



**MISSOURI INDIVIDUAL INCOME TAX RETURN**  
**SINGLE/MARRIED (INCOME FROM ONE SPOUSE)—SHORT FORM**

**2015 FORM MO-1040A**

LAST NAME	FIRST NAME	MIDDLE INITIAL	DECEASED 2015 <input type="checkbox"/>	SOCIAL SECURITY NUMBER	SOFTWARE VENDOR CODE (Assigned by DOR)
SPOUSE'S LAST NAME	SPOUSE'S FIRST NAME	SPOUSE'S MIDDLE INITIAL	SPOUSE'S DECEASED 2015 <input type="checkbox"/>	SPOUSE'S SOCIAL SECURITY NUMBER	000
IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)					COUNTY OF RESIDENCE
PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE)			CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE		

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE.

<b>AGE 65 OR OLDER</b> <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	<b>BLIND</b> <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	<b>100% DISABLED</b> <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	<b>NON-OBLIGATED SPOUSE</b> <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE
--	--	--	---

INCOME	1. Federal adjusted gross income from your 2015 federal return. (See page 6 of the instructions.)	1	00
	2. Any state income tax refund included in your 2015 federal adjusted gross income	2	00
	3. Total Missouri adjusted gross income — Subtract Line 2 from Line 1.	3	00

DEDUCTIONS	4. Mark your filing status box below and enter the appropriate exemption amount on Line 4. <input type="checkbox"/> A. Single — <b>\$2,100 (See Box B before checking.)</b> <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — <b>\$0.00</b> <input type="checkbox"/> C. Married filing joint federal & combined Missouri — <b>\$4,200</b> Check which spouse had income: <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> D. Married filing separate — <b>\$2,100</b> <input type="checkbox"/> E. Married filing separate (spouse NOT filing) — <b>\$4,200</b> <input type="checkbox"/> F. Head of household — <b>\$3,500</b> <input type="checkbox"/> G. Qualifying widow(er) with dependent child — <b>\$3,500</b>			
	5. Tax from federal return (Do not enter federal income tax withheld.) — <input type="text"/> Enter this amount on Line 5 or \$5,000, whichever is less. If married filing combined, enter this amount on Line 5 or \$10,000, whichever is less.	5	+	00
	6. Missouri standard deduction or itemized deductions. Single or Married Filing Separate — <b>\$6,300</b> ; Head of Household — <b>\$9,250</b> ; Married Filing a Combined Return or Qualifying Widow(er) — <b>\$12,600</b> . 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 back of form.	6	+	00
	7. Number of dependents you claimed on your Federal Form 1040 or 1040A, Line 6c <input type="checkbox"/> Check box if claiming a stillborn child; see instructions on Page 7 <input type="checkbox"/> x \$1,200 =	7	+	00
	8. Long-term care insurance deduction	8	+	00
	9. Total Deductions — Add Lines 4 through 8.	9	=	00

TAX	10. Missouri Taxable Income — Subtract Line 9 from Line 3.	10	00
	11. Tax — Use the tax chart on the back of this form to figure the tax.	11	00

REFUND	12. Missouri tax withheld from your Forms W-2 and Forms 1099. Attach copies of Forms W-2 and Forms 1099.	12	00
	13. Any Missouri estimated tax payments made for 2015 (include overpayment from 2014 applied to 2015).	13	00
	14. Total Payments — Add Lines 12 and 13.	14	00
	15. If Line 14 (Total Payments) is more than Line 11 (Total Tax), enter the difference (amount of overpayment) here. (If Line 14 is less than Line 11, skip to Line 20.)	15	00
	16. Amount from Line 15 that you want applied to your 2016 estimated tax.	16	00
	17. Enter the amount of your donation in the trust fund boxes to the right. See the instructions for fund codes. 17.	17	00

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	Additional Fund Code (See Instr.)	Additional Fund Code (See Instr.)
:00	:00	:00	:00	:00	:00	:00	:00	:00	:00	:00

AMOUNT DUE	18. Amount from Line 15 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from Line E of Form 5632	18	00
	19. <b>REFUND</b> - Subtract Lines 16, 17, and 18 from Line 15 and enter here. This is your refund. <b>Sign below</b> and mail to: <b>Department of Revenue, P.O. Box 500, Jefferson City, MO 65106-0500.</b>	19	00
	20. <b>AMOUNT DUE</b> - If Line 14 is less than Line 11, enter the difference here. You have an amount due. <b>Sign below</b> and mail to: <b>Department of Revenue, P.O. Box 329, Jefferson City, MO 65107-0329.</b> See instructions for Line 20.	20	00

If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.

