1040A, Line 6c (DO NOT INCLUDE YOURSELF OR SPOUSE.)	15		00	
	16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE.)	16		00	
	17. Long-term care insurance deduction	17		00	
	18. A. Health care sharing ministry deduction \$ _____ B. New jobs deduction \$ _____	18		00	
	19. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and 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
23. Subtract Line 22 from Line 21. Enter here and on Line 24.	23Y	00	23S	00	



MISSOURI DEPARTMENT OF REVENUE
**INDIVIDUAL INCOME TAX
 ADJUSTMENTS**

2013
 FORM
MO-A

Attachment Sequence No. 1040-01
**ATTACH TO FORM MO-1040. ATTACH A COPY OF YOUR FEDERAL
 RETURN. See information beginning on page 11 to assist you
 in completing this form.**

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NO.
SPOUSE'S LAST NAME	FIRST NAME	INITIAL	SPOUSE'S SOCIAL SECURITY NO.

PART 1 — MISSOURI MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (SEE PAGE 11).

ADDITIONS	Y - YOURSELF		S - SPOUSE	
	1Y	00	1S	00
1. Interest on state and local obligations other than Missouri source				
2. <input type="checkbox"/> Partnership; <input type="checkbox"/> Fiduciary; <input type="checkbox"/> S corporation; <input type="checkbox"/> Net Operating Loss (Carryback/Carryforward); <input type="checkbox"/> Other (description)	2Y	00	2S	00
3. Nonqualified distribution received from a qualified 529 plan (higher education savings program) not used for qualified higher education expenses	3Y	00	3S	00
4. Food Pantry contributions included on Federal Schedule A	4Y	00	4S	00
5. Nonresident Property Tax	5Y	00	5S	00
6. TOTAL ADDITIONS — Add Lines 1, 2, 3, 4, and 5. Enter here and on Form MO-1040, Line 2.....	6Y	00	6S	00
SUBTRACTIONS				
7. Interest from exempt federal obligations included in federal adjusted gross income (reduced by related expenses if expenses were over \$500). Attach a detailed list or all Federal Forms 1099....	7Y	00	7S	00
8. Any state income tax refund included in federal adjusted gross income	8Y	00	8S	00
9. <input type="checkbox"/> Partnership; <input type="checkbox"/> Fiduciary; <input type="checkbox"/> S corporation; <input type="checkbox"/> Railroad retirement benefits; <input type="checkbox"/> Net Operating Loss; <input type="checkbox"/> Military (nonresident); <input type="checkbox"/> Build America and Recovery Zone Bond Interest <input type="checkbox"/> Combat pay included in federal adjusted gross income; <input type="checkbox"/> MO Public-Private Transportation Act <input type="checkbox"/> Other (description) Attach supporting documentation.....	9Y	00	9S	00
10. Exempt contributions made to a qualified 529 plan (higher education savings program)	10Y	00	10S	00
11. Qualified Health Insurance Premiums	11Y	00	11S	00
12. Missouri depreciation adjustment (Section 143.121, RSMo) <input type="checkbox"/> Sold or disposed property previously taken as addition modification	12Y	00	12S	00
13. Home Energy Audit Expenses	13Y	00	13S	00
14. TOTAL SUBTRACTIONS — Add Lines 7, 8, 9, 10, 11, 12 and 13. Enter here and on Form MO-1040, Line 4.....	14Y	00	14S	00

**PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Complete this section only if you itemize deductions on your federal return. Attach a
 copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.**

1. Total federal itemized deductions from Federal Form 1040, Line 40.....	1	00
2. 2013 Social security tax — (Yourself)	2	00
3. 2013 Social security tax — (Spouse)	3	00
4. 2013 Railroad retirement tax — Tier I and Tier II (Yourself)	4	00
5. 2013 Railroad retirement tax — Tier I and Tier II (Spouse)	5	00
6. 2013 Medicare tax — Yourself and Spouse. See instructions on Page 35.....	6	00
7. Self-employment tax - See instructions on Page 35	7	00
8. TOTAL — Add Lines 1 through 7.....	8	00
9. State and local income taxes — from Federal Schedule A, Line 5	9	00
10. Earnings taxes included in Line 9	10	00
11. Net state income taxes — Subtract Line 10 from Line 9.....	11	00
12. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14.	12	00

NOTE: IF LINE 12 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INFORMATION ON PAGE 7.

Complete this worksheet only if your federal adjusted gross income from federal Form 1040, Line 37 is more than \$300,000 if married filing combined or qualifying widow(er), \$275,000 if head of household, \$250,000 if single or claimed as a dependent, or \$150,000 if married filing separate. If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet. Attach a copy of your Federal Itemized Deduction Worksheet (Page A-11 of Federal Schedule A instructions).

Worksheet For Part 2 - Income Taxes, Line 11	1. Enter amount from federal Itemized Deduction Worksheet, Line 3 (See page A-11 of federal Schedule A instructions.) If \$0 or less, enter "0"	1	00
	2. Enter amount from federal Itemized Deduction Worksheet, Line 9 (See federal Schedule A instructions.)	2	00
	3. State and local income taxes from federal Form 1040, Schedule A, Line 5	3	00
	4. Earnings taxes included on federal Form 1040, Schedule A, Line 5	4	00
	5. Subtract Line 4 from Line 3	5	00
	6. Divide Line 5 by Line 1	6	%
	7. Multiply Line 2 by Line 6.....	7	00
	8. Subtract Line 7 from Line 5. Enter here and on Form MO-A, Part 2, Line 11.....	8	00

