# MISSOURI

## **Form MO-1040**

**Individual Income Tax Long Form** 

2016



## **File Electronically**

Electronic filing is fast and easy. Last year, 82 percent of Missouri Individual Income Tax Returns were filed electronically. See page 2 for details about how you can file electronically this year.

Tax Deadline is April 18. See page 4 for extensions.

**Electronic Filing Options for Federal and State E-File** - Missouri, in cooperation with the Internal Revenue Service (IRS), offers a joint federal and state filing of individual income tax returns. There are two ways that you may e-file your federal and state income tax returns:



- 1) You can electronically file your federal and state returns online from websites provided by approved software providers. Many providers offer free filing if you meet certain conditions. A list of approved providers can be found at <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.
- 2) You can have a tax preparer (if approved by the IRS) electronically file your federal and state returns for you, usually for a fee. A list of approved tax preparers can be found at <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.

### **Benefits of Electronic Filing**

**Convenience:** You can electronically file 24 hours a day, 7 days a week. If you electronically file **DO NOT** mail a copy of your return.

Security: Your tax return information is encrypted and transmitted over secure lines to ensure confidentiality.

**Accuracy:** Electronically filed returns have fewer errors than paper returns.

*Direct Deposit:* You can have your refund directly deposited into your bank account.

**Proof of Filing:** An acknowledgment is issued when your return is received and accepted.

#### **Assistance with Preparing Your Tax Return**

There are a large number of volunteer groups around Missouri providing tax assistance to elderly or lower income taxpayers. To locate a volunteer group near you that offers return preparation assistance:

- Call 800-906-9887 or 888-227-7669,
- or visit: http://www.irs.gov/Individuals/Free-Tax-Return- Preparation-for-You-by-Volunteers.

You will find a larger volume of volunteer centers open during the filing season, which is typically January through April.

**2-D Barcode Returns** - If you plan to file a paper return, you should consider 2-D barcode filing. The software encodes all your tax information into a 2-D barcode, which allows your return



to be processed with fewer errors compared to traditional paper returns. If you use software to prepare your return, check our website for approved 2-D barcode software companies. Also, check out the Department's fill-in forms that calculate and have a 2-D barcode. You can have your refund directly deposited into your bank account when you use the Department's fill-in forms.

If your form has a 2-D barcode, mail your return to the Department of Revenue address as indicated below:

Refund returns: P.O. Box 3222, Jefferson City, MO 65105-3222

Refund returns claiming a property tax credit: P.O. Box 3385, Jefferson City, MO 65105-3385

**Balance due returns:** P.O. Box 3370, Jefferson City, MO 65105-3370

Balance due returns claiming a property tax credit: P.O. Box 3395, Jefferson City, MO 65105-3395

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## DO YOU HAVE THE CORRECT TAX BOOK?

Form MO-1040 is Missouri's long form. It is a universal form that can be used by anyone. If you do not have any of the special filing situations described below and you choose to file a paper tax return, try filing a short form. The short forms are less complicated and provide only the necessary information for specific tax filing situations.

### YOÙ <u>MUST</u> FILE FÖRM MO-1040 IF AT LEAST ONE OF THE FOLLOWING APPLIES:

- You or your spouse claim or file:
  - a. a pension or social security/social security disability or military exemption or property tax credit and you also have other special filing situations. (If you do not have any other special filing situations described in this section, you can use Form MO-1040P-Short Form to file your taxes and claim the property tax credit/pension exemption.);
  - b. miscellaneous tax credits (taken on Form MO-TC);
  - a credit for payment made with the filing of a Form MO-60, Application for Extension of Time to File;
  - d. income from another state;
  - e. a deduction for dependent(s) age 65 or older:
  - f. an amended return;
  - g. a nonresident entertainer or a professional athlete;
  - h. a fiscal year return;
  - i. a nonresident military service member stationed in Missouri and you or your spouse earned non-military income while in Missouri;

- . a deduction for other federal tax (from Federal Form 1040, Lines 45, 46, 48, 59, 60b, and any recapture taxes on Line 63);
- k. a Health Care Sharing Ministry deduction;
- I. any military income earned while on active duty; or
- m. the Bring Jobs Home tax deduction.
- You have any of the following Missouri modifications:
  - a. positive or negative adjustments from partnerships, fiduciaries, S corporations, or other sources;
  - b. nonqualified distribution received from the Missouri Savings for Tuition Program (MOST), Missouri Higher Education Deposit Program, or other qualified 529 plan;
  - c. nonqualified distribution received from or exempt contributions made to Achieving a Better Life Experience (ABLE) program;
  - d. interest on federal exempt obligations;
  - e. interest on state and local obligations;
  - f. capital gain exclusion;
  - g. exempt contributions made to or earnings from the Missouri Savings for Tuition Program (MOST), Missouri Higher Education Deposit Program, or other qualified 529 plans;
  - h. enterprise zone or rural empowerment zone modification;
  - i. negative adjustments related to bonus depreciation;
  - j. net operating loss carryback/carryforward;
  - k. combat pay included in federal adjusted gross income; or
  - I. agriculture disaster relief income.

- You owe a penalty for underpayment of estimated tax.
- You owe tax on a lump sum distribution included on Federal Form 1040, Line 44.
- You owe recapture tax on low income housing credit.

#### To Obtain Forms:

To use the Department's form selector or to obtain specific tax forms visit our website at <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.

## IMPORTANT FILING INFORMATION

This information is for guidance only and does not state the complete law.

#### FILING REQUIREMENTS

You do not have to file a Missouri return if you are not required to file a federal return. If you are required to file a federal return, you may not have to file a Missouri return if you:

- are a resident and have less than \$1,200 of Missouri adjusted gross income;
- are a nonresident with less than \$600 of Missouri income; or
- have Missouri adjusted gross income less than the amount of your standard deduction plus the exemption amount for your filing status.

**Note:** If you are not required to file a Missouri return, but you received a Form W-2 stating you had Missouri tax withheld, you must file your Missouri return to get a refund of your Missouri withholding. If you are not required to file a Missouri return and you do not anticipate an increase in income, you may change your Form MO W-4 to "exempt" so your employer will not withhold Missouri tax.

#### WHEN TO FILE

Calendar year taxpayers must file no later than **April 18, 2017**. Late filing will subject taxpayers to charges for interest and addition to tax. Fiscal year filers must file no later than the 15th day of the fourth month following the close of their taxable year.

#### **EXTENSION OF TIME TO FILE**

You are not required to file an extension if you do not expect to owe additional income tax or if you anticipate receiving a refund. If you wish to file a Missouri extension, and do not expect to owe Missouri income tax, you may file an extension by filing Form MO-60, Application for Extension of Time to File. An automatic extension of time to file will be granted until October 16, 2017.

If you receive an extension of time to file your federal income tax return, you will automatically be granted an extension of time to file your Missouri income tax return, provided you do not expect to owe any additional Missouri income tax. Attach a copy of your federal extension (Federal Form 4868) with your Missouri income tax return when you file.

If you expect to owe Missouri income tax, file Form MO-60 with your payment by the original due date of the return.

Remember: An extension of time to file does not extend the time to pay. A 5 percent addition to tax will apply if the tax is not paid by the original return's due date.

#### LATE FILING AND PAYMENT

Simple interest is charged on all delinquent taxes. The rate will be updated annually and can be found on our website at <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.

For timely filed returns, an addition to tax of 5 percent (of the unpaid tax) is added if the tax is not paid by the return's due date.

For returns not filed by the due date, an addition to tax of 5 percent per month (of the unpaid tax) is added for each month the return is not filed. The addition to tax cannot exceed 25 percent.

If you are unable to pay the tax owed in full on the due date, please visit the Department of Revenue's website at <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a> for your payment options. If you are mailing a partial payment, please use the Form MO-1040V found on page 40.

#### WHERE TO MAIL YOUR RETURN

If you are due a **refund** or have **no amount due**, mail your return and all required attachments to:

Department of Revenue P.O. Box 500 Jefferson City, MO 65106-0500.

If you have a **balance due**, mail your return, payment, and all required attachments to:

Department of Revenue P.O. Box 329 Jefferson City, MO 65107-0329.

2-D barcode returns, see page 2.

#### **DOLLARS AND CENTS**

Rounding is required on your tax return. Zeros have been placed in the cents columns on your return. For 1 cent through 49 cents, round down to the previous whole dollar amount. For 50 cents through 99 cents, round up to the next whole dollar amount.

Example: Round \$32.49 down to \$32.00 Round \$32.50 up to \$33.00

## REPORT OF CHANGES IN FEDERAL TAXABLE INCOME

When your federal taxable income or federal tax liability is changed as a result of an audit or notification by the Internal Revenue Service, or if you file an amended federal income tax return, you must report such change by filing an amended Missouri income tax return with the Department of Revenue within 90 days of the change. Failure to notify the Department of Revenue within the 90 day period extends the statute of limitations to one year after the Department of Revenue becomes aware of such determination. You will be subject to interest and addition to tax if you owe additional tax to Missouri.

#### AMENDED RETURN

To file an amended individual income tax return, use Form MO-1040. Check the box at the top of the form. Complete Forms MO-1040 and MO-A, pages 1 and 2, using corrected figures. Attach all schedules along with a copy of your federal changes and your Federal Form 1040X. If you are due a refund, mail to: Department of Revenue, P.O. Box 500, Jefferson City, MO 65106-0500. If you have an amount due, mail to Department of Revenue, P.O. Box 329, Jefferson City, MO 65107-0329.

#### FILL-IN FORMS THAT CALCULATE

Go to <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a> to enter your tax information and let us do the math for you. No calculation errors means faster processing. Just print, sign, and mail the return. These forms contain a 2-D barcode at the top right portion of the form. This allows quicker processing of your return.

#### MISSOURI RETURN INQUIRY

To check the status of your **current year return** 24 hours a day, please visit our website: <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a> or call our automated individual income tax inquiry line (573) 526-8299. To obtain the status of your return, you must know the following information: 1) the first social security number on the return; 2) the filing status shown on your return; and 3) the exact amount of the refund or balance due in whole dollars.

#### RESIDENT

A resident is an individual who either 1) maintained a domicile in Missouri or 2) did not maintain a domicile in Missouri but did have permanent living quarters and spent more than 183 days of the taxable year in Missouri.

**Exception:** An individual domiciled in Missouri who did not maintain permanent living quarters in Missouri, did maintain permanent living quarters elsewhere, and spent 30 days or less of the taxable year in Missouri is not a resident.

**Domicile:** The place an individual intends to be his or her permanent home; a place that he or she intends to return to when 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 have only one domicile at a time.

#### Nonresident

A nonresident is an individual who does not meet the definition of resident. If required to file, nonresidents with income from another state must use Form MO-NRI to determine income percentages.

## NONRESIDENT ALIEN SPECIAL FILING INSTRUCTIONS

If you do not have a social security number, enter your identifying number in the social security number space provided.

Enter on Form MO-1040, Line 1 the amount from Federal Form 1040NR, Line 36 or Federal Form 1040NR-EZ, Line 10.

#### **Filing Status**

If you marked Box 1 or 2 on the Federal Form 1040NR; or Box 1 on Federal Form 1040NR-EZ, check Box A on Form MO-1040.

If you marked Box 3, 4, or 5, and did not claim your spouse as an exemption on Federal Form 1040NR, or if you marked Box 2 on Federal Form 1040NR-EZ, check Box D on Form MO-1040.

If you marked Box 3, 4, or 5 and claimed your spouse as an exemption on Federal Form 1040NR, check Box E on Form MO-1040.

If you marked Box 6 on Federal Form 1040NR, check Box G on Form MO-1040.

#### **Itemized Deductions**

Nonresident aliens who are required to itemize their deductions for federal purposes must also itemize deductions on their Missouri return. For more detailed information, visit our website for Frequently Asked Questions at <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.

#### **Federal Tax Deduction**

Enter on Form MO-1040, Line 10 the amount from Federal Form 1040NR, Line 53 minus Line 43, 44, 65, and any amount from Form 8885 included in Line 69; or the amount from Federal Form 1040NR-EZ, Line 15.

Enter on Form MO-1040, Line 11 the amount from Federal Form 1040NR, Lines 43, 44, 46, 57, and 59b.

For all other lines of Form MO-1040, see instructions starting on this page.