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. Declaration of preparer (other than taxpayer) is based on all information of which he or 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. 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	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. <input type="checkbox"/> YES <input type="checkbox"/> NO	E-MAIL ADDRESS	PREPARER'S PHONE ( ) - - - - -	
	SIGNATURE	DATE (MMDDYYYY)	PREPARER'S SIGNATURE	
	SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE ( ) - - - - -	PREPARER'S ADDRESS AND ZIP CODE	DATE (MMDDYYYY)
	FEIN, SSN, OR PTIN			

### Missouri Itemized Deductions

- Complete this section only if you itemized deductions on your federal return. (See the information on page 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.

1. Total federal itemized deductions from Federal Form 1040, Line 40	1		00
2. 2015 Social security tax	2		00
3. 2015 Railroad retirement tax — (Tier I and Tier II)	3		00
4. 2015 Medicare tax. See instructions on page 9.	4		00
5. 2015 Self-employment tax. See instructions on Page 9.	5		00
6. Total - Add Lines 1 through 5	6		00
7. State and local income taxes. From Federal Schedule A, Line 5 or see the worksheet below.	7		00
8. Earnings taxes included in Line 7. See instructions on Page 9.	8		00
9. Net state income taxes. Subtract Line 8 from Line 7 or enter Line 8 from worksheet below.	9		00
10. MISSOURI ITEMIZED DEDUCTIONS - Subtract Line 9 from Line 6. Enter here and on front of form, Line 6	10		00

Note: If Line 10 is less than your federal standard deduction, see information on pages 6 & 7.

### Worksheet For Net State Income Taxes, Line 9 of Missouri Itemized Deductions

Complete this worksheet only if your federal adjusted gross income from federal Form 1040, Line 37 is more than \$309,900 if married filing combined or qualifying widow(er), \$284,050 if head of household, \$258,250 if single or claimed as a dependent, or \$154,950 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-9 of Federal Schedule A instructions).

1. Enter amount from Federal Itemized Deduction Worksheet, Line 3 (See page A-9 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 Missouri Itemized Deductions, Line 9, above.	8		00

### 2015 TAX CHART

If Missouri taxable income from Form MO-1040A, Line 10, is less than \$9,000, use the chart 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 the Missouri taxable income is:	The tax is:
\$0 to \$99	\$0
At least \$100 but not over \$1,000	1½% of the Missouri taxable income
Over \$1,000 but not over \$2,000	\$15 plus 2% of excess over \$1,000
Over \$2,000 but not over \$3,000	\$35 plus 2½% of excess over \$2,000
Over \$3,000 but not over \$4,000	\$60 plus 3% of excess over \$3,000
Over \$4,000 but not over \$5,000	\$90 plus 3½% of excess over \$4,000
Over \$5,000 but not over \$6,000	\$125 plus 4% of excess over \$5,000
Over \$6,000 but not over \$7,000	\$165 plus 4½% of excess over \$6,000
Over \$7,000 but not over \$8,000	\$210 plus 5% of excess over \$7,000
Over \$8,000 but not over \$9,000	\$260 plus 5½% of excess over \$8,000
Over \$9,000	\$315 plus 6% of excess over \$9,000

#### FIGURING TAX ON \$9,000 OR LESS

Example: If Line 10 is \$3,090, the tax would be computed as follows: \$60 + \$2.70 (3% of \$90) = \$62.70. The whole dollar amount to enter on Line 11 would be \$63.

#### FIGURING TAX OVER \$9,000

Missouri taxable income (Line 10)	\$		Example	\$ 12,000
Subtract \$9,000	- \$	9,000	-	\$ 9,000
Difference	= \$		=	\$ 3,000
Multiply by 6%	x	6%	x	6%
Tax on income over \$9,000	= \$		=	\$ 180
Add \$315 (tax on first \$9,000)	+ \$	315	+	\$ 315
TOTAL MISSOURI TAX	= \$		=	\$ 495

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-1040A, Line 11.