PART 3 - PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION

PUBLIC PENSION CALCULATION — Pensions received from any federal, state, or local government.												
SECTION A	1. Missouri adjusted gross income from Form MO-1040, Line 6	1		00								
	2. Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	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 - \$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 1040A, Line 12b or 1040, Line 16b	6Y		00								
	7. Amount from Line 6 or \$35,939 (maximum social security benefit), whichever is less	7Y		00								
	8. Amount from Line 6 or \$6,000, whichever is less	8Y		00								
	9. Amount from Line 7 or Line 8, whichever is greater	9Y		00								
	10. 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	10Y		00								
	11. Subtract Line 10 from Line 9. If Line 10 is greater than Line 9, enter \$0	11Y		00								
	12. Add amounts on Lines 11Y and 11S	12		00								
	13. Total public pension , subtract Line 5, from Line 12. If Line 5 is greater than Line 12, enter \$0	13		00								
PRIVATE PENSION CALCULATION — Annuities, pensions, IRA'S, and 401(k) plans funded by a private source.												
SECTION B	1. Missouri adjusted gross income from Form MO-1040, Line 6	1		00								
	2. Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	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: \$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 1040A, Lines 11b and 12b, or Federal Form 1040, Lines 15b and 16b.	6Y		00								
	7. Amounts from Line 6Y and 6S or \$6,000, whichever is less	7Y		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 marked the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to social security disability deduction.												
SECTION C	1. Missouri adjusted gross income from Form MO-1040, Line 6	1		00								
	2. Select the appropriate filing status and enter the amount on Line 2. Married filing combined - \$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 1040A, Line 14b or Federal Form 1040, Line 20b	4Y		00								
	5. Taxable social security disability benefits for each spouse from Federal Form 1040A, Line 14b or 1040, Line 20b	5Y		00								
	6. Amount from Line(s) 4Y and/or 5Y, and 4S and/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 1040A, Line 12b or Federal Form 1040, Line 16b	1		00								
	2. Taxable public pension from Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b.	2		00								
	3. Divide Line 1 by Line 2 (Round to whole number)	3		%								
	4. Multiply Line 3 by Line 13 of Section A. If you are not claiming a public pension exemption, enter \$0	4		00								
	5. Subtract Line 4 from Line 1	5		00								
	6. Total military pension , multiply Line 5 by 60%	6		00								
TOTAL PENSION AND SOCIAL SECURITY/SOCIAL SECURITY DISABILITY/MILITARY EXEMPTION												
SECTION E	Add Line 13 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 6 (Section D). Enter total amount here and on Form MO-1040, Line 8.			TOTAL EXEMPTION	00							



MISSOURI DEPARTMENT OF REVENUE
HOME ENERGY AUDIT EXPENSE

2013
 FORM
MO-HEA

NAME OF TAXPAYER			
ADDRESS	CITY	STATE	ZIP

QUALIFICATIONS

Any taxpayer who paid an individual certified by the Department of Natural Resources to complete a home energy audit may deduct 100% of the costs incurred for the audit and the implementation of any energy efficiency recommendations made by the auditor. The maximum yearly subtraction may not exceed \$1,000, for a single taxpayer or a married couple filing a combined return. The maximum total lifetime subtraction you may claim is \$2,000. To qualify for the deduction, you must have incurred expenses in the taxable year for which you are filing a claim, and the expenses incurred must not have been excluded from your federal adjusted gross income or reimbursed through any other state or federal program.

INSTRUCTIONS - IN THE SPACES PROVIDED BELOW:

- Report the name of the auditor who conducted the audit
- Report the auditor's certification number
- Summarize each of the auditor's recommendations
- Enter the amount paid for the audit on Line A
- Enter the total amount paid to implement the energy efficiency recommendations on Line B
- Enter the total amount paid for the audit and any implemented recommendations on Line C
- Attach applicable receipts
- Attach completed MO-HEA and receipts to Form MO-1040

NAME OF AUDITOR	AUDITOR CERTIFICATION NUMBER
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SUMMARY OF RECOMMENDATIONS

1.
2.
3.
4.
5.

A. Amount paid for audit.....	A.	00
B. Amount paid to implement recommendations	B.	00
C. Total Paid - Add Lines A and B and enter here. Enter Line C or \$1,000, whichever is less, on Line 13 of Form MO-A. If you are filing a combined return, you may split the amount reported on Line 13 between both taxpayers	C.	00

MO-HEA (12-2013)

2013 TAX TABLE

If Missouri taxable income from Form MO-1040, Line 24, is less than \$9,000, use the table to figure tax;
 if more than \$9,000, use worksheet below or use the online tax calculator at <http://dor.mo.gov/personal/individual/>.

If Line 24 is			If Line 24 is			If Line 24 is			If Line 24 is			If Line 24 is			If Line 24 is		
At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is
0	100	\$ 0	1,500	1,600	\$ 26	3,000	3,100	\$ 62	4,500	4,600	\$109	6,000	6,100	\$167	7,500	7,600	\$238
100	200	2	1,600	1,700	28	3,100	3,200	65	4,600	4,700	113	6,100	6,200	172	7,600	7,700	243
200	300	4	1,700	1,800	30	3,200	3,300	68	4,700	4,800	116	6,200	6,300	176	7,700	7,800	248
300	400	5	1,800	1,900	32	3,300	3,400	71	4,800	4,900	120	6,300	6,400	181	7,800	7,900	253
400	500	7	1,900	2,000	34	3,400	3,500	74	4,900	5,000	123	6,400	6,500	185	7,900	8,000	258
500	600	8	2,000	2,100	36	3,500	3,600	77	5,000	5,100	127	6,500	6,600	190	8,000	8,100	263
600	700	10	2,100	2,200	39	3,600	3,700	80	5,100	5,200	131	6,600	6,700	194	8,100	8,200	268
700	800	11	2,200	2,300	41	3,700	3,800	83	5,200	5,300	135	6,700	6,800	199	8,200	8,300	274
800	900	13	2,300	2,400	44	3,800	3,900	86	5,300	5,400	139	6,800	6,900	203	8,300	8,400	279
900	1,000	14	2,400	2,500	46	3,900	4,000	89	5,400	5,500	143	6,900	7,000	208	8,400	8,500	285
1,000	1,100	16	2,500	2,600	49	4,000	4,100	92	5,500	5,600	147	7,000	7,100	213	8,500	8,600	290
1,100	1,200	18	2,600	2,700	51	4,100	4,200	95	5,600	5,700	151	7,100	7,200	218	8,600	8,700	296
1,200	1,300	20	2,700	2,800	54	4,200	4,300	99	5,700	5,800	155	7,200	7,300	223	8,700	8,800	301
1,300	1,400	22	2,800	2,900	56	4,300	4,400	102	5,800	5,900	159	7,300	7,400	228	8,800	8,900	307
1,400	1,500	24	2,900	3,000	59	4,400	4,500	106	5,900	6,000	163	7,400	7,500	233	8,900	9,000	312

FIGURING TAX OVER \$9,000	Yourself		Spouse		Example	
Missouri taxable income (Line 24)	\$	_____	\$	_____	\$ 12,000	If more than \$9,000, tax is \$315 PLUS 6% of excess over \$9,000. Round to nearest whole dollar and enter on Form MO-1040, Page 2, Line 25.
Subtract \$9,000	- \$	9,000	- \$	9,000	- \$ 9,000	
Difference	= \$	_____	= \$	_____	= \$ 3,000	
Multiply by 6%.....	x	6%	x	6%	x 6%	
Tax on income over \$9,000	= \$	_____	= \$	_____	= \$ 180	
Add \$315 (tax on first \$9,000)	+ \$	315	+ \$	315	+ \$ 315	
TOTAL MISSOURI TAX	= \$	_____	= \$	_____	= \$ 495	

A separate tax must be computed for you and your spouse.



MISSOURI DEPARTMENT OF REVENUE
SMALL BUSINESS DEDUCTION
FOR NEW JOBS UNDER SECTION 143.173, RSMo.