#### PART-YEAR RESIDENT

All income earned while living in Missouri is taxable to Missouri. A part-year resident may determine to be taxed as a resident for the entire year by using Form MO-CR to claim a credit for taxes paid to another state on the income earned while living in Missouri. Or a part-year resident may use Form MO-NRI to determine their income percentage based on the income earned while living in Missouri.

#### MILITARY PERSONNEL

The Servicemembers Civil Relief Act prevents military personnel from being taxed on military income by any state other than their home of record state. The Military Spouses Residency Relief Act prevents income earned by servicemembers' spouses from being taxed by any state other than their state of residence. If you are a member of any active duty component of the Armed Forces of the United States you may be eligible for an income deduction. See Line 19 instructions for more information.

**Missouri Home of Record** - If you entered the Armed Forces in Missouri, your home of record is presumed to be Missouri and you are presumed to be domiciled in Missouri.

Missouri Home of Record (Stationed Outside Missouri) - If you: (a) maintained no permanent living quarters in Missouri during the year; (b) maintained permanent living quarters elsewhere; and (c) did not spend more than 30 days of the year in Missouri, you are considered a *nonresident* for tax purposes and your military pay, interest, and dividend income are not taxable to Missouri. Complete Form MO-NRI and attach to Form MO-1040.

**Note:** If your spouse remains in Missouri more than 30 days while you are stationed outside Missouri, your total income, including your military pay, is taxable to Missouri.

If you are the spouse of a military servicemember, are living outside of Missouri and Missouri is your state of residence, any income you earn is taxable to Missouri. If you earn more than \$1,200 you must file a Missouri return (Form MO-1040).

Missouri Home of Record (Stationed in Missouri) - If your home of record is Missouri and you are stationed in Missouri due to military orders, all of your income, including your military pay, is taxable to Missouri.

Missouri Home of Record (Entering or Leaving the Military) - If you are entering or leaving the military, Missouri is your home of record, and you spend more than 30 days in Missouri, your total income, including your military pay, is taxable to Missouri.

Non-Missouri Home of Record (Stationed in Missouri) - The military pay of nonresident military personnel stationed in Missouri due to military orders is not taxable to Missouri. If you are a servicemember and earned only military income while stationed in Missouri, complete a No Return Required-Military Online Form at the following address: <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.

If you are a military servicemember and earned \$600 or more in Missouri in non-military income, this non-military income is taxable to Missouri and cannot be subtracted from your federal adjusted gross income on your Missouri return (Form MO-1040).

If you are the spouse of a military servicemember, are in Missouri because the military servicemember is stationed in Missouri on military orders, and your state of residence is another state, any income earned by you is not taxable to Missouri. However, if you earn more than \$600 you must file a Missouri return (Form MO-1040) and provide verification of your state of residence. Acceptable verification may include any of the following from your state of residence: a copy of your 2016 state income tax return, 2016 property tax receipts, current driver license, vehicle registration, or voter identification card. You must report the military pay of the servicemember and your income on Form MO-A, Part 1, Line 10, as a "Military (Nonresident)" subtraction to your federal adjusted gross income. For additional information, please visit <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.

#### **O**THER **S**TATE **I**NCOME

You must begin the Form MO-1040 with your total federal adjusted gross income, as reported on your federal return. Lines 1 through 27 of the return are computed as if you are a full-year resident. Tax (Line 27) is computed on all your income, and may then be reduced by a resident credit (Line 28), or by a Missouri income percentage (Line 29). The result is a prorated Missouri tax liability (Line 30) based only on the income earned in Missouri. See page 8, Lines 28 and 29.

#### **DECLARATION OF ESTIMATED TAX**

Residents and nonresidents are required to make a declaration of estimated tax if their Missouri estimated tax is expected to be at least \$100. If you are required to make estimated tax payments, you must do so by remitting your tax payment along with Form MO-1040ES, Estimated Tax Declaration for Individuals.

#### **ADDRESS CHANGE**

You may obtain an official address change form to change your address with the Department by visiting our website: <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.

Address change requests should be mailed to: **Department of Revenue, P.O. Box 2200, Jefferson City, MO 65105-2200.** This will help forward any refund check or correspondence to your new address.

You may complete our online address change form at the following address: <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.

#### COMPOSITE RETURN

Businesses filing a composite return on behalf of their nonresident partners or shareholders should use Form MO-1040. Attach a schedule listing the name, address, identification number, and amount of each nonresident partner or shareholder's income from Missouri sources to Form MO-1040. Write "composite return" at the top of Form MO-1040. Refer to Missouri Regulation 12 CSR 10-2.190 for complete filing instructions. Note: The tax rate for a composite return is 6 percent. For more information, visit <a href="https://dor.mo.gov/forms/Composite Return-2016.pdf">https://dor.mo.gov/forms/Composite Return-2016.pdf</a>.

#### CONSUMER'S USE TAX

Use tax is imposed on the storage, use or consumption of tangible personal property in this state. The state use tax rate is 4.225 percent. Cities and counties may impose an additional local use tax. Use tax does not apply if the purchase is subject to Missouri sales tax or otherwise exempt. A purchaser is required to file a use tax return if the cumulative purchases on which tax was not paid to the state exceeds \$2,000 in a calendar year. You can use the Form 4340, Consumer's Use Tax Return, located on page 39. The due date for Form 4340 is April 17, 2017.

#### **FORM MO-1040**

## Important: Complete your federal return first.

If you are filing a fiscal year return, indicate the beginning and ending dates on the line provided near the top of Form MO-1040.

## Information to Complete Form MO-1040

#### Name, Address, Etc.

Print or type your name(s), address, and social security number(s) in the spaces provided on the return.

If the taxpayer or spouse died in 2016, check the appropriate box and write the date of death after the decedent's first name in the name and address area of the return. If a refund is due to the deceased taxpayer, attach a copy of Federal Form 1310 and death certificate.

#### AGE 62 THROUGH 64

If you or your spouse were ages **62**, **63**, **or 64 by December 31**, **2016**, check the appropriate box.

#### AGE 65 OR OLDER OR BLIND

If you or your spouse were age **65 or older** or **blind** and qualified for these deductions on your 2016 federal return, check the appropriate boxes.

#### 100 PERCENT DISABLED PERSON

You may check the 100 percent disabled box if you are unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months. A claimant is not required to be gainfully employed prior to such disability to qualify for a property tax credit. You may visit <a href="http://dor.mo.gov/personal">http://dor.mo.gov/personal</a> to learn more about the property tax credit claim.

#### NON-OBLIGATED SPOUSE

You may check the **non-obligated spouse** box if your spouse owes the state of Missouri any child support payments, back taxes, student loans, etc., and you do not want your portion of the refund used to pay the amounts owed by your spouse. Debts owed to the Internal Revenue Service (IRS) are **excluded** from the non-obligated spouse apportionment.

#### FIGURE YOUR MISSOURI ADJUSTED GROSS INCOME

Missouri requires the division of income between spouses. Taxpayers filing a combined return pay less tax by dividing the income between spouses and then determining the tax amount for each person's income.

You must begin your Missouri return with your total federal adjusted gross income, even if you have income from a state other than Missouri.

#### Line 1 — Federal Adjusted Gross Income

If your filing status is "married filing combined" and both spouses are reporting income, use the worksheet below to split income between you and your spouse. The combined income for you and your spouse must equal the total federal adjusted gross income you reported on your federal return. For all other filing statuses, use the chart below to determine your federal adjusted gross income.

If you include loss(es) of \$1,000 or more on Line 1, you must attach a copy of Federal Form 1040 (pages 1 and 2).

FEDERAL FORM	LINE
Federal Form 1040	Line 37
Federal Form 1040A	Line 21
Federal Form 1040EZ	Line 4
Federal Form 1040X	Line 1

#### **Missouri Modifications**

Before completing Lines 2, 3, and 4, read the Information to Complete Form MO-A, Part 1, pages 11, 12 and 35.

#### LINE 2 — TOTAL ADDITIONS

Enter the total additions amount from Form MO-A, Part 1, Line 7.

#### LINE 4 — TOTAL SUBTRACTIONS

Enter the total subtractions amount from Form MO-A, Part 1, Line 17.

#### LINE 7 — INCOME PERCENTAGES

To calculate your income percentage for Line 7, complete the chart below if both spouses have income:

<u>Yourself</u>	Line 5Y	. =	divided by
<u>Spouse</u>	Line 5S		divided by

The total entered on Line 7 must equal 100 percent — round to the nearest percentage. (Example: 84.3 percent would be shown as 84 percent, and 97.5 percent would be shown as 98 percent.) Lines 7Y and 7S must equal 100 percent.

Note: If one spouse has negative income and the other spouse has positive income (example: your income is -\$15,000 and your spouse's income is \$30,000), enter zero percent on Line 7Y and 100 percent on Line 7S. If nothing is entered, the Department will consider this to be 100 percent.

#### 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 2015 Missouri tax withheld, less each spouse's 2015 tax liability. The result should be each spouse's portion of the 2015 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
2. Taxable interest income	2	8a	8a	00	2	00
3. Dividend income	none	9a	9a	00	3	00
4. State and local income tax refunds	none	none	10	00	4	00
5. Alimony received	none	none	11	00	5	00
6. Business income or (loss)	none	none	12	00	6	00
7. Capital gain or (loss)	none	10	13	00	7	00
8. Other gains or (losses)	none	none	14	00	8	00
9. Taxable IRA distributions	none	11b	15b	00	9	00
10. Taxable pensions and annuities	none	12b	16b	00	10	00
11. Rents, royalties, partnerships, S corporations, trusts, etc	none	none	17	00	11	00
12. Farm income or (loss)	none	none	18	00	12	00
13. Unemployment compensation	3	13	19	00	13	00
14. Taxable social security benefits	none	14b	20b	00	14	00
15. Other income	none	none	21	00	15	00
16. Total (add Lines 1 through 15)	4	15	22	00	16	00
17. Less: federal adjustments to income	none	20	36	00	17	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

## FIGURE YOUR TAXABLE INCOME

## Line 8 — Pension and Social Security/Social Security Disability/Military Exemption

If you or your spouse received a public, private, or military pension, social security or social security disability, complete Form MO-A, Part 3. Enter the amount from Form MO-A, Part 3, Total Exemption on MO-1040, Line 8. Attach a copy of your federal return (pages 1 and 2), Forms 1099-R, W-2P, and SSA-1099.

## LINE 9 — FILING STATUS AND EXEMPTION AMOUNT

Enter on Line 9 the amount of exemption claimed for your filing status. You must use the same filing status as on your Federal Form 1040 with two exceptions:

1. **Box B** must be checked if you are claimed as a dependent on another person's federal tax return and you checked either box on Federal Form 1040EZ, Line 5; or you were not allowed to check Box 6a on Federal Forms 1040 or 1040A. **If you checked Box B, enter "0"**.

2. **Box E** may be checked **only if** all of the following apply: a) you checked Box 3 (married filing separate return) on your Federal Form 1040 or 1040A; b) your spouse had no income and is not required to file a federal return; and c) your spouse was claimed as an exemption on your federal return and was not a dependent of someone else. **Attach a copy of your federal return. Only one box may be checked on Line 9, Boxes A through G.** 

#### Line 10 — Tax From Federal Return

Use the chart below to locate your tax on your federal return. **Do not enter your federal income tax withheld as shown on your Forms W-2 or federal return.** 

If you have an earned income credit, you must subtract the credit from the tax on your federal return. If a negative amount is calculated, enter "0". If you used a method other than the federal tax table to determine your federal tax, attach the appropriate schedule.

attach the appropriate sementics				
FEDERAL FORM	LINE NUMBERS			
1040	Line 56 minus Lines 45, 46, 66a, 68,			
	69, and any amount from Form 8885			
	on Line 73.			
1040A	Line 37 minus Lines 29, 42a, 44, 45,			
	and any alternative minimum tax			
	included on Line 28.			
1040EZ	Line 10 minus Line 8a.			
1040X	Line 11 minus Lines 14 and 15, except			
	amounts from Forms 2439 and 4136.			

**Note:** At the time the Department printed their tax booklets, the Internal Revenue Service had not finalized the federal income tax forms.

#### LINE 11 — OTHER FEDERAL TAX

Enter the total amount of Lines 45, 46, 48, 59, 60b, and any recapture taxes included on Line 63 of Federal Form 1040. Enter the total amount of any alternative minimum tax included on Line 28 plus Line 29 of Federal Form 1040A. For amended returns enter the other taxes reported on Line 10 of Federal

Form 1040X except: **do not include** self-employment tax, FICA tax, or railroad retirement tax on this line. **Attach a copy of your federal return (pages 1 and 2). Attach a copy of Federal Forms 4255, 8611, or 8828 if claiming recapture taxes.** 

## LINE 13 — FEDERAL INCOME TAX DEDUCTION

If you checked Box A, B, D, E, F, or G on Line 9, your federal tax deduction may not exceed \$5,000. If you checked Box C on Line 9, your federal tax deduction may not exceed \$10,000.

## Line 14 — Standard or Itemized Deductions

Standard Deductions: If you claimed the standard deduction on your federal return, enter the standard deduction amount for your filing status. The amounts are listed on Form MO-1040, Line 14. Use the chart below to determine your standard deduction if you or your spouse marked any of the boxes for: 65 or older, blind or claimed as a dependent.

FEDERAL FORM	LINE NUMBERS
1040	Line 40
1040A	Line 24
1040EZ	See following note
1040X	Line 2

**Note:** If you filed a Federal Form 1040EZ, and checked one or both boxes on Line 5, refer to the Federal Standard Deduction Worksheet for Dependents. If you did not check either box on Federal Form 1040EZ, Line 5, enter \$6,300 if single or \$12,600 if married.

Itemized Deductions: If you itemized on your federal return, you may want to itemize on your Missouri return or take the standard deduction, whichever results in a higher deduction. If you were **required** to itemize on your federal return, you must itemize on your Missouri return. To figure your itemized deductions, complete the Form MO-A, Part 2. Attach a copy of your federal return (pages 1 and 2) and Federal Schedule A.

## LINES 15 AND 16 — TOTAL NUMBER OF DEPENDENTS

Do not include yourself or your spouse as dependents.

Line 15 - Multiply by \$1,200 the total number of dependents you claimed on Line 6c of your federal return. You may claim a stillborn dependent deduction that occurred during the 2016 tax year. Check the box on Line 15, and include it in the total number of dependents. Attach a copy of the stillbirth certificate.

<u>Line 16</u> - Multiply by \$1,000 the total number of dependents you claimed on Line 15 that were age 65 or older by the last day of the taxable year. **Do not include dependents that receive state funding or Medicaid.** Attach a copy of your federal return (pages 1 and 2).

## Line 17 — Long-term Care Insurance Deduction

If you paid premiums for qualified long-term care insurance in 2016, you may be eligible for a deduction on your Missouri income tax return. Qualified long-term care insurance is defined as insurance coverage for at least 12 months for long-term care expenses should such care become necessary because of a chronic health condition or physical disability, including cognitive impairment or the loss of functional capacity, thus rendering an individual unable to care for themselves without the help of another person. Complete the worksheet below only if you paid premiums for a qualified long-term care insurance policy; and the policy is for at least 12 months coverage.

Note: You can not claim a deduction for amounts paid toward death benefits or extended riders.

## Line 18 — Health Care Sharing Ministry

If you made contributions to a qualifying health care sharing ministry, enter the amounts you paid in 2016 on Line 18. Do not include amounts excluded from your federal taxable income.

## LINE 19 - MILITARY INCOME DEDUCTION

Enter the amount of military income earned as a member of any active duty component of the Armed Forces of the United States. This amount must be included in your federal adjusted gross income and not previously taken as a deduction. If you are claiming this deduction, you should submit appropriate documentation to verify your active duty status. Please attach a copy of your Leave and Earnings Statement and any other official document, such as your Military Orders, which validates how long you were in active duty status and the amount you earned in active duty status during 2016. Failure to attach the requested documentation may result in the disallowance of this deduction. If you have additional questions about this deduction, you may contact the Department's military liaison at military@dor.mo.gov.

Worksheet for Long-Term Care Insurance Deduction					
A.	Enter the amount paid for qualified long-term care insurance policy				
	If you itemized on your federal return and your federal itemized				
	deductions included medical expenses, go to Line B. If not, skip to H.				
В.	Enter the amount from Federal Schedule A, Line 4				
C.	Enter the amount from Federal Schedule A, Line 1				
D.	Enter the amount of qualified long-term care included on Line C				
E.	Subtract Line D from Line C				
F.	Subtract Line E from Line B. If amount is less than zero, enter "0"				
G.	Subtract Line F from Line A				
Н.	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).					

## LINE 20 - BRING JOBS HOME DEDUCTION

If you or your spouse accrued expenses associated with relocating a business to Missouri, you may be eligible for this deduction (if approved by the Department of Economic Development). The deduction is equal to 50% of the eligible insourcing expenses and cannot exceed your Missouri adjusted gross income. For additional information please visit <a href="http://ded.mo.gov">http://ded.mo.gov</a> or contact the Missouri Department of Economic Development at P.O. Box 118, Jefferson City, MO 65102-0118.

#### LINE 22 — SUBTOTAL

Subtract Line 21 from Line 6. If less than zero, enter "0". **Do not enter a negative amount.** 

## LINE 24 — ENTERPRISE ZONE INCOME OR RURAL EMPOWERMENT ZONE MODIFICATION

To claim the Enterprise Zone Income or Rural Empowerment Zone Modification, you must first receive notification of approval from the **Department of Economic Development.** 

Enterprise Zone Income Modification: If you or your spouse have exempt income from a business facility located in an enterprise zone that has been approved by the Department of Economic Development, enter one-half of the Missouri taxable income attributed to the new business facility in the enterprise zone (refer to Form 4354) on Line 24.

Rural Empowerment Zone Modification: If you or your spouse have exempt income from a new business facility located within a rural empowerment zone that has been approved by the Department of Economic Development, enter the Missouri taxable income attributed to a new business facility in a rural empowerment zone on Line 24.

Visit <a href="http://ded.mo.gov">http://ded.mo.gov</a> for additional information on either modification, or contact the Department of Economic Development, Incentives Section, P.O. Box 118, Jefferson City, MO 65102-0118.

#### FIGURE YOUR TAX

#### LINE 27 — MISSOURI TAX

If your Missouri taxable income is less than \$9,000, use the tax chart on page 25 to locate your tax. If greater than \$9,000, use the worksheet below the tax chart to calculate the tax.

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

## Lines 28 and 29 — Resident Credit or Missouri Income Percentage

Note: A taxpayer filing as a resident who paid taxes to another state or political subdivision may take a credit for tax paid by using Form MO-CR. A taxpayer filing as a nonresident may calculate their Missouri income percentage by using the Form MO-NRI. A Form MO-CR and a Form MO-NRI may not be used by the same taxpayer on Form MO-1040. (If filing a combined return, one spouse may use Form

MO-NRI and the other spouse may elect to use Form MO-CR). See Lines 28 and 29. Visit <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a> for more information and examples.

Attach a copy of your other state or political subdivision's return.

#### LINE 28 — MISSOURI RESIDENT(S)

You should take the resident credit (Form MO-CR) if:

- you are a full-year Missouri resident; and
- you paid income tax to other state(s) or political subdivisions.

#### Line 29 — Nonresident(s)

You should determine your Missouri income percentage (Form MO-NRI) if:

- you are a nonresident; and
- you had income from other state(s) or political subdivisions.

The amount on Line 29 should be 100 percent unless you use Form MO-NRI and determine a lesser percentage. If you do not enter a percentage on Line 29, your tax will be based on all of your income, regardless of where it was earned.

## LINE 28 OR 29— PART-YEAR RESIDENT(S)

You may take either the resident credit **or** the Missouri income percentage. Complete both Forms MO-CR and MO-NRI and use the one that is to your advantage. All income earned while living in Missouri is taxable to Missouri.

Attach a copy of your other state or political subdivision's return.

#### Line 31 — Tax on Lump Sum Distributions and Recapture Tax on Missouri Low Income Housing Credits

Lump Sum Distributions. A taxpayer who receives a lump sum distribution may be required to file Federal Form 4972. Because this income is not included in your Missouri adjusted gross income, a separate calculation must be made to compute the Missouri tax on this distribution. You are subject to the tax if your state of legal residence was Missouri at the time you received the lump sum distribution. The amount of tax is 10 percent of your federal tax liability on the distribution received in 2016.

You must compute this tax by multiplying the amount shown as tax on a Lump Sum Distribution (Federal Form 4972) by 10 percent. For example, if your Federal Form 1040, Line 44 includes \$1,000 tax as a result of a Lump Sum Distribution (Federal Form 4972), the amount of tax on Form MO-1040, Line 31, would be \$100. Check the Lump Sum Distribution box on Line 31. Attach a copy of Federal Form 4972.

**Recapture Tax.** If you are required to recapture a portion of any federal low income housing credits taken on a low income housing project, you are also required to recapture a portion of any state credits taken. The state recapture amount is the proportion of the state credit that equals

the proportion the federal recapture amount bears to the original federal low income housing credit amount. Attach a copy of your federal return (pages 1 and 2) and Federal Form 8611.

## FIGURE YOUR PAYMENTS AND CREDITS

#### LINE 34 — MISSOURI WITHHOLDING

Include only Missouri withholding as shown on your Forms W-2, 1099, or 1099-R.

Do not include withholding for federal taxes, local taxes, city earnings taxes, other state's withholding, or payments submitted with Form MO-2NR or Form MO-2ENT. Attach a copy of all Forms W-2 and 1099. See Diagram 1, Form W-2, on page 34.

#### LINE 35 — ESTIMATED TAX PAYMENTS

Include any estimated tax payments made on your 2016 return and any overpayment applied from your 2015 Missouri return.

#### Line 36 — Nonresident Partner or S Corporation Shareholder Tax Withheld

Include the payments from your distributive share by the partnership or S corporation, if you are a nonresident partner or S corporation shareholder as shown on Forms MO-2NR and MO-NRP. Attach Forms MO-2NR and MO-NRP.

## Line 37 — Nonresident Entertainer Tax Withholding

Include your share of the payments from gross earnings as a nonresident entertainer, as shown on Forms MO-2ENT, Line 6. Attach a schedule showing the date(s) and place(s) of the performance(s), the nonresident entertainer entity's name, and how your share of the amount paid was calculated. **Attach Form MO-2ENT.** 

## LINE 38 — EXTENSION OF TIME TO FILE

If you filed for an extension of time to file, enter on Line 38 the amount you paid to the Department of Revenue with Form MO-60.

## Line 39 — Miscellaneous Tax Credits

You may be eligible for certain tax credits. The total amount of tax credit is computed by completing Form MO-TC, Miscellaneous Income Tax Credits. Enter the total tax credit amount from Form MO-TC, Line 13 on Form MO-1040, Line 39. Attach Form MO-TC, along with any applicable schedules, certificates, and federal forms. You can find a list of available credits and the agency to contact for information, forms, and approval to claim each credit on the Form MO-TC, Miscellaneous Income Tax Credits, located on page 30.

#### LINE 40 — PROPERTY TAX CREDIT

Complete Form MO-PTS to determine the amount of your property tax credit. See information to complete Form MO-PTS on pages 36-38.

#### LINE 42 — AMENDED RETURN ONLY: PAYMENT ON ORIGINAL RETURN

Enter any payment(s) applied to your original filed return including any penalties and interest.

#### LINE 43 — AMENDED RETURN ONLY: OVERPAYMENT ON ORIGINAL RETURN

Enter the overpayment claimed or adjusted on your original return including interest.

#### INDICATE THE REASON FOR AMENDING YOUR RETURN:

Check the box relating to why you are filing an amended return.

- Box A—Mark Box A (federal audit) if you have knowledge or have received a notice that your federal return you previously filed was incorrect, or if the Internal Revenue Service adjusted your original return. You must attach a copy of your amended federal return or a copy of your revenue agent's report. Enter the month, day, and year your audit was finalized.
- Box B-Mark Box B if you have a net operating loss carryback on your amended return. Indicate the year your loss occurred.
- Box C—Mark Box C if you have an investment tax credit carryback on your amended return. Indicate the year your credit occurred.
- Box D-Mark Box D if you are filing an amended Missouri return as a result of filing an amended federal return. Enter the month, day, and year you filed your amended federal return.

#### FIGURE YOUR REFUND **OR AMOUNT DUE**

#### LINE 45 — OVERPAYMENT

If Line 41 is larger than Line 33, or on an amended return, Line 44 is larger than Line 33, enter the difference (overpayment) on Line 45. All or a portion of an overpayment can be refunded to you.