MO-NJD
 (REV. 07-2012)

NAME OF SMALL BUSINESS	FEDERAL EMPLOYER ID NUMBER _____
ADDRESS	MO TAX ID NUMBER _____
CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER _____

TYPE OF SMALL BUSINESS
 SOLE PROPRIETOR PARTNERSHIP C-CORPORATION S-CORPORATION LIMITED LIABILITY COMPANY
 LIMITED LIABILITY PARTNERSHIP OTHER BUSINESS ENTITY (SPECIFY BUSINESS TYPE) _____

QUALIFICATIONS

For all taxable years beginning on or after January 1, 2011 (if pass through entity, see special instructions on page 2), and ending on or before December 31, 2014, if a small business creates new jobs, it may qualify to claim a deduction in the taxable year each new employee completes at least 52 weeks of full-time employment. The deduction is equal to \$10,000 for each new job created or \$20,000 for each new job created by a small business that paid at least 50 percent of all employees' health insurance premiums.

The Small Business:

- Must employ fewer than 50 full-time or part-time employees at all times during the tax year for which the deduction is requested to qualify for the deduction. Any small business affiliated with another business must consider each employee of all affiliated businesses in determining if it employs fewer than 50 full-time or part-time employees. Two businesses are affiliated if either party has power to control the other, or a third party controls or has the power to control both parties. For purposes of the deduction, a part-time employee is defined as one who works fewer than 30 hours per week.
- Must be subject to income taxes imposed in Chapter 143, RSMo.
- Must ensure all new employees have completed at least 52 weeks of full-time employment prior to including them in the deduction calculation. Upon completion of at least 52 weeks, the employee becomes a qualifying full-time employee and the small business may choose a date to compare the number of qualifying full-time employees employed in the previous calendar year. See the example below for further instruction.
- Must pay wages of at least the county average wage or the state average wage if the county wage is in excess of the state wide average. The county average wage is calculated by the Department of Economic Development and can be found at: www.missourieconomy.org/indicators/countywage.stm.
- Must pay at least 50 percent of the health insurance premium for all full-time employees, not just for new employees, to claim the \$20,000 deduction.

The Employee:

- Must complete at least 52 consecutive weeks of employment and work an average of at least 35 hours per week before the small business may claim the deduction.
- May not have been previously employed in Missouri by the small business or any business affiliated with the small business for a period of 12 months prior to the creation of the new job.

Example: A small business chooses November 1 as its comparison date. On that date in 2011, the business had 25 full-time employees who had been employed for at least 52 weeks, and five employees who had been employed for 20 weeks. Also on that date, the business hires two new employees who had not been employed by the business. If all these employees remain employed through November 1, 2012, the small business is eligible to claim deductions for seven of its employees in determining its 2012 tax liability. Although five of these employees had been employed prior to November 1, 2011, they would not qualify as full-time employees on that date because they had not completed 52 weeks of employment. Although those five employees could have qualified for the deduction prior to November 1, 2012, the two employees hired on November 1, 2011 could not. Because a small business can select only one comparison date per year, the small business selected November 1, 2012 so it could claim the deduction for all seven employees.

INSTRUCTIONS

1. Comparison Date: Each small business must choose a date to compare the number of full-time employees in the deduction year and the number employed in the immediately preceding year. Enter your comparison date: (MM/DD/YYYY)....	1
2. Employees in Deduction Year: The number of full-time employees employed on your comparison date in the deduction year.	2
3. Employees in Previous Year: The number of full-time employees employed on your comparison date in the immediately preceding year.....	3
4. Subtract Line 3 from Line 2 to determine the number of eligible employees.....	4

IN THE TABLE ON PAGE TWO, ENTER THE REQUESTED INFORMATION FOR EACH NEW EMPLOYEE REFLECTED ON LINE 4.

Note: If the employee worked in more than one county, enter the county in which he or she worked for the majority of his or her 52 weeks of employment.

I hereby certify to the Department of Revenue that the employees listed on page 2 meet the requirements outlined in Section 143.173, RSMo, and the small business claiming a deduction meets the requirements outlined in this document and in Section 143.173, RSMo. Under penalties of perjury, I declare that I have examined the above information, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. I also declare under penalties of perjury that the business does not employ any illegal or unauthorized aliens as defined under federal law and that the business is not eligible for any tax exemption, credit or abatement if it employs such aliens. I also declare that the business participates in a federal work authorization program with respect to the employees working in connection with any contracted services, and the business does not knowingly employ any person who is an unauthorized alien in connection with any contracted services. I am the owner of or an officer of the above business and am authorized to apply for the small business deduction for new jobs on behalf of the small business identified above.

SIGNATURE	TITLE	DATE ____/____/____
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PAGE 2

EMPLOYEE NAME FIRST, MIDDLE INITIAL, LAST	EMPLOYEE SOCIAL SECURITY NUMBER	EMPLOYEE TITLE/ POSITION CODE	COUNTY WHERE EMPLOYEE WORKED	ANNUAL COUNTY AVERAGE WAGE	TOTAL WAGES PAID FOR 52 CONSECUTIVE WEEKS	TOTAL DEDUCTION
1.				\$	\$	\$
2.				\$	\$	\$
3.				\$	\$	\$
4.				\$	\$	\$
5.				\$	\$	\$
6.				\$	\$	\$
7.				\$	\$	\$
8.				\$	\$	\$
9.				\$	\$	\$
10.				\$	\$	\$

Total Deduction: Enter your total deduction here and on Form MO-1040, Line 18B; or on Form MO-1120, Line 7. \$
 If you hired more than ten new employees, please print an additional page.

Special Instructions for Pass-Through Entities:

For tax years ending on or after August 28, 2012, S-corporations, limited liability companies, limited liability partnerships or other pass-through business entities may also qualify for the small business deduction for new jobs under Section 143.173, RSMo.

The deduction year comparison date can be any date within the tax year and the previous year comparison date will be one year earlier. Each partner, member or shareholder must attach a completed Form MO-NJD when claiming the small business deduction on their income tax return.

Allocation: Complete the Allocation Schedule below listing each partner, member, or shareholder and their applicable amount of the total small business deduction (round to whole numbers). The deduction must be allocated in the same proportion as income is allocated for income tax purposes. The pass-through entity qualifying for the deduction must provide a copy of this form to each partner, member or shareholder claiming the deduction, who must file the copy with their return.

ALLOCATION SCHEDULE

NAME OF PARTNER, MEMBER OR SHAREHOLDER	SOCIAL SECURITY NUMBER OR FEIN	SHARE %	DEDUCTION AMOUNT
1.		%	\$
2.		%	\$
3.		%	\$
4.		%	\$
5.		%	\$
6.		%	\$
7.		%	\$
8.		%	\$
9.		%	\$
10.		%	\$

Total Deduction: Enter your total deduction here and on Form MO-1040, Line 18B; or on Form MO-1120, Line 7 **100 %** \$
 If you have more than ten partners, members or shareholders, please print an additional page.