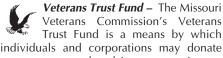
#### LINE 46 — APPLY OVERPAYMENT TO **NEXT YEAR'S TAXES**

You may apply any portion of your refund to next year's taxes.

#### LINE 47 — TRUST FUNDS

You may donate part or all of your overpaid amount or contribute additional payments to any of the nine trust funds listed on Form MO-1040 or any two additional trust funds.

**Children's Trust Fund** – Children's Trust Fund, Missouri's Foundation for Child Abuse Prevention, is a non-profit organization dedicated to the vision of children free to grow and reach their full potential in a nurturing and healthy environment free from child abuse and neglect. For more information please contact the Children's Trust Fund www.ctf4kids.org or call 888-826-5437. (Minimum contribution: \$2, or \$4 if married filing combined)



individuals and corporations may donate money to expand and improve services to veterans in Missouri. Contributions may be made at any time directly to: Veterans Trust Fund c/o The Missouri Veterans Commission, P.O. Drawer 147, Jefferson City, MO 65102-0147 or call (573) 751-3779. (Minimum contribution: \$2, or \$4 if married filing combined)



**Elderly Home Delivered Meals Trust** Fund - The Elderly Home Delivered Meals Trust Fund supports the home

delivered meals program for Missouri's home-bound senior citizens, helping them to continue to live independently in their homes. The need for home delivered meals increases yearly as persons are living longer and may need assistance. For more information please contact: <a href="http://health.mo.gov/">http://health.mo.gov/</a> seniors/aaa/index.php. (Minimum contribution \$2, or \$4 if married filing combined)

Missouri National Guard Trust Fund -The Missouri National Guard Trust Fund expands the capability to provide/ coordinate Military Funeral Honors Ceremonies for veterans of Missouri and veterans buried in Missouri who have served their country in an honorable manner. Contributions may be made at any time directly to Missouri National Guard Trust Fund, ATTN: JFMO-J1/SSH, 2302 Militia Drive, Jefferson City, MO 65101-1203 or call (573)638-9663. (Minimum contribution: \$2, or \$4 if married filing combined)



Workers' Memorial Fund - This (Workers) fund has been established to create a permanent memorial for all workers who suffered a job related death or injuries that resulted in a permanent disability while on the job in Missouri. Requests for information and contributions may be made at any time to: Workers' Memorial Fund, ATTN: Office of Administration, 301 W. High St., Room 570, Jefferson City, MO 65101. (Minimum



**Childhood Lead Testing Fund** – Activities supported by this fund ensure that Missouri children at risk for lead poisoning are

contribution: \$1, or \$2 if married filing combined)

tested and receive appropriate follow-up activities to protect their health and well being from the harmful effects of lead. For more information please contact the Missouri State Public Health Laboratory at (573) 751-3334, or email labweb1@health.mo.gov. (Minimum contribution: \$1, or \$2 if married filing combined)

Missouri Military Family Relief Fund -For more information, please contact: Missouri Military Family Relief Fund, 2302 Militia Drive, ATTN: JFMO-J1/SS, Jefferson City, MO 65201-1203. (Minimum contribution: \$1, or \$2 if married filing combined)

General Revenue Fund - Requests for he made at any time directly to General Revenue Fund, ATTN: Department of Revenue, P.O. Box 3022, Jefferson City, MO 65105-3022. (Minimum contribution: \$1, or \$2 if married filing combined)



Organ Donor Program Fund -Contributions support organ and tissue donation education and registry

operation. For more information, please contact: Missouri Department of Health and Senior Services, Organ and Tissue Donor Program, P.O. Box 570, Jefferson City, MO 65102-0570, or call 888-497-4564. (Minimum contribution: \$2, or \$4 if married filing combined)

#### **ADDITIONAL FUNDS**

If you choose to give to additional funds, enter the two-digit additional fund code in the spaces provided on Line 47. If you want to give to more than two additional funds, please submit a contribution directly to the fund. For additional information, see http://dor.mo.gov/personal/individual/.

Donations received from the following funds are designated specifically for Missouri residents.

<u>runus</u> <u>Code</u>
American Cancer Society Heartland
Division, Inc., Fund01
American Diabetes Association
Gateway Area Fund02
American Heart Association Fund03
American Red Cross Trust Fund15
Amyotrophic Lateral Sclerosis (ALS—Lou Gehrig's Disease) Fund05
Arthritis Foundation Fund09
Developmental Disabilities Waiting List
Equity Trust Fund16
Foster Care and Adoptive Parents
Recruitment and Retention Fund14
March of Dimes Fund08
Missouri National Guard Foundation Fund19
Muscular Dystrophy Association Fund07
National Multiple Sclerosis Society Fund10
Pediatric Cancer Research Trust Fund18
Puppy Protection Trust Fund17



American Cancer Society Heartland Division, Inc., Fund (01) For more information anytime,

call toll free 1-800-ACS-2345 or visit www.cancer.org. Donations can be sent directly to the American Cancer Society at 1100 Pennsylvania Avenue, Kansas City, MO 64105. (Minimum irrevocable contribution: \$1, not to exceed \$200)



American Diabetes Association American Diabetes Associations Associations Gateway Area Fund (02) – Requests for information

may be made by calling (314) 822-5490 or contacting Gateway Area Diabetes Association Fund, 425 South Woods Mill Road #110, Town and Country, MO 63017. (Minimum irrevocable contribution: \$1, not to exceed \$200)

American Heart Association Fund (03) – For more information, please contact: American Heart Association, 460 N. Lindbergh Blvd., St. Louis, MO 63141-7808, or call (314) 692-5600. (Minimum irrevocable contribution: \$1, not to exceed \$200)

American Red Cross Trust **Fund** (15) – For more information please contact your local American Red Cross at www.redcross.org or call 866-206-0256. (Minimum contribution: \$1, or \$2 if married filing combined)



ALS Lou Gehrig's Disease Fund (05) – Call 1-888-873-8539 for ASSOCIATION patient services in Eastern Missouri

and 1-800-878-2062 for patient services in Missouri. Western irrevocable contribution: \$1, not to exceed \$200)



ARTHRITIS Arthritis Foundation Fund Take Control. We Can Help" (09) — Call (314) 991-9333 or

visit www.arthritis.org. Contributions can be made at any time directly to the Arthritis Foundation, 9433 Olive Blvd., Suite 100, St. Louis, MO 63132. (Minimum irrevocable contribution: \$1, not to exceed \$200)

**Developmental Disabilities Waiting List Equity** Trust Fund (16) - For more information please contact the Division of Developmental Disabilities at www.dmh.mo.gov/dd/ or call 1-800-207-9329. (Minimum contribution: \$1, or \$2 if married filing combined)

Foster Care and Adoptive Parents Recruitment and Retention Fund (14) – For more information please contact: Missouri Children's Division, P.O. Box 88, Jefferson City, MO 65103-0088 or call (573)522-8024. (Minimum contribution: \$1, or \$2 if married filing combined)



March of Dimes Fund (08) – Send requests for information and

contributions directly to the March of Dimes Fund, 11829 Dorsett Road, Maryland Heights, MO 63043. (Minimum irrevocable contribution: \$1, not to exceed \$200)



Missouri National Guard Foundation Fund (19) – The

foundation assists Missouri National Guard Members and all veterans and their families by providing services that enable them to improve their financial, physical, mental and social well-being. The Foundation is a 501 (c)(3) tax exempt, charitable organization. For more information call (573) 632-4240, or visit our website at www.mongf.org. Donations can be made directly on the website, or mailed to Missouri National Guard Foundation, 2302 Militia Drive, Jefferson City, Missouri 65101. (Minimum contribution: \$1, or \$2 if married filing combined)

Muscular Dystrophy Association Fund (07) –

Reguests for information and contributions may be made at any time directly to: Muscular Dystrophy Association, 222 South Riverside Plaza, Suite 1500, Chicago, IL 60606; (816) 444-1554. (Minimum irrevocable contribution: \$1, not to exceed \$200)



National Multiple Sclerosis **Society Fund (10) – Call** ■ 1-800-FIGHT MS or visit

our website at www.nationalmssociety.org or contact National Multiple Sclerosis Society Fund, 1867 Lackland Hill Parkway, St. Louis, MO 63146. (Minimum irrevocable contribution: \$1, not to exceed \$200)

CureSearch Pediatric Cancer Research Children's Cancer Trust Fund (18) - CureSearch for Children's Cancer raises

funds to support children's cancer research. For more information, or to donate directly to the fund, visit **www.curesearch.org** or call (800) 458-6223. (Minimum contribution: \$1, or \$2 if married filing combined)



Puppy Protection Trust Fund PROTECTION (17) - For more information, TRUST FUND please contact the Puppy

Protection Trust Fund at <a href="http://mda.mo.gov">http://mda.mo.gov</a> or call (573) 751-3076. (Minimum contribution: \$1, or \$2 if married filing combined)

#### **LINE 48 - MISSOURI 529** COLLEGE SAVINGS PLAN DEPOSIT

You can deposit all or a portion of your refund into a Missouri 529 College Savings Plan (MOST) account. To make this choice, there must be an open account and the total deposit must be a minimum of \$25. Please complete and attach Form 5632. For more information, see Form 5632 at http://dor.mo.gov/forms.

#### LINE 49 — REFUND

Subtract Lines 46, 47, and 48 from Line 45 and enter on Line 49.

If your refund is \$100,000 or more, please consider filing electronically and receiving your refund by direct deposit to your bank account. For security purposes, all refunds over this amount must be electronically deposited. If you do not file electronically with direct deposit, the Department will contact you for your banking information, which may delay your refund.

Note: If you have any other liability due the state of Missouri, such as child support payments, or a debt with the **Internal Revenue Service, your income tax** refund may be applied to that liability in accordance with Section 143.781, RSMo. Your property tax credit may be applied to any property tax credit or individual income tax liability pursuant to Section 143.782, RSMo. You will be notified if your refund is offset against any debt(s).

#### LINE 51 — UNDERPAYMENT OF **ESTIMATED TAX PENALTY**

If the total payments and credits amount on Line 41 less Line 38 or Line 44 less Line 38 is less than 90 percent (66-2/3 percent for farmers) of the amount on Line 33, or if your estimated tax payments were not paid timely, you may owe a penalty. Complete Form

MO-2210, Underpayment of Estimated Tax for Individuals, see pages 31-34. If you owe a penalty, enter the penalty amount on Line 51.

If you have an overpayment on Line 45, the Department of Revenue will reduce your overpayment by the amount of the penalty.

#### LINE 52 — AMOUNT DUE

Payments must be postmarked by April 18, 2017, to avoid interest and late payment charges. The Department of Revenue offers several payment options.

Check or money order: Attach a check or money order (U.S. funds only), payable to Missouri Department of Revenue. By submitting payment by check, you authorize the Department of Revenue to process the check electronically upon receipt.

Do not postdate. The Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds. If you mail your payment after your return is filed, attach your payment to the Form MO-1040V found on page 40.

Draft Electronic Bank (E-Check): entering your bank routing number and checking account number, you can pay online at http://dor.mo.gov/personal/individual/ or by calling (888) 929-0513. There will be a convenience fee to use this service.

**Credit Card:** The Department accepts MasterCard, Discover, Visa, and American Express. You can pay online at



http://dor.mo.gov/personal/payonline. php, or by calling (888) 929-0513. The convenience fees listed below will be charged to your account for processing credit card payments:

<b>Amount of Tax Paid</b>	Convenience Fee
\$0.00-\$50.00	\$1.25
\$50.01-\$75.00	\$1.75
\$75.01-\$100.00	\$2.15
\$100.01and up	2.15%

Note: The convenience fees for credit card transactions are paid to the third party vendor, not to the Missouri Department of Revenue. By accessing this payment system, the user will be leaving Missouri's website and connecting to the website of the third party vendor, which is a secure and confidential website.

#### SIGN RETURN

You must sign Form MO-1040. Both spouses must sign a combined return. If you use a paid preparer, the preparer must also sign the return. If you wish to authorize the Director of Revenue to release information regarding your tax account to your preparer or any member of your preparer's firm, indicate by checking the "yes" box above the signature line.

## Information to Complete Form MO-A, PART 1

## MISSOURI MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

Form MO-A, Part 1, computes Missouri modifications to federal adjusted gross income. Modifications on Lines 1 through 6 **include income** that is exempt from federal tax, but taxable for state tax purposes. Modifications on Lines 8 through 16 **exclude income** that is exempt from state tax, but taxable for federal tax purposes. If after reviewing the instructions for Part 1, you have no modifications, enter on Form MO-1040, Lines 3 and 5, the same amount(s) entered on Form MO-1040, Line 1.

## Line 1 — Interest on State and Local Obligations

If you received income from an obligation of a state or political subdivision **other than Missouri**, enter the amount of that income, reduced by the related expenses incurred (management fees, trustee fees, interest, etc.) if the expenses are more than \$500.

#### Line 2 — Partnership, Fiduciary, S Corporation, Other

Enter positive adjustments (additions) reported from partnerships, fiduciaries, S corporations, or other sources. The partnership, fiduciary, or S corporation must notify you of the amount of any such adjustment (addition) to which you are entitled. Check the boxes applicable on Line 2 and attach a copy of the notification received

Net Operating Loss - Carryback/Carryforward: In the year of your net operating loss (NOL), enter on Form MO-A, Part 1, Line 2 the amount of your eligible NOL to be carried back or carried forward from the loss year. Enter the sum of the current year's NOL (as a positive number), plus any unused NOL from prior years. If your NOL carries forward from the carryback year, enter the unused portion of your NOL as computed on Federal Form 1045, Schedule B, Line 10. Please attach Federal Form 1045, Schedules A and B, or the calculation of your NOL carryback/carryforward. Amended returns only: If your federal adjusted gross income includes an NOL (other than a farming loss) of more than two years, enter the loss amount as a positive number.

Non-medical Withdrawal from Individual Medical Account (IMA): Any monies you withdraw from your Individual Medical Account (IMA) for non-medical purposes are taxable to Missouri. The interest earned on such monies is also taxable to Missouri. The amount subject to tax is reported on a statement provided by the administrator of the IMA.

Non-qualified Withdrawal from Family Development Account: The amount of annual deposits previously subtracted must be added to your federal adjusted gross income if the withdrawal from the account was not for a qualified use.

## Line 3 — Nonqualified Distribution from a Qualified 529 Plan

Any distribution made by the Missouri Savings for Tuition Program (MOST), the 529

plan administered by the Missouri Higher Education Deposit Program, or any other qualified 529 plan, not used for qualified higher education expenses, must be added to federal adjusted gross income of the taxpayer who made contributions to the plan. The amount of the distribution that must be added includes contributions previously exempt from state tax and earnings generated from the program (if the earnings are not already included in federal adjusted gross income). If the taxpayer who made the contribution is deceased, the beneficiary of the savings program must add the nonqualified taxable distribution to federal adjusted gross income on the Missouri income tax return.

## Line 4 — FOOD PANTRY CONTRIBUTIONS INCLUDED ON SCHEDULE A

If you are claiming the Food Pantry Tax Credit, (Form MO-FPT) and you included your donations as an itemized deduction on your Federal Schedule A, enter the amount of your donations, as noted on Form MO-FPT.

#### LINE 5 — NONRESIDENT PROPERTY TAX

If you are a nonresident or part-year resident and you reported property taxes paid to another state or political subdivision on Line 9 of your Federal Schedule A, you must report that amount on Line 5 of Form MO-A, unless that state or political subdivision allows a subtraction to income for Missouri property taxes. Visit <a href="http://dor.mo.gov/faq/personal/nonresident.php">http://dor.mo.gov/faq/personal/nonresident.php</a> for a list of states that allow a subtraction for Missouri property taxes.

#### Line 6 — Nonqualified Distribution from a Qualified Achieving a Better Life Experience (Able) Program

Any distribution made by the ABLE program administered by the Missouri Achieving a Better Life Experience board, not used for qualified disability expenses of not held for the minimum length of time established by the board must be a lided to the federal adjusted gross income of the taxpa en who made the contributions to the plan. The arrount of the distribution that must be altered includes contribution previously exempt from state tax and earnings generated from the program (if the earnings are not already included in federal adjusted gross income). If the taxpayer who made the contribution is deceased, the beneficiary must add the non-qualified distribution to federal adjusted gross income on the Missouri income tax return.

#### LINE 7 — TOTAL ADDITIONS

Add Lines 1 through 6. Enter the totals on Form MO-A, Part 1, Line 7 and on Form MO-1040, Line 2.

## Line 8 — Interest on Exempt Federal Obligations

Interest from **direct obligations** of the U.S. Government, such as U.S. savings bonds, U.S. treasury bills, bonds, and notes is exempt from state taxation under the laws of the United States. **Attach a detailed list or all Federal Forms 1099**. Taxpayers who claim exclusion for interest from direct U.S. obligations must identify the specific securities owned, e.g.,

"U.S. savings bond". A general description such as "interest on U.S. obligation" or "U.S. Government securities" is not acceptable. (See Regulation 12 CSR 10-2.150 for the taxability of various U.S. Government related obligations.) Failure to identify the specific security will result in the disallowance of the deduction.

A federally taxed distribution received from a mutual fund investing exclusively in direct U.S. Government obligations is exempt. If the mutual fund invests in both exempt (direct) and non-exempt (indirect) federal obligations, the deduction allowed will be the distribution received from the mutual fund attributable to the interest on the direct U.S. Government obligations, as determined by the mutual fund. Attach a copy of the year-end statement received from the mutual fund showing either the amount of money received or the percentage of funds received from direct U.S. Government obligations, or a summary statement received from the mutual fund which clearly identifies the exempt and non-exempt portions of the U.S. Government obligation interest. The statement does not need to list each obligation separately. Failure to attach the requested document will result in the disallowance of the deduction.

To arrive at the amount of related expenses, you may use actual expenses or a reasonable estimate. In general, you should use the same or similar method used to compute related expenses for federal income tax purposes, provided that the method reasonably reflects related expenses for Missouri-exempt income.

If you fail to compute reasonable related expenses, the Director of Revenue will make an adjustment based on the best information available. If sufficient information is not available or if your records do not provide sufficient information, the Director of Revenue will use the following formula to compute related expenses:

Exempt income x Expense | Reduction to Exempt Income

The principal expense item in this formula is interest expense; however, the Director of Revenue may include other expense items because of their direct relationship to the production of exempt income. You may propose an alternative method provided that it properly reflects the amount of related expenses.

#### LINE 9 — STATE INCOME TAX REFUND

Enter the amount of any state income tax refund included in your federal adjusted gross income on Form MO-1040, Line 1 (from Federal Form 1040, Line 10). Attach a copy of Federal Form 1040 (pages 1 and 2).

#### Line 10 — Partnership, Fiduciary, S Corporation, Railroad Retirement Benefits, Other

Enter subtractions, reported from partnerships, fiduciaries, and S corporations. The partnership, fiduciary, and S corporation must notify you of the amount of any such subtraction to which you are entitled. Check the boxes applicable on Line 10 and attach a copy of the notification received. Failure to attach a copy of the notification furnished to you will result in the disallowance of the subtraction.

Railroad Retirement Benefits Administered by the Railroad Retirement Board, such as all Tier I and Tier II benefits and any railroad retirement sick pay, disability, and unemployment benefits, included in federal adjusted gross income (Form MO-1040, Line 1), are exempt from state taxation. Enter any such benefits received on Line 10.

If you have other subtractions, indicate the source on Line 10. Other subtractions include:

- 1. Contributions into a Missouri Individual Medical Account (IMA). Contributions that were made by your employer into an Individual Medical Account (IMA) and used to pay your health care expenses are exempt from Missouri income tax. The interest income earned on the IMA account is also exempt from Missouri income tax. The contribution is identified Box 14 of your Form W-2, Wage and Tax Statement. Reduce the amount of contributions by the amount of medical and dental expenses deducted on Federal Form 1040, Schedule A, Line 4, but paid for by the IMA and included in Missouri itemized deductions.
- 2. Additional Capital Gain Deduction Due to Difference in Basis. If during the taxable year you realized a gain from the sale of property or other capital assets that had a higher tax basis for Missouri tax purposes than for federal tax purposes, you may exclude the gain or the difference in the basis of the property so disposed, whichever is smaller. If the gain was considered a long-term capital gain for federal income tax purposes, the exclusion is limited to the gain or 50 percent of the difference, whichever is smaller. No difference in basis can be claimed for any property obtained after December 31, 1972. If your basis for Missouri purposes is less than the basis for federal income tax purposes, no adjustment is required.
- 3. Accumulation Distribution. If during the taxable year, you received a distribution as beneficiary of a trust that was made from accumulated earnings of prior years and you filed Federal Form 4970, the amount of the distribution may be excluded from Missouri income to the extent that it was reported in your federal adjusted gross income.
- 4. Capital Gain Exclusion on Sale of Low Income Housing. If during the taxable year, you sold a federally subsidized low income housing project to a nonprofit or governmental organization, and at least 40 percent of the units are occupied by persons or families having incomes of 60 percent or less of the median income, you may exclude 25 percent of the capital gain from Missouri tax. However, the buyer of the property must agree to preserve or increase the low income occupancy of the project. To use this exclusion, enter 25 percent of the capital gain reported on

- your Federal Form 1040. Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Form 4797.
- 5. Family Development Account. A family development account holder may subtract the amount of annual deposits made to the account (not to exceed \$2,000). Approved withdrawals from the family development account are also exempt from state tax. Interest earned by a family development account is exempt from state taxation and may be subtracted from an account holder's federal adjusted gross income. Any money withdrawn for an unapproved use is subject to tax. Attach proper certification and a copy of your Form 1099.
- 6. Federally Taxable Missouri Exempt Obligations. Income from any bond issued by the Missouri Higher Education Loan Authority (MOHELA), including interest or proceeds resulting from the sale of the bond, is exempt from Missouri tax. Enter the amount of such income included in federal adjusted gross income on Line 10.
- 7. Military Income of Nonresident Military Personnel. Enter the amount of any military income received by nonresident military personnel stationed in Missouri. Nonresident active duty military servicemembers who are required to file a Missouri return may subtract the military income received from their federal adjusted gross income. Non-resident servicemembers' spouses who are in Missouri due to military orders, and have declared another state as their state of residence may subtract their income from their federal adjusted gross income. Attach a copy of the Form W-2 reporting your military income.
- 8. Build America Bonds and Recovery Zone Bonds Interest. Enter any interest received from Build America or Recovery Zone Bonds that is included in your federal adjusted gross income. Attach a copy of your Form 1099-INT or any other applicable documentation.
- 9. Combat Pay Included in Federal Adjusted Gross Income Earned by Military Personnel with a Missouri Home of Record. The IRS allows enlisted members, warrant officers and commissioned warrant officers to exclude their military pay received while serving in a combat zone, or while hospitalized as a result of injuries incurred while serving in a combat zone. The exclusion of combat pay received by a commissioned officer, other than a commissioned warrant officer, is limited to the highest rate of enlisted pay. Subtract all military income received while serving in a combat zone, which is included in Federal Adjusted Gross Income (FAGI) and is not otherwise excluded. In most cases combat pay is not included in Box 1, Wages, of Form W-2 and therefore is not included in FAGI.

However if Box 1 includes combat pay, the portion consisting of combat pay may be taken as a subtraction for Missouri purposes.

**EXAMPLE 1:** A resident of Missouri, is an enlisted member of the military. He enters a combat zone in July and is there through December. He earns \$12,000 January through June, and earns \$20,000 July through December. Box 1 of his Form W-2 should only indicate the \$12,000 he received prior to entering the combat zone. He is not entitled to a subtraction, as his combat pay is not included in his FAGI.

**EXAMPLE 2:** A resident of Missouri, is a high-ranking commissioned officer. He enters a combat zone in July and is there through December. He earns \$50,000 January through June, and earns \$70,000 July through December. The IRS limits his exclusion to \$40,000, causing Box 1 of his Form W-2 to indicate \$80,000. He is entitled to a subtraction of \$30,000, which represents the portion of Box 1 of Form W-2 attributable to combat pay that is included in his FAGI.

- 10. Net Operating Loss. Any amount of net operating loss taken against federal taxable income but disallowed for Missouri income tax purposes after June 18, 2002, may be carried forward and taken against any income on the Missouri income tax return for a period of up to 20 years from the year of the initial loss. Attach Federal Form 1045, Schedule A and B, and the calculation of your net operating loss carryback/carry forward.
- 11.Missouri Public-Private Transportation Act.
  Enter any income received in connection with the Missouri Public-Private Transportation Act, that is included in your federal adjusted gross income.
- 12. Condemnation of Property. If you included in your Federal Adjusted Gross Income any gain arising from compulsory or involuntary conversion of property as a result of condemnation or the imminence thereof, you may exclude that gain from Missouri tax Attach a copy of your Federal Form 1040, Schedule D, and Federal Form 4797.