MISSOURI DEPARTMENT OF REVENUE
**CREDIT FOR INCOME TAXES PAID TO
 OTHER STATES OR POLITICAL SUBDIVISIONS**

2013
 FORM
MO-CR

Attachment Sequence No. 1040-03

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

- Attach a copy of all income tax returns for each state or political subdivision.
- Attach Form MO-CR to Form MO-1040.

YOUR NAME		YOUR SOCIAL SECURITY NO.		YOUR SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY NO.	
		YOURSELF		SPOUSE			
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S).....		1	00	1	00		
2. Claimant's Missouri income tax (Form MO-1040, Line 25Y and Line 25S)		2	00	2	00		
USE TWO LETTER ABBREVIATION FOR STATE OR NAME OF POLITICAL SUBDIVISION. See table on back.....		STATE OF:		STATE OF:			
3. Wages and commissions		3	00	3	00		
4. Other (describe nature)		4	00	4	00		
5. Total — Add Lines 3 and 4.....		5	00	5	00		
6. Less: related adjustments (from Federal Form 1040A, Line 20, or Federal Form 1040, Line 36).		6	00	6	00		
7. Net amounts — Subtract Line 6 from Line 5.....		7	00	7	00		
8. Percentage of your income taxed — Divide Line 7 by Line 1.		8	%	8	%		
9. Maximum credit — Multiply Line 2 by percentage on Line 8.....		9	00	9	00		
10. Income tax you paid to another state or political subdivision. This is not tax withheld. The income tax is reduced by all credits, except withholding and estimated tax.....		10	00	10	00		
11. Credit — Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 26Y or Line 26S. (If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040		11	00	11	00		

For Privacy Notice see instructions

MO-CR (12-2013)



MISSOURI DEPARTMENT OF REVENUE
**CREDIT FOR INCOME TAXES PAID TO
 OTHER STATES OR POLITICAL SUBDIVISIONS**

2013
 FORM
MO-CR

Attachment Sequence No. 1040-03

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

- Attach a copy of all income tax returns for each state or political subdivision.
- Attach Form MO-CR to Form MO-1040.

YOUR NAME		YOUR SOCIAL SECURITY NO.		YOUR SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY NO.	
		YOURSELF		SPOUSE			
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S).....		1	00	1	00		
2. Claimant's Missouri income tax (Form MO-1040, Line 25Y and Line 25S)		2	00	2	00		
USE TWO LETTER ABBREVIATION FOR STATE OR NAME OF POLITICAL SUBDIVISION. See table on back.....		STATE OF:		STATE OF:			
3. Wages and commissions		3	00	3	00		
4. Other (describe nature)		4	00	4	00		
5. Total — Add Lines 3 and 4.....		5	00	5	00		
6. Less: related adjustments (from Federal Form 1040A, Line 20, or Federal Form 1040, Line 36).		6	00	6	00		
7. Net amounts — Subtract Line 6 from Line 5.....		7	00	7	00		
8. Percentage of your income taxed — Divide Line 7 by Line 1.		8	%	8	%		
9. Maximum credit — Multiply Line 2 by percentage on Line 8.....		9	00	9	00		
10. Income tax you paid to another state or political subdivision. This is not tax withheld. The income tax is reduced by all credits, except withholding and estimated tax.....		10	00	10	00		
11. Credit — Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 26Y or Line 26S. (If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040		11	00	11	00		

For Privacy Notice see instructions

MO-CR (Revised 12-2013)

INFORMATION TO COMPLETE FORM MO-CR

Complete this form if you are a Missouri resident, resident estate, or resident trust with income from another state(s). A part-year resident may elect to use this form to determine his or her tax as if he or she were a resident for the entire taxable year. If you pay tax to more than one state, you must complete a separate Form MO-CR for each state.

Before you begin:

- **Complete your Missouri return, Form MO-1040 (Lines 1–25).**
- **Complete the other state's return(s) to determine the amount of income tax you paid to the other state(s).**

Line 1 — Enter the amount from Form MO-1040, Line 5Y and 5S.

Line 2 — Enter the amount from Form MO-1040, Line 25Y and 25S.

Lines 3 and 4 — Enter the total amount of wages, commissions, and other income you or your spouse received from the other state(s), as reported on the other state(s) return.

Line 5 — Add Lines 3 and 4; enter the total on Line 5.

Line 6 — Enter any federal adjustments from:
 Federal Form 1040.....Line 36
 Federal Form 1040A.....Line 20

Line 7 — Subtract Line 6 from Line 5. Enter the difference on Line 7.

Line 8 — Divide Line 7 by Line 1. If greater than 100 percent, enter 100 percent. Round whole percent, such as 91 percent instead of 90.5 percent. If percentage is less than 0.5 percent, use exact percentage. Enter percentage on Line 8.

Line 9 — Multiply Line 2 by percentage on Line 8. Enter amount on Line 9.

Line 10 — Enter your income tax liability as reported on the other state(s) income tax return. This is not income tax withheld. The income tax entered must be reduced by all credits, except withholding and estimated tax. If both you and your spouse paid income tax to the other state(s), each must claim his or her own portion of the tax liability.

Line 11 — Enter the smaller amount from Form MO-CR, Line 9 or Line 10. This is your Missouri resident credit. Enter the amount on Form MO-1040, Lines 26Y and 26S. (If you have multiple credits, add the amounts on Line 11 from each MO-CR). Your total credit cannot exceed the tax paid or the percent of tax due Missouri on that part of your income.

Two Letter Abbreviations for States

AL—Alabama	CT—Connecticut	HI—Hawaii	KY—Kentucky	MN—Minnesota	NJ—New Jersey	OK—Oklahoma	TN—Tennessee	WV—West Virginia
AK—Alaska	DC—District of Columbia	ID—Idaho	LA—Louisiana	MS—Mississippi	NM—New Mexico	OR—Oregon	TX—Texas	WI—Wisconsin
AZ—Arizona		IL—Illinois	ME—Maine	MT—Montana	NY—New York	PA—Pennsylvania	UT—Utah	WY—Wyoming
AR—Arkansas	DE—Delaware	IN—Indiana	MD—Maryland	NE—Nebraska	NC—North Carolina	RI—Rhode Island	VT—Vermont	
CA—California	FL—Florida	IA—Iowa	MA—Massachusetts	NV—Nevada	ND—North Dakota	SC—South Carolina	VA—Virginia	
CO—Colorado	GA—Georgia	KS—Kansas	MI—Michigan	NH—New Hampshire	OH—Ohio	SD—South Dakota	WA—Washington	

MO-CR (12-2013)

INFORMATION TO COMPLETE FORM MO-CR

Complete this form if you are a Missouri resident, resident estate, or resident trust with income from another state(s). A part-year resident may elect to use this form to determine his or her tax as if he or she were a resident for the entire taxable year. If you pay tax to more than one state, you must complete a separate Form MO-CR for each state.