## Line 11 — Exempt Contributions Made to a Qualified 529 Plan

The state of Missouri allows a subtraction from federal adjusted gross income for the amount of annual contributions made to the Missouri Savings for Tuition Program (MOST), the 529 plan administered by the Missouri Higher Education Deposit Program, or any other qualified 529 plan.

Instructions continued on page 35

## **2016** FORM MO-1040

FC	R CA	ALENDAR YEAR JAN. 1-	DEC. 31, 20	016, OR	FISCAL \	/EAR B	EGINNING			20	, ENDIN	G		2	20	SC	OFTWARE
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Lir	ne 47.	contribute to any one or all See pages 9-10 for a description	cription of ea	ch trust	Children's	Veterans	Elderly Home Delivered	Missour National Guard			norial (LEAI	Lead Testing		Missouri Military nily Relie	General Reve	nue	Dussouri Organ Donor
fur	nd, as	well as trust fund codes to en	ter on Line 47	<u>'.                                    </u>	Trust Fund	Trust Fund		d Trust Fund	ď			Fund		und		١,	Program Fund
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	1	Federal adjusted gross i	income fron	n vour 2	N16 fadar	al ratur	n (Saa worksh	eet on nage	6)	1Y	Your	self	00	1S	Spous	se	00
		Total additions (from Fo											00	28			00
NCOME		Total income — Add Lin			,					3Y			00	3S			00
<u>လ</u>		Total subtractions (from											00	48			00
=		Missouri adjusted gross Total Missouri adjusted g										6	00	5S	0	0	00
		Income percentages — [										101	%	7S		0	%
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		Pension and Social Secu Mark your filing status b	•	•						an 3, 36	cuon E.)	8			U	0	
		☐ A. Single — \$2,100	O (See Box	B befo	re checki	ng.)	E	. Married fili	ng se	parate (	spouse						
		☐ B. Claimed as a detax return — \$0.		n anothe	er person's	s federa		NOT filing			\$3 500						
		C. Married filing join	nt federal & c		d Missouri	— \$4,2		i. Qualifying	wido	w(er) wi	h	9			0	0	
	10	<ul><li>□ D. Married filing se</li><li>Tax from federal return (</li></ul>	•		l income	tay with	hold )	dependen	t child	d — \$3,5	000				, -		
	10.	• Federal Form 1040, Lin	ne 56 minus	Lines 4	5, 46, 66	a, 68, 6	9, and any am										
		<ul><li>Federal Form 1040A, L</li><li>Federal Form 1040EZ,</li></ul>								included		_					
<u>S</u>	11	Other tax from federal re							10		00	_					
<b>EXEMPTIONS AND DEDUCTIONS</b>		Total tax from federal re							12		0(	_					
		Federal tax deduction -	– Enter amo	ount fror	n Line 12	not to e	exceed \$5,000	for individu	al file		, -						
回	11	\$10,000 for combined fill Missouri standard deduction										13			0	00	
QN.	14.	Head of Household - \$9	,300; Marri	ed Filing	Combine	ed or Qu	ualifying Wido	w(er) - \$12,6	600.								
\S A	4.5	If age 65 or older, blind, Number of dependents						see Form M	10-A	Part 2.		14			0	00	
101	15.	Check box if claiming									X \$1,200 =	= 15			0	0	<u>→</u> Do not
EMP	16.	Number of dependents									V 04 000 -	= 16			0	00	√include yourself
EX	17	receive Medicaid or stat Long-term care insurance	٠, ٠					,			X \$1,000 =					00	spouse.
		Health care sharing min														0	
		Military income deduction	•													00	
	20.	Bring jobs home deduct	ion									20			0	0	
	21.	Total deductions — Add	l Lines 8, 9,	13, 14,	15, 16, 1	7, 18, 1	9, and 20					21			0	0	
	22.	Subtotal — Subtract Lin	e 21 from L	ine 6								22	,		0	0	
		Multiply Line 22 by appr											00				00
		Enterprise zone or rural											-	24S			00
	25.	Subtract Line 24 from Li	ine 23. Ent	er here	and on Lir		rivacy Notice						00	25S	orm MO-1040 (I	Revis	ed 12-2016)

						Yourself				Spou	se	
	26.	Taxable income amount from Lines 25Y and 25S			26Y		_	00 2	6S			00
		Tax (See tax chart on page 25 of the instructions			27Y			00 2				00
		Resident credit — Attach Form MO-CR and other s			28Y			00 2				00
		Missouri income percentage — Enter 100% unless	` '									,
		Attach Form MO-NRI and a copy of your federal re			29Y			% 2	98			%
Ž	30.	Balance — Subtract Line 28 from Line 27; OR										
		Multiply Line 27 by percentage on Line	29		30Y			<u>00  з</u>	0S			00
	31.	Other taxes (Check box and attach federal form i	ndicated.)									
		Lump sum distribution (Form 4972)										00
		Recapture of low income housing credit						<u>00   3</u>				00
		Subtotal — Add Lines 30 and 31.						00  з	2S		00	00
	_	Total Tax — Add Lines 32Y and 32S					33				00	
ည	34.	MISSOURI tax withheld — Attach Forms W-2 and	l 1099				34				00	
흠	35.	2016 Missouri estimated tax payments (include ov	erpayment from 2015 app	lied to 2016)			35				00	
픙	36.	Missouri tax payments for nonresident partners or S	corporation shareholders -	<ul> <li>Attach Forms Mo</li> </ul>	O-2NF	R and MO-NRP	36				00	
		Missouri tax payments for nonresident entertaine					37				00	
ENTS/	38.	Amount paid with Missouri extension of time to fil	e (Form MO-60)				38				00	
뿔		Miscellaneous tax credits (from Form MO-TC, Lir					39				00	
¥		Property tax credit — Attach Form MO-PTS					40				00	
•	_	Total payments and credits — Add Lines 34 through					41				00	
	Ski	p Lines 42-44 if you are not filing an ame	nded return.									
몵	42.	Amount paid on original return					42				00	
ETURN	43.	Overpayment as shown (or adjusted) on original	return				43				00	
0.0		INDICATE REASON FOR AMENDING.			M, N	$M_1D_1D_1Y_1Y$						
AMENDED		A. Federal audit										
呈		B. Net operating loss carryback										
뿔		C. Investment tax credit carryback		-								
⋖		D. Correction other than A, B, or C En			ш							
	44.	Amended Return — total payments and credits.	Add Line 42 to Line 41 or	subtract Line 43 f	rom L	ine 41	44				00	
	45.	If Line 41, or if amended return, Line 44, is larger to	than Line 33, enter differen	ce			4.5				00	
		(amount of OVERPAYMENT) here.					45				00	
		Amount of Line 45 to be applied to your 2017 est					46				00	
₽	47.	Enter the amount of your donation in the trust fund boxes  Children's Veter Trust Trust Fund Fund Fund Fund Fund Fund Fund Fund	ans Elderly Home Missouri st Delivered Meals National Guard	(Workers) Mamorial	od Lead Testing Fund	Missouri Military Gener	al Revenu	e Organ	n Donor	Additional Fund Code		ditional d Code
EFUND		donation in the trust fund boxes to the right. See instructions for	Trust Fund	Fund	Fund	Fund Revenu	Revenu Fund	l Fund	am UFE	(See Instr.)	(See	e Instr.)
뿚			00 00 00	00	00	00	0	0	00	00	<u> </u>	00
	48.	Amount of Line 45 to be deposited into a Missour										
		Enter amount from Line E of Form 5632					48				00	
	49.	<b>REFUND -</b> Subtract Lines 46, 47, and 48 from Line Department of Revenue, PO Box 500, Jefferson 6	ne 45 and enter here. Sig	n below and mail	return	to:	49				00	
	E0.	If Line 33 is larger than Line 41 or Line 44, enter					7∂				00	
	50.	instructions for Line 51					50				00	
щ												
OUNT DUE	51.	Underpayment of estimated tax penalty — Attach	Form MO-2210. Enter p	enalty amount her	'e		51				00	
톨	52.	AMOUNT DUE - Add Lines 50 and 51 and enter	here. Sign below and ma	ail return and paym	nent to	o:						
10		Department of Revenue, PO Box 329, Jefferson	City, MO 65107-0329. Sec	e instructions for L	ine 52	2	52				00	
A		If you pay by check, you	authoriza the Departme	ont of Povonuo t	o pro	oose the shock	مامه	tronio	ally			
			returned check may be				CICC	lionic	ally.			
	_	Ally I	Cturried effect may be	presented again	CICC	trorilearly.						
		er penalties of perjury, I declare that I have examined this retu										
		laration of preparer (other than taxpayer) is based on all infon ridual who files a frivolous return. I also declare under penalties										
ധ	cred	it or abatement if I employ such aliens.										
TUR		thorize the Director of Revenue or delegate to discus	· — —	E-MAIL ADDRESS					PREPA	RER'S TELEF	HONE	
GNATI		the preparer or any member of the preparer's firm.	☐YES ☐NO							_)		
SIG	SIGN	IATURE	DATE (MMDDYYYY)	PREPARER'S SIGNATUI	RE				FEIN, S	SSN, OR PTIN		
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			()							/_	/	



2016 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.

AST NAME	FIRST NAME		INITIAL	SOC	CIAL SECURITY NO.	
				Lι	<u> </u>	
POUSE'S LAST NAME	FIRST NAME		INITIAL	SPC	DUSE'S SOCIAL SECURITY NO	Э.
					1 1 1 1 1 1	I
PART 1 — MISSOURI MODIFICATIONS TO FEDER	RAL ADJUSTED GROSS INCOME (	SEE PAG				
ADDITIONS			Y - YOURSELF		S - SPOUSE	
1. Interest on state and local obligations other than Miss			0	0	1S	00
2. Partnership; Fiduciary; S corporation; Net	<del></del>				20	
☐ Other (description) ☐ 3. Nonqualified distribution received from a qualified 529	Nalar (high ay a duashira an inga ay ay ay	2Y	0	0   2	2S	00
not used for qualified higher education expenses	pian (nigher education savings program	<sup>n)</sup> 3Y	c	0 :	3S	00
4. Food Pantry contributions included on Federal Sched	ule A	4Y	C	0 4	4S	00
5. Nonresident Property Tax			C	0 :	5S	00
<ol><li>Nonqualified distribution received from a qualified Ach</li></ol>	nieving a Better Life Experience			0	6S	00
Program (ABLE) not used for qualified expenses 7. TOTAL ADDITIONS — Add Lines 1 through 6. Enter h	para and an Form MO 1040 Line 2		!			00
UBTRACTIONS	lete and off Form MO-1040, Line 2	/ Y	<u> </u>	0 .	7S	00
8. Interest from exempt federal obligations included in federal	deral adjusted gross income (reduced by	v				
related expenses if expenses were over \$500). Attach			C	0	8S	00
9. Any state income tax refund included in federal adjuste			C	0	9S	00
	Railroad retirement benefits;					
☐ Net Operating Loss; ☐ Military (nonresident); ☐ Build	d America and Recovery Zone Bond Intere	est				
☐ Combat pay included in federal adjusted gross incom	ne; MO Public-Private Transportation	Act				
Other (description)	Attach supporting documentation			0 1		00
<ol> <li>Exempt contributions made to a qualified 529 plan (hig</li> </ol>				0 1		00
<ol><li>Qualified Health Insurance Premiums. Attach suppor</li></ol>		12	Y C	0 1	<u>2S</u>	; 00
3. Missouri depreciation adjustment (Section 143.121, RS		10		ر ا	100	00
☐ Sold or disposed property previously taken as addit	ion modification	13	<u>Y</u>	0   1	38	00
4. Home Energy Audit Expenses		14	Y	0 1	48	00
5. Exempt contributions made to a qualified Achieving a	Better Life Experience Program (ABLE)	15	Y	0 1	58	00
6. Agriculture Disaster Relief					6S	00
7. TOTAL SUBTRACTIONS — Add Lines 8 through 16.					78	
PART 2 — MISSOURI ITEMIZED DEDUCTION:						00 Urn
Attach a copy of your Federal Form 1	040 (pages 1 and 2) and Federal S	chedule	A.	0	your reactar reac	u
Total federal itemized deductions from Federal Form	1040, Line 40			1		00
2. 2016 Social security tax — (Yourself)			F	2		00
3. 2016 Social security tax — (Spouse)			F	3		00
4. 2016 Railroad retirement tax — Tier I and Tier II (You				4		00
<ol> <li>2016 Railroad retirement tax — Tier I and Tier II (Spots)</li> </ol>	· · · · · · · · · · · · · · · · · · ·		_	5		00
<ol> <li>2016 Medicare tax — Yourself and Spouse. See instr</li> </ol>			_	6		00
<ol> <li>2016 Self-employment tax - See instructions on Page</li> </ol>			F	7		00
8. TOTAL — Add Lines 1 through 7			-	8		00
State and local income taxes — from Federal Schedule		9	00			1 30
State and local income taxes — from Federal Scrieduli     Earnings taxes included in Line 9	•		00			
Net state income taxes — Subtract Line 10 from Line			,	11		00
<ol> <li>Net state income taxes — Subtract Line 10 from Line</li> <li>MISSOURI ITEMIZED DEDUCTIONS — Subtract Line</li> </ol>			F	11 12		00
Complete this worksheet only if your federal adjusted are:	ss income from federal Form 1040. Line 37	is more the	an \$311,300 if married filing		bined or qualifying wide	
Complete this worksheet only if your federal adjusted gros \$285,350 if head of household, \$259,400 if single or cla equal to these amounts, do not complete this worksheet.	imed as a dependent, or \$155,650 if marri Attach a copy of your Federal Itemized Ded	ed filing se uction Wor	eparate. If your federal adjusted the parate of the parate	usted eral S	gross income is less the chedule A instructions).	han ór
1. Enter amount from Federal Itemized Deduction	Worksheet, Line 3					
(See page A-13 of Federal Schedule A instruct				1		00
2. Enter amount from Federal Itemized Deduction				2		00
3. State and local income taxes from Federal Form				3		00
4. Earnings taxes included on Federal Form 1040				4		00
5. Subtract Line 4 from Line 3				5		; 00
2. Enter amount from Federal Itemized Deduction 3. State and local income taxes from Federal Form 4. Earnings taxes included on Federal Form 1040 5. Subtract Line 4 from Line 3				6		%
7. Multiply Line 2 by Line 6				7 g		00