Before you begin:

- **Complete your Missouri return, Form MO-1040 (Lines 1–25).**
- **Complete the other state's return(s) to determine the amount of income tax you paid to the other state(s).**

Line 1 — Enter the amount from Form MO-1040, Line 5Y and 5S.

Line 2 — Enter the amount from Form MO-1040, Line 25Y and 25S.

Lines 3 and 4 — Enter the total amount of wages, commissions, and other income you or your spouse received from the other state(s), as reported on the other state(s) return.

Line 5 — Add Lines 3 and 4; enter the total on Line 5.

Line 6 — Enter any federal adjustments from:
 Federal Form 1040.....Line 36
 Federal Form 1040A.....Line 20

Line 7 — Subtract Line 6 from Line 5. Enter the difference on Line 7.

Line 8 — Divide Line 7 by Line 1. If greater than 100 percent, enter 100 percent. Round whole percent, such as 91 percent instead of 90.5 percent. If percentage is less than 0.5 percent, use exact percentage. Enter percentage on Line 8.

Line 9 — Multiply Line 2 by percentage on Line 8. Enter amount on Line 9.

Line 10 — Enter your income tax liability as reported on the other state(s) income tax return. This is not income tax withheld. The income tax entered must be reduced by all credits, except withholding and estimated tax. If both you and your spouse paid income tax to the other state(s), each must claim his or her own portion of the tax liability.

Line 11 — Enter the smaller amount from Form MO-CR, Line 9 or Line 10. This is your Missouri resident credit. Enter the amount on Form MO-1040, Lines 26Y and 26S. (If you have multiple credits, add the amounts on Line 11 from each MO-CR). Your total credit cannot exceed the tax paid or the percent of tax due Missouri on that part of your income.

Two Letter Abbreviations for States

AL—Alabama	CT—Connecticut	HI—Hawaii	KY—Kentucky	MN—Minnesota	NJ—New Jersey	OK—Oklahoma	TN—Tennessee	WV—West Virginia
AK—Alaska	DC—District of Columbia	ID—Idaho	LA—Louisiana	MS—Mississippi	NM—New Mexico	OR—Oregon	TX—Texas	WI—Wisconsin
AZ—Arizona		IL—Illinois	ME—Maine	MT—Montana	NY—New York	PA—Pennsylvania	UT—Utah	WY—Wyoming
AR—Arkansas	DE—Delaware	IN—Indiana	MD—Maryland	NE—Nebraska	NC—North Carolina	RI—Rhode Island	VT—Vermont	
CA—California	FL—Florida	IA—Iowa	MA—Massachusetts	NV—Nevada	ND—North Dakota	SC—South Carolina	VA—Virginia	
CO—Colorado	GA—Georgia	KS—Kansas	MI—Michigan	NH—New Hampshire	OH—Ohio	SD—South Dakota	WA—Washington	

MO-CR (Revised 12-2013)



MISSOURI DEPARTMENT OF REVENUE
**MISSOURI INCOME
 PERCENTAGE**

**2013
 FORM
 MO-NRI**

Attachment Sequence No. 1040-04

**Attach Federal Return. See Instructions and
 Diagram on page 2 of Form MO-NRI.**

PART A — RESIDENT/NONRESIDENT STATUS — Check your status in the appropriate box below.

NAME (YOURSELF)		NAME (SPOUSE)	
ADDRESS		ADDRESS	
CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER	CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER
<input type="checkbox"/> 1. NONRESIDENT OF MISSOURI What was your state of residence during 2013?		<input type="checkbox"/> 1. NONRESIDENT OF MISSOURI What was your state of residence during 2013?	
<input type="checkbox"/> 2. PART-YEAR MISSOURI RESIDENT		<input type="checkbox"/> 2. PART-YEAR MISSOURI RESIDENT	
a. Indicate the date you were a Missouri resident in 2013.	Date From: Date To:	a. Indicate the date you were a Missouri resident in 2013.	Date From: Date To:
b. Indicate other state of residence and date you resided there.	Date From: Date To:	b. Indicate other state of residence and date you resided there.	Date From: Date To:

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 27 of MO-1040.

<input type="checkbox"/> 3. MILITARY/NONRESIDENT TAX STATUS — Indicate your tax status below and complete Part C—Missouri Income Percentage. a. Missouri Home of Record <input type="checkbox"/> I did not at any time during the 2013 tax year maintain a permanent place of abode in Missouri nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____. b. Non-Missouri Home of Record <input type="checkbox"/> I resided in Missouri during 2013 solely because my spouse or I was stationed at _____ on military orders, my home of record is in the state of _____.	<input type="checkbox"/> 3. MILITARY/NONRESIDENT TAX STATUS — Indicate your tax status below and complete Part C—Missouri Income Percentage. a. Missouri Home of Record <input type="checkbox"/> I did not at any time during the 2013 tax year maintain a permanent place of abode in Missouri nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____. b. Non-Missouri Home of Record <input type="checkbox"/> I resided in Missouri during 2013 solely because my spouse or I was stationed at _____ on military orders, my home of record is in the state of _____.
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PART B — WORKSHEET FOR MISSOURI SOURCE INCOME

ADJUSTED GROSS INCOME COMPUTATIONS	FEDERAL FORM 1040A LINE NO.	FEDERAL FORM 1040 LINE NO.	YOURSELF OR ONE INCOME FILER		SPOUSE (ON A COMBINED RETURN)	
			MISSOURI SOURCES		MISSOURI SOURCES	
A. Wages, salaries, tips, etc.....	7	7	A	00	A	00
B. Taxable interest income.....	8a	8a	B	00	B	00
C. Dividend income.....	9a	9a	C	00	C	00
D. State and local income tax refunds.....	none	10	D	00	D	00
E. Alimony received.....	none	11	E	00	E	00
F. Business income or (loss).....	none	12	F	00	F	00
G. Capital gain or (loss).....	10	13	G	00	G	00
H. Other gains or (losses).....	none	14	H	00	H	00
I. Taxable IRA distributions.....	11b	15b	I	00	I	00
J. Taxable pensions and annuities.....	12b	16b	J	00	J	00
K. Rents, royalties, partnerships, S corporations, trusts, etc.....	none	17	K	00	K	00
L. Farm income or (loss).....	none	18	L	00	L	00
M. Unemployment compensation.....	13	19	M	00	M	00
N. Taxable social security benefits.....	14b	20b	N	00	N	00
O. Other income.....	none	21	O	00	O	00
P. Total — Add Lines A through O.....	15	22	P	00	P	00
Q. Less: federal adjustments to income.....	20	36	Q	00	Q	00
R. SUBTOTAL (Line P – Line Q) If no modifications to income, STOP and ENTER this amount on reverse side, Part C, Line 1.	21	37	R	00	R	00
S. Missouri modifications — additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2).....			S	00	S	00
T. Missouri modifications — subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4).....			T	00	T	00
U. MISSOURI INCOME (Missouri sources). Line R plus Line S, minus Line T. Enter this amount on reverse side, Part C, Line 1.			U	00	U	00

PART C — MISSOURI INCOME PERCENTAGE

	Yourself or One Income Filer		Spouse (on a Combined Return)	
1. Missouri income — Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600.)	1	00	1	00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return)	2	00	2	00
3. MISSOURI INCOME PERCENTAGE (divide Line 1 by Line 2). If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 27Y and 27S.	3	%	3	%

INSTRUCTIONS

PART A, LINE 1: NONRESIDENTS OF MISSOURI — If you are a Missouri nonresident and had Missouri source income, complete Part A, Line 1, Part B, and Part C. Attach a copy of your federal return and this form to your Missouri return.

PART A, LINE 2: PART-YEAR RESIDENT — If you were a Missouri part-year resident with Missouri source income and income from another state; you may use Form MO-NRI or Form MO-CR, whichever is to your benefit. When using Form MO-NRI, complete Part A, Line 2, Part B, and Part C. Missouri source income includes any income (pensions, annuities, etc.) that you received while living in Missouri. Attach a copy of your federal return and this form to your Missouri return.

PART A, LINE 3: MILITARY NONRESIDENT TAX STATUS —

MISSOURI HOME OF RECORD — If you have a Missouri home of record and you:

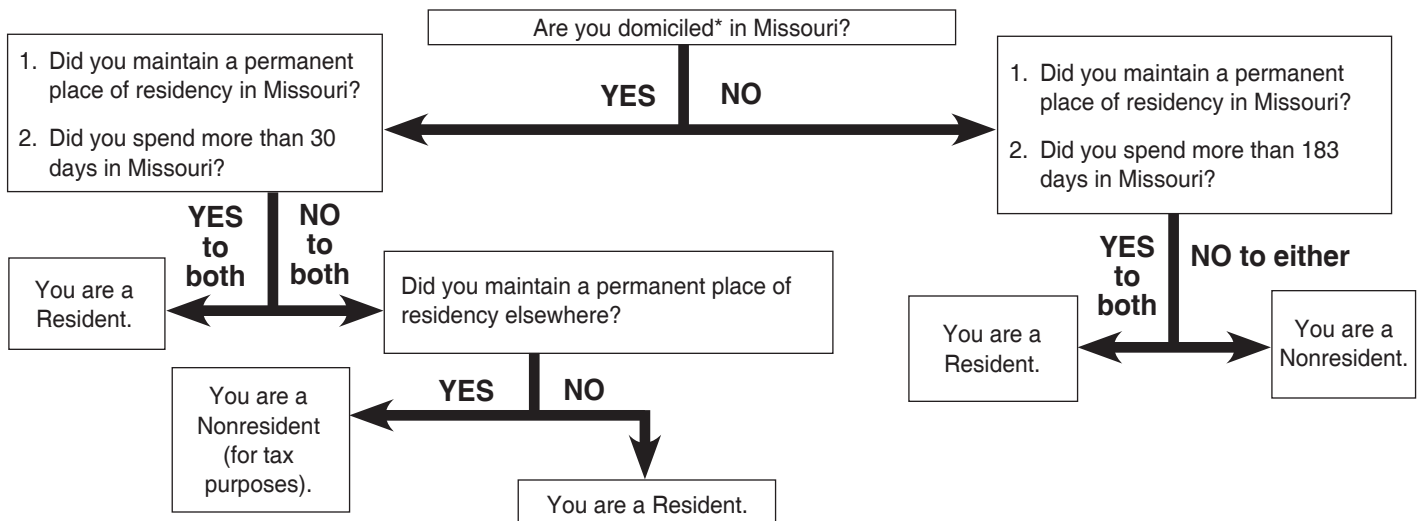
- a) Did not have any Missouri income other than military income, were not in Missouri for more than 30 days, did not maintain a home in Missouri during the year, but did maintain living quarters elsewhere, you qualify as a nonresident for tax purposes. Complete Part A, Line 3 and enter "0" on Part C, Line 1.
- b) Did have Missouri income other than military income, were in Missouri for more than 30 days or maintained a home in Missouri during the year, you cannot use this form. You must file Form MO-1040 because 100 percent of your income is taxable, including your military income. **Do not complete this form.**
- c) Did not have Missouri income other than military income but spent more than 30 days in Missouri or maintained a home in Missouri during the year, you must file Form MO-1040 because 100 percent of your income is taxable, including your military income. **Do not complete this form.**
- d) Are married to a Missouri resident, who is not in the military, but lives with you outside of Missouri on military orders, you may use Form MO-NRI to calculate your Missouri income percentage. However, any income earned by your spouse is taxable to Missouri. Your spouse is not eligible to complete Form MO-NRI.

MILITARY NONRESIDENT STATIONED IN MISSOURI — If you are a military nonresident, stationed in Missouri and you:

- a) **Earned non-military income while in Missouri**, you must file Form MO-1040. Complete Part A, Line 3, Part B and Part C. The nonresident military pay should be subtracted from your federal adjusted gross income using Form MO-A, Part 1, Line 9, as a "Military (nonresident) Subtraction".
- b) **Only had military income while in Missouri, you may complete a No Return Required-Military Online Form at the following address:** <http://dor.mo.gov/personal/individual/>.

NOTE: IF YOU FILE A JOINT FEDERAL RETURN, YOU MUST FILE A COMBINED MISSOURI RETURN (REGARDLESS OF WHOM EARNED THE INCOME). COMPLETE EACH COLUMN OF PART B AND PART C OF THIS FORM. DO NOT COMBINE INCOMES FOR YOU AND YOUR SPOUSE.

Use this diagram to determine if you or your spouse are a RESIDENT OR NONRESIDENT



*Domicile (Home of Record) — The place an individual intends to be his or her permanent home; a place that he or she intends to return whenever absent. A domicile, once established, continues until the individual moves to a new location with the true intention of making his or her permanent home there. An individual can only have one domicile at a time.