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

	PU	IBLIC PENSION CALCULATION — Pensions received from any federal, state, or local governr	nent	i.				
	1.	Missouri adjusted gross income from MO-1040, Line 6	1					00
	2.	<b>Taxable</b> social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	2					00
		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						+
4		Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000	4					00
O	5.	Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5					00
CTIC		<b>-</b> 11	0./	Y - YOURSELF	+		S - SPOUSE	Tan
Ш		the state of the s	6Y		68			00
S		Amount from Line 6 or \$36,976 (maximum social security benefit), whichever is less	7Y	00	78	-		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	88	3		00
	9.	Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0	9Y	00	98	3		00
	10.	Add amounts on Lines 9Y and 9S	10					00
	11.	<b>Total public pension</b> , subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0	11					00
		RIVATE PENSION CALCULATION — Annuities, pensions, IRAs, and 401(k) plans funded by a	priv	ate source.				
	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
		Subtract Line 2 from Line 1.	3					00
m Z		Select the appropriate filing status and enter the amount on Line 4: Married filing combined: \$32,000;						1
0		Single, Head of Household and Qualifying Widow(er): \$25,000; Married Filing Separate: \$16,000	4					00
CTION	5.	Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5					00
SE(	6.	<b>Taxable</b> pension for each spouse from <b>private sources</b> from Federal Form 1040A, Lines 11b and 12b, or Federal	0)(	Y - YOURSELF	100		S - SPOUSE	100
0,	_	Form 1040, Lines 15b and 16b.	6Y	1	68			00
		Amounts from Line 6Y and 6S or \$6,000, whichever is less	7Y	00	) 7S	5		00
	8.	Add Lines 7Y and 7S	8					00
		<b>Total private pension</b> , subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0	9					00
		CIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social se by December 31 and have marked the 62 and older box on page 1 of Form MO-1040. Age limit does not ap						
		Missouri adjusted gross income from Form MO-1040, Line 6	1	o social security	uise	abilit	ly deduction	00
	2.	Select the appropriate filing status and enter the amount on Line 2. Married filing combined - \$100,000						
0		Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000	2					00
SECTION	3.	Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0	3	V VOLIBORI E	_		S - SPOUSE	00
$\Box$	1	Taxable social security benefits for each spouse from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	4Y	Y - YOURSELF	48		3 - SPOUSE	00
) E			5Y					
0,		Taxable social security disability benefits for each spouse from Federal Form 1040A, Line 14b or 1040, Line 20b			58			00
		Amount from Line(s) 4Y or 5Y, and 4S or 5S.	6Y	į U(	) 6S	<u>,   </u>		00
		Add Lines 6Y and 6S	7					00
		Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0	8					00
Ω	MI	LITARY PENSION CALCULATION						
Z	1.	Military retirement benefits included on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b	1		—	—		00
9		Taxable public pension from Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b	2					00
CI		Divide Line 1 by Line 2 (Round to whole number)	3					%
SECTION		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
ON E		OTAL PENSION AND SOCIAL SECURITY/SOCIAL CURITY DISABILITY/MILITARY EXEMPTION						
SECTION		Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 5 (Section D).		TOTAL				
SE		Enter total amount here and on Form MO-1040, Line 8.		EXEMPTION				00

## **2016** FORM MO-1040

FO	R CA	ALENDAR YEAR JAN. 1-DEC. 3	31, 2016, OF	FISCAL \	YEAR B	EGINNING			20	, END	DING			2	20		FTWARE
ΑN	IEND	DED RETURN – CHECK HERE	SOCIA	L SECURITY	/ NUMBE	R _			SPOUSE'S	SOCIAL	SECUF	RITY NUI	MBER			(Assig	DOR CODE ned by DOR)
		T NAME				FIRST NAME					M. INIT	IAL	_	SU	FFIX (JR, SR, et		000 ECEASED
RES															( , ,		2016
ADDRESS	SPOL	DUSE'S LAST NAME				FIRST NAME					M. INIT	IAL		SU	IFFIX (JR, SR, et	c.) D	ECEASED 2016
	IN CA	ARE OF NAME (ATTORNEY, EXECUTO	DR PERSONAL	REPRESE	NTATIVE	FTC.)					COUNT	Y OF RI	FSIDEN	ICF		_ L	
E AND		7	,			,											
AM	PRES	SENT ADDRESS (INCLUDE APARTME	NT NUMBER C	R RURAL R	OUTE)			CITY, T	OWN, OR	POST OF	FICE, S	STATE, A	AND ZIF	CODE			
Z		y contribute to any one or all of the t	rust funds on	44	<b>*</b> ~	Sh Eldoub	. S Mior	ouri	○ Wo	orkers'		hildhood	Van.	Missouri	General		DONATE
Lin	e 47.	. See pages 9-10 for a description	of each trust	Children's	Veterans	Elderly Home Delive	Mati	onal (		morial (	LEAD)	Lead Festing		Military ily Relief	General Reven	a   '	Prissourii Organ Donor
fun	id, as i	well as trust fund codes to enter on L	ne 47.	Trust Fund	Trust Fun		und Trust	und	$\overline{}$			-und		und		-	rogram Fund
		LEASE CHECK THE APP			S THA			SELF				SE AS					
_	,		E 65 OR O	,		BLIN		1 -	_	DISAB	_		<u>N(</u>	_	BLIGATED		
_	YOU	JRSELF SPOUSE YOU	JRSELF L	SPOUSE		YOURSELF	SPOUSE		YOURSE		SPOU			YOU		SPOL	JSE
	1	Federal adjusted gross income	from your 2	N16 fadar	al ratur	n (See work	sheet on na	na 6 )	1Y	Y	ourse	lt .	00	18	Spous	e	00
		Total additions (from Form MC	•			•	•	• ,					00	2S			00
M N	3.	Total income — Add Lines 1 a	nd 2	·······									00	3S			00
COM		Total subtractions (from Form											00	4S			00
Ž		Missouri adjusted gross incom Total Missouri adjusted gross in										6	00	5S	00	<u> </u>	00
		Income percentages — Divide										0	%	7S		<u> </u>	%
								Ť				_			0.		
		Pension and Social Security/So Mark your filing status box belo							Part 3, 5	ection E	)	8			0(	7	
	0.	☐ A. Single — \$2,100 (See	Box B befo	re checki	ing.)		E. Married		eparate (	(spouse							
		☐ B. Claimed as a dependent tax return — \$0.00	nt on anothe	er person's	s federa		NOT fili F. Head o			¢2 E00							
		C. Married filing joint feder	al & combine	d Missouri	- \$4,2	00 📙	G. Qualifyi	ng wid	ow(er) wi	ith		9			0(	n	
		☐ D. Married filing separate					depend	ent chi	ld — \$3,	500		9			; 01	<u> </u>	
	10.	Tax from federal return (Do not • Federal Form 1040, Line 56 n					amount from	Form	8885 on	l ine 73	3						
		• Federal Form 1040A, Line 37,	minus Lines	29, 42a, 4	14, 45, a	ind any alter	native minim	um tax									
		• Federal Form 1040EZ, Line 1						10			00						
Š		Other tax from federal return –	•					-			00						
JCTIO		Total tax from federal return — Federal tax deduction — Enter							er.		00					7	
		\$10,000 for combined filers							·····			13			0	0	
	14.	Missouri standard deduction o Head of Household - \$9,300; N							6,300;								
SAI		If age 65 or older, blind, claime	ed as a depe	ndent, se	e page	7. If itemizing	ig, see Forn	MO-/	A, Part 2.			14			0	0	
EXEMPTIONS AND DEDU	15.	Number of dependents from F  Check box if claiming a stillb								X \$1,20	nn <b>–</b>	15			0	0	N Do not
튑	16.	Number of dependents on Line				-				] <b>/</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	JO <b>–</b>					-F	include yourself
X		receive Medicaid or state fund	ng (DO NO	T INCLUD	E YOU	RSELF OR	SPOUSE.)			X \$1,0		16			0		or spouse.
		Long-term care insurance ded										17			00		spouse.
		Health care sharing ministry do Military income deduction										18			0		
		Bring jobs home deduction										20			0	_	
		Total deductions — Add Lines										21			0	_	
		Subtotal — Subtract Line 21 fr										22			0	_	
	23.	Multiply Line 22 by appropriate	percentage	s (%) on l	Lines 7	Y and 7S			23Y				00	23S	<u>'</u>		00
		Enterprise zone or rural empor											1	24S			00
	25.	Subtract Line 24 from Line 23.	Enter here	and on Li									00				00
					For P	rivacy Noti	ce see ins	tructio	าทร					Fo	orm MO-1040 (R	evise	ed 12-2016)