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

SIGNATURE	DATE	SPOUSE'S SIGNATURE	DATE
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MISSOURI DEPARTMENT OF REVENUE
**MISCELLANEOUS INCOME
 TAX CREDITS**

**2013
 FORM
 MO-TC**

Attachment Sequence No. 1040-02, 1120-04,
 1120S-02

NAME (LAST, FIRST)		SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER	
SPOUSE'S NAME (LAST, FIRST)		SPOUSE'S SOCIAL SECURITY NUMBER	
CORPORATION NAME	MO TAX I.D. NUMBER	CHARTER NUMBER	

- Each credit will apply against your tax liability **in the order they appear on the form.**
- If you are claiming more than 10 credits, attach an additional sheet.
- If you are filing a combined return, **both names must be on the certificate/form** from the issuing agency.
- **If you are a shareholder or partner and claiming a credit, you must attach a copy of the shareholder listing, specifying your percentage of ownership, including the corporation's percentage of ownership, if applicable.**

USE THIS FORM TO CLAIM INCOME TAX CREDITS ON FORM MO-1040, MO-1120, MO-1120S, OR MO-1041. ATTACH TO FORM MO-1040, MO-1120, MO-1120S, OR MO-1041.

	BENEFIT NUMBER	ALPHA CODE (3 Characters) from back	CREDIT NAME EACH CREDIT WILL APPLY IN THE ORDER THEY APPEAR BELOW	<ul style="list-style-type: none"> • YOURSELF (one income) • Corporation Income • Fiduciary 		<ul style="list-style-type: none"> • SPOUSE (on a combined return) • Corporation Franchise 	
				Column 1	Column 2	Column 1	Column 2
1.				1.	00		00
2.				2.	00		00
3.				3.	00		00
4.				4.	00		00
5.				5.	00		00
6.				6.	00		00
7.				7.	00		00
8.				8.	00		00
9.				9.	00		00
10.				10.	00		00
11.	SUBTOTALS — add Lines 1 through 10.			11.	00		00
12.	Enter the amount of the tax liability from Form MO-1040, Line 30Y for yourself and Line 30S for your spouse, or from Form MO-1120, Line 14 plus Line 15 for income or Line 16 for franchise; Form MO-1120S, Line 15 for franchise tax; or Form MO-1041, Line 18.			12.	00		00
13.	Total Credits — add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 18; Form MO-1120S, Line 16; Form MO-1040, Line 37; or Form MO-1041, Line 19.) Line 13 cannot exceed the amount on Line 12, unless the credit is refundable.			13.			00

MO-TC (12-2013)

For Privacy Notice, see the instructions.

Instructions

- If you are filing an individual income tax return and you have only one income, use Column 1.
- If you are filing a combined return and **both** you and your spouse have income, use Column 1 for yourself and Column 2 for your spouse.
- If you are filing a fiduciary return, use Column 1.
- If you are filing a corporation income tax return, use Column 1. If you are filing a corporation franchise tax return, use Column 2.
- Include a copy of your certificate or form from the issuing agency.

Benefit Number:

The number is located on your Certificate of Eligibility Schedule (Certificate).

Alpha Code:

This is the three character code located on the back of the form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.

I 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. I also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services.

WORKSHEET FOR LINE 1 — Instructions for Completing the Adjusted Gross Income Worksheet

Missouri law requires a combined return for married couples filing together. A combined return means taxpayers are required to split their total federal adjusted gross income (including other state income) between spouses when beginning the Missouri return.

Splitting the income can be as easy as adding up your separate Forms W-2 and 1099. Or it may require allocating to each spouse the percentage of ownership in jointly held property, such as businesses, farm operations, dividends, interest, rent, and capital gains or losses. State refunds should be split based on each spouse's 2012 Missouri tax withheld, less each spouse's 2012 tax liability. The result should be each spouse's portion of the 2012 refund. Taxable social security benefits must be allocated by each spouse's share of the benefits received for the year.

The worksheet below lists income that is included on your federal return, along with federal line references. Find the lines that apply to your federal return, split the income between you and your spouse, and enter the amounts on the worksheet. When you have completed the worksheet, transfer the amounts from Line 18 to Form MO-1040, Lines 1Y and 1S.

Note: Remember, the incomes listed separately on Line 18 of this worksheet must equal your total federal adjusted gross income when added together.

Adjusted Gross Income Worksheet for Combined Return	Federal Form 1040EZ Line No.	Federal Form 1040A Line No.	Federal Form 1040 Line No.	Y — Yourself		S — Spouse	
1. Wages, salaries, tips, etc.....	1	7	7	00	1	00	00
2. Taxable interest income.....	2	8a	8a	00	2	00	00
3. Dividend income.....	none	9a	9a	00	3	00	00
4. State and local income tax refunds.....	none	none	10	00	4	00	00
5. Alimony received.....	none	none	11	00	5	00	00
6. Business income or (loss).....	none	none	12	00	6	00	00
7. Capital gain or (loss).....	none	10	13	00	7	00	00
8. Other gains or (losses).....	none	none	14	00	8	00	00
9. Taxable IRA distributions.....	none	11b	15b	00	9	00	00
10. Taxable pensions and annuities.....	none	12b	16b	00	10	00	00
11. Rents, royalties, partnerships, S corporations, trusts, etc.....	none	none	17	00	11	00	00
12. Farm income or (loss).....	none	none	18	00	12	00	00
13. Unemployment compensation.....	3	13	19	00	13	00	00
14. Taxable social security benefits.....	none	14b	20b	00	14	00	00
15. Other income.....	none	none	21	00	15	00	00
16. Total (add Lines 1 through 15).....	4	15	22	00	16	00	00
17. Less: federal adjustments to income.....	none	20	36	00	17	00	00
18. Federal adjusted gross income (Line 16 less Line 17) Enter amounts here and on Lines 1Y and 1S, Form MO-1040...	4	21	37	00	18	00	00



MISSOURI DEPARTMENT OF REVENUE
PROPERTY TAX CREDIT

2013
FORM
MO-PTS

Attachment Sequence No. 1040-07 and 1040P-01

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.

NAME	LAST NAME	FIRST NAME	INITIAL	BIRTHDATE (MM/DD/YYYY) _ / _ / _ _	SOCIAL SECURITY NO. _ - - - -
	SPOUSE'S LAST NAME	FIRST NAME	INITIAL	BIRTHDATE (MM/DD/YYYY) _ / _ / _ _	SPOUSE'S SOCIAL SECURITY NO. _ - - - -

You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc., must be included with claim.

QUALIFICATIONS	<input type="checkbox"/> A. 65 years of age or older (Attach a copy of Form SSA-1099.)	<input type="checkbox"/> C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.)
	<input type="checkbox"/> B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.)	<input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.)

FILING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year **If married filing combined, you must report both incomes.**

Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), Forms 1099, W-2, etc.) will result in denial or delay of your claim.

1. Enter the amount of income from Form MO-1040, Line 6, or Form MO-1040P, Line 4.	1		00
2. Enter the amount of nontaxable social security benefits received by you, your spouse, and your minor children before any deductions and the amount of social security equivalent railroad retirement benefits. ATTACH a copy of Form(s) SSA-1099, RRB-1099, or SSI statement.	2		00
3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 7 (if filing Form MO-1040). ATTACH Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc.	3		00
4. Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. ATTACH Form RRB-1099-R (Tier II). If filing Form MO-1040, refer to Form MO-A, Part 1, Line 9.	4		00
5. Enter the amount of veterans payments or benefits before any deductions. ATTACH letter from Veterans Affairs.	5		00
6. Enter the total amount received by you, your spouse, and your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). ATTACH a copy of Forms SSA-1099, a letter from the Social Security Administration and Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable.	6		00
7. Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.)	7		00
8. TOTAL household income — Add Lines 1 through 7. Enter total here.	8		00
9. MARK THE BOX THAT APPLIES and enter the appropriate amount. <input type="checkbox"/> a. Enter \$0 if filing status is SINGLE or MARRIED LIVING SEPARATE ; IF MARRIED AND FILING COMBINED ; <input type="checkbox"/> b. Enter \$2,000 if you rented or did not own your home for the entire year; <input type="checkbox"/> c. Enter \$4,000 if you owned and occupied your home for the entire year;.....	9	-	00
10. Net household income — Subtract Line 9 from Line 8 and enter the amount; MARK THE BOX THAT APPLIES . <input type="checkbox"/> a. If you rented or did not own and occupy your home for the entire year , Line 10 cannot exceed \$27,500. If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. <input type="checkbox"/> b. If you owned and occupied your home for the entire year , Line 10 cannot exceed \$30,000. If the total is greater than \$30,000, STOP - no credit is allowed. Do not file this claim.	10		00
11. If you owned your home, enter the total amount of property tax paid for your home, less special assessments, or \$1,100, whichever is less. ATTACH a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, ATTACH Form 948, Assessor's Certification.	11		00
12. If you rented, enter the total amount from Form(s) MO-CRP, Line 9, or \$750, whichever is less. ATTACH rent receipts or a signed statement from your landlord. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.	12		00
13. Enter the total of Lines 11 and 12, or \$1,100, whichever is less.	13		00
14. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 41-43 or MO-1040P, pages 29-31 to figure your Property Tax Credit. You must use the chart to see how much credit you are allowed. Enter this amount on Form MO-1040, Line 38 or Form MO-1040P, Line 20.	14		00

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2013

2013
FORM
MO-CRP

**FAILURE TO PROVIDE LANDLORD
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1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. NAME			3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)		
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED)		APT. NUMBER	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)		APT. NUMBER
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) (____) _____ - _____	
5. RENTAL PERIOD DURING YEAR		FROM: MONTH	DAY	YEAR	TO: MONTH DAY YEAR
		—	—	2013	— — 2013
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.....					6 00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your rent with relatives or friends (OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18), check the appropriate box and enter percentage. Additional persons sharing rent/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%).....					7 %
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.					8 00
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.....					9 00

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MO-CRP (Revised 12-2013)



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8. Net rent paid — Multiply Line 6 by the percentage on Line 7.					8 00
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.....					9 00

WORKSHEET FOR LONG-TERM CARE INSURANCE DEDUCTION

- A. Enter the amount paid for qualified long-term care insurance policy..... A) \$ _____
If you itemized on your federal return and your federal itemized deductions included medical expenses, go to Line B. If not, skip to H.
 - B. Enter the amount from Federal Schedule A, Line 4..... B) \$ _____
 - C. Enter the amount from Federal Schedule A, Line 1..... C) \$ _____
 - D. Enter the amount of qualified long-term care included on Line C..... D) \$ _____
 - E. Subtract Line D from Line C..... E) \$ _____
 - F. Subtract Line E from Line B. **If amount is less than zero, enter "0"**..... F) \$ _____
 - G. Subtract Line F from Line A..... G) \$ _____
 - H. Enter Line G (or Line A if you did not have to complete Lines B through G) on Form MO-1040, Line 17
- Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A (if you itemized your deductions).**

QUALIFIED HEALTH INSURANCE PREMIUMS WORKSHEET FOR MO-A, LINE 11

Complete this worksheet and attach it to Form MO-1040 if you included health insurance premiums paid as an itemized deduction or had health insurance premiums withheld from your social security benefits.

If you had premiums withheld from your social security benefits, complete Lines 1 through 4 to determine your taxable percentage of social security income and the corresponding taxable portion of your health insurance premiums included in your taxable income.

- 1. Enter the amount from Federal Form 1040A, Line 14a, or Federal Form 1040, Line 20a. If \$0, skip to Line 6 and enter your total health insurance premiums paid. 1. _____
- 2. Enter amount from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b. 2. _____
- 3. Divide Line 2 by Line 1. 3. _____%

- | | Yourself | Spouse |
|--|------------|------------|
| 4. Enter the health insurance premiums withheld from your social security income. 4Y. _____ | 4Y. _____ | 4S. _____ |
| 5. Multiply the amounts on Line 4Y and 4S by the percentage on Line 3. 5Y. _____ | 5Y. _____ | 5S. _____ |
| 6. Enter the total of all other health insurance premiums paid, which were not included on 4Y or 4S. 6Y. _____ | 6Y. _____ | 6S. _____ |
| 7. Add the amounts from Lines 5 and 6. 7Y. _____ | 7Y. _____ | 7S. _____ |
| 8. Add the amounts from Lines 7Y and 7S. 8Y. _____ | 8Y. _____ | |
| 9. Divide Line 7Y and 7S by the total found on Line 8. If you itemized on your federal return and your federal itemized deductions included health insurance premiums as medical expenses, go to Line 10. If not, go to Line 15. 9Y. _____% | 9Y. _____% | 9S. _____% |
| 10. Enter the amount from Federal Schedule A, Line 1. 10. _____ | 10. _____ | |
| 11. Enter the amount from Federal Schedule A, Line 4. 11. _____ | 11. _____ | |
| 12. Divide Line 11 by Line 10 (round to full percent). 12. _____% | 12. _____% | |
| 13. Multiply Line 8 by percent on Line 12. 13. _____ | 13. _____ | |
| 14. Subtract Line 13 from Line 8. 14. _____ | 14. _____ | |
| 15. Enter your federal taxable income from Federal Form 1040A, Line 27, or Federal Form 1040, Line 43. 15. _____ | 15. _____ | |
| 16. If you itemized on your federal return and completed Lines 10 through 14 above, enter the amount from Line 14 or Line 15, whichever is less. If not, enter the amount from Line 8 or Line 15, whichever is less. 16. _____ | 16. _____ | |
| 17. Multiply Line 16 by the percentage on Line 9Y and Line 9S. Enter the amounts on Line 17Y and 17S of this worksheet on Line 11 of Form MO-A. 17Y. _____ | 17Y. _____ | 17S. _____ |