						Yourself				Spou	se	
	26.	Taxable income amount from Lines 25Y and 25S			26Y		_	00 2	6S			00
		Tax (See tax chart on page 25 of the instructions			27Y			00 2				00
		Resident credit — Attach Form MO-CR and other s			28Y			00 2				00
		Missouri income percentage — Enter 100% unless	` '									,
		Attach Form MO-NRI and a copy of your federal re			29Y			% 2	98			%
Ž	30.	Balance — Subtract Line 28 from Line 27; OR										
		Multiply Line 27 by percentage on Line	29		30Y			<u>00  з</u>	0S			00
	31.	Other taxes (Check box and attach federal form i	ndicated.)									
		Lump sum distribution (Form 4972)										00
		Recapture of low income housing credit						<u>00   3</u>				00
		Subtotal — Add Lines 30 and 31.						00  з	2S		00	00
	_	Total Tax — Add Lines 32Y and 32S					33				00	
ည	34.	MISSOURI tax withheld — Attach Forms W-2 and	l 1099				34				00	
흠	35.	2016 Missouri estimated tax payments (include ov	erpayment from 2015 app	lied to 2016)			35				00	
픙	36.	Missouri tax payments for nonresident partners or S	corporation shareholders -	<ul> <li>Attach Forms Mo</li> </ul>	O-2NF	R and MO-NRP	36				00	
		Missouri tax payments for nonresident entertaine					37				00	
ENTS/	38.	Amount paid with Missouri extension of time to fil	e (Form MO-60)				38				00	
뿔		Miscellaneous tax credits (from Form MO-TC, Lir					39				00	
¥		Property tax credit — Attach Form MO-PTS					40				00	
•	_	Total payments and credits — Add Lines 34 through					41				00	
	Ski	p Lines 42-44 if you are not filing an ame	nded return.									
몵	42.	Amount paid on original return					42				00	
ETURN	43.	Overpayment as shown (or adjusted) on original	return				43				00	
0.0		INDICATE REASON FOR AMENDING.			M, N	$M_1D_1D_1Y_1Y$						
AMENDED		A. Federal audit										
呈		B. Net operating loss carryback										
뿔		C. Investment tax credit carryback		-								
⋖		D. Correction other than A, B, or C En			ш							
	44.	Amended Return — total payments and credits.	Add Line 42 to Line 41 or	subtract Line 43 f	rom L	ine 41	44				00	
	45.	If Line 41, or if amended return, Line 44, is larger to	than Line 33, enter differen	ce			4.5				00	
		(amount of OVERPAYMENT) here.					45				00	
		Amount of Line 45 to be applied to your 2017 est					46				00	
₽	47.	Enter the amount of your donation in the trust fund boxes  Children's Veter Trust Trust Fund Fund Fund Fund Fund Fund Fund Fund	ans Elderly Home Missouri st Delivered Meals National Guard	(Workers) Mamorial	od Lead Testing Fund	Missouri Military Gener	al Revenu	e Organ	n Donor	Additional Fund Code		ditional d Code
EFUND		donation in the trust fund boxes to the right. See instructions for	Trust Fund	Fund	Fund	Fund Revenu	Revenu Fund	l Fund	am UFE	(See Instr.)	(See	e Instr.)
뿚			00 00 00	00	00	00	0	0	00	00	<u> </u>	00
	48.	Amount of Line 45 to be deposited into a Missour										
		Enter amount from Line E of Form 5632					48				00	
	49.	<b>REFUND -</b> Subtract Lines 46, 47, and 48 from Line Department of Revenue, PO Box 500, Jefferson 6	ne 45 and enter here. Sig	n below and mail	return	to:	49				00	
	E0.	If Line 33 is larger than Line 41 or Line 44, enter					7∂				00	
	50.	instructions for Line 51					50				00	
щ												
OUNT DUE	51.	Underpayment of estimated tax penalty — Attach	Form MO-2210. Enter p	enalty amount her	'e		51				00	
톨	52.	AMOUNT DUE - Add Lines 50 and 51 and enter	here. Sign below and ma	ail return and paym	nent to	o:						
10		Department of Revenue, PO Box 329, Jefferson	City, MO 65107-0329. Sec	e instructions for L	ine 52	2	52				00	
A		If you pay by check, you	authoriza the Departme	ont of Povonuo t	o pro	oose the shock	مامه	tronio	ally			
			returned check may be				CICC	lionic	ally.			
	_	Ally I	Cturried effect may be	presented again	CICC	trorilearly.						
		er penalties of perjury, I declare that I have examined this retu										
		laration of preparer (other than taxpayer) is based on all infon ridual who files a frivolous return. I also declare under penalties										
ധ	cred	it or abatement if I employ such aliens.										
TUR		thorize the Director of Revenue or delegate to discus	· — —	E-MAIL ADDRESS					PREPA	RER'S TELEF	HONE	
GNATI		the preparer or any member of the preparer's firm.	☐YES ☐NO							_)		
SIG	SIGN	IATURE	DATE (MMDDYYYY)	PREPARER'S SIGNATUI	RE				FEIN, S	SSN, OR PTIN		
	ODC	IJCE'C CICNATUDE /// filing combined DOTU	DAYTIME TELEPHONE	DDEDADED/C ADDRESS	. VIID 2.	P CODE				DATE (1)	MDDVA	VV)
	520	USE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE	PREPARER'S ADDRESS	ANU ZI	F OUDE				DATE (N	IMDDYY'	11)
			()							/_	/	



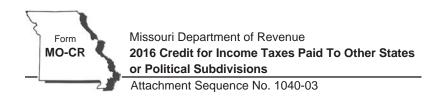
2016 FORM MO-A Attachment Sequence No. 1040-01

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.

AST NAME	FIRST NAME		INITIAL	8	OCIAL SE	ECURITY NO.	
				$\perp$			
POUSE'S LAST NAME	FIRST NAME		INITIAL	S	POUSE'S	S SOCIAL SECURITY NO.	
PART 1 — MISSOURI MODIFICATIONS TO FEDERAL AD	HISTED GROSS INCOME (S	EE DAGE	= 11\				
ADDITIONS	3031ED GROSS INCOME (3	LEPAGE	Y - YOURSELF			S - SPOUSE	
Interest on state and local obligations other than Missouri sour	rce	1Y		00	18		00
2. ☐ Partnership; ☐ Fiduciary; ☐ S corporation; ☐ Net Operatin							
Other (description)		2Y		00	28		00
Nonqualified distribution received from a qualified 529 plan (hi	gher education savings program	) <sub>3Y</sub>		00	38		00
not used for qualified higher education expenses				00	48		00
5. Nonresident Property Tax				00	5S		00
6. Nonqualified distribution received from a qualified Achieving a	Better Life Experience			00			00
Program (ABLE) not used for qualified expenses	on Form MO 1040 Line 0			00	6S		00
<ul> <li>TOTAL ADDITIONS — Add Lines 1 through 6. Enter here and UBTRACTIONS</li> </ul>	on Form MO-1040, Line 2	7Y		00	7S		00
B. Interest from exempt federal obligations included in federal adj	usted gross income (reduced by						
related expenses if expenses were over \$500). Attach a detail		<b>9</b> 8Y		00	88		00
9. Any state income tax refund included in federal adjusted gross	income	9Y		00	98		00
). $\square$ Partnership; $\square$ Fiduciary; $\square$ S corporation; $\square$ Railr	· ·					i	
□ Net Operating Loss; □ Military (nonresident); □ Build America	•						
Combat pay included in federal adjusted gross income;	•					;	
	ch supporting documentation				10S		00
. Exempt contributions made to a qualified 529 plan (higher educ				00	11S 12S		00
<ol> <li>Qualified Health Insurance Premiums. Attach supporting doc</li> <li>Missouri depreciation adjustment (Section 143.121, RSMo)</li> </ol>	cumentation			00	120		00
Sold or disposed property previously taken as addition modi	fication	13Y		00	138		00
Home Energy Audit Expenses				00			00
			1	00			00
5. Exempt contributions made to a qualified Achieving a Better Li							1
6. Agriculture Disaster Relief				00	16S		00
7. TOTAL SUBTRACTIONS — Add Lines 8 through 16. Enter he				00	17S	on Contample work	00
PART 2 — MISSOURI ITEMIZED DEDUCTIONS — Co Attach a copy of your Federal Form 1040 (pa	omplete this section only ages 1 and 2) and Federal Sc	ir you i hedule A	temize deduction	15 0	n yot	ur rederai retu	ırn.
Total federal itemized deductions from Federal Form 1040, Li	<u>-                                    </u>			1	$\top$		00
2. 2016 Social security tax — (Yourself)				2			00
3. 2016 Social security tax — (Spouse)				3			00
4. 2016 Railroad retirement tax — Tier I and Tier II (Yourself)				4			00
5. 2016 Railroad retirement tax — Tier I and Tier II (Spouse)							00
6. 2016 Medicare tax — Yourself and Spouse. See instructions of							00
7. 2016 Self-employment tax - See instructions on Page 35				7			00
3. 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				
D. Earnings taxes included in Line 9		10	00				
1. Net state income taxes — Subtract Line 10 from Line 9 or ent	er Line 8 from worksheet below.			11			00
2. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 11 fro	m Line 8. Enter here and on Fo	rm MO-10	40, Line 14	12			00
Complete this worksheet only if your federal adjusted gross income \$285,350 if head of household, \$259,400 if single or claimed as a equal to these amounts, do not complete this worksheet. Attach a complete this worksheet.	e from federal Form 1040, Line 37 is a dependent, or \$155,650 if marrie	s more than d filing sep	\$311,300 if married fili arate. If your federal a	ng co djuste	mbined d gros	d or qualifying widows income is less th	w(er), nan or
\$285,350 if head of household, \$259,400 if single or claimed as a equal to these amounts, do not complete this worksheet. Attach a control of the sequence of the equal to these amount from Federal Itemized Deduction Worksheet. See page A-13 of Federal Schedule A instructions.) If the equal to the sequence of the equal to these amount from Federal Itemized Deduction Worksheet. State and local income taxes from Federal Form 1040, Schedule of the equal to the equal to the equal to the equal to these amounts from Federal Form 1040, Schedule of the equal to these equal to the equal to these equal to the equal to these equal to the equal to the equal to these equal to the equal to these equal to the e		ction Works	sheet (Page A-13 of Fe	deral	Sched	ule A instructions).	
(See page A-13 of Federal Schedule A instructions.) If	\$0 or less, enter "0"			1			00
2. Enter amount from Federal Itemized Deduction Worksh							00
3. State and local income taxes from Federal Form 1040,	•		•				00
4. Earnings taxes included on Federal Form 1040, Schedu							00
5. Subtract Line 4 from Line 3							00
6. Divide Line 5 by Line 1							%
7. Multiply Line 2 by Line 6							00
O. CUDITAGE LINE / HOLL LINE J. LINE HELE AND OH FORM IV	O A. I all E. Ellic I I			_ ~	1		

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

	PU	IBLIC PENSION CALCULATION — Pensions received from any federal, state, or local governr	nen	t.			
	1.	Missouri adjusted gross income from MO-1040, Line 6	1				00
	2.	<b>Taxable</b> 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					$\top$
4		Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000	4				00
8	5.	Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5	Y - YOURSELF		0.000105	00
Ě	۵	<b>Taxable</b> pension for each spouse from public sources from Federal Form 1040A, Line 12b or 1040, Line 16b	6Y	7 - YOURSELF	60	S - SPOUSE	00
SECTION				00			00
S		Amount from Line 6 or \$36,976 (maximum social security benefit), whichever is less.	/ 1	00	/5		100
	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	88		00
	9.	Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0	9Y	00	98		00
	10.	Add amounts on Lines 9Y and 9S	10				00
	11.	<b>Total public pension</b> , subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0	11				00
	PR	RIVATE PENSION CALCULATION — Annuities, pensions, IRAs, and 401(k) plans funded by a	priv	ate source.			
	1.	Missouri adjusted gross income from MO-1040, Line 6	1				00
	2.	<b>Taxable</b> social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	2				00
m	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;					
SECTION		Single, Head of Household and Qualifying Widow(er): \$25,000; Married Filing Separate: \$16,000	4				00
CT		Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5	V VOUDOELE		0.000105	00
S	6.	<b>Taxable</b> pension for each spouse from <b>private sources</b> from Federal Form 1040A, Lines 11b and 12b, or Federal Form 1040, Lines 15b and 16b.	6Y	Y - YOURSELF	65	S - SPOUSE	00
	7	Amounts from Line 6Y and 6S or \$6,000, whichever is less	7Y	00			00
		Add Lines 7Y and 7S		100	70		
			8				00
		Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0  CIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION — To be eligible for social se	9	v doduction vou m	uot l	ha 62 yaara	00
		e by December 31 and have marked the 62 and older box on page 1 of Form MO-1040. Age limit does not ap					
	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					
0		Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000	2				00
SECTION	3.	Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0	3	Y - YOURSELF		S - SPOUSE	00
CT	4.	<b>Taxable</b> social security benefits for each spouse from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	4Y	00	4S		00
SE			5Y	00	5S		00
		Amount from Line(s) 4Y or 5Y, and 4S or 5S.	6Y	00			00
		Add Lines 6Y and 6S	7	,00	-		00
		Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0	8				00
		LITARY PENSION CALCULATION					; 00
Ω		Military retirement benefits included on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b	1				00
<b>SECTION D</b>		Taxable public pension from Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b	2				00
		Divide Line 1 by Line 2 (Round to whole number)	3				%
S		Multiply Line 3 by Line 11 of Section A. If you are not claiming a public pension exemption, enter \$0	4				00
S			5				-
		Total military pension, subtract Line 4 from Line 1	5				00
SECTION E		TAL PENSION AND SOCIAL SECURITY/SOCIAL CURITY DISABILITY/MILITARY EXEMPTION					
ECT		Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 5 (Section D).		TOTAL			
Ø		Enter total amount here and on Form MO-1040, Line 8.		EXEMPTION			00



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.

	ocial Security			
Spouse's So	pouse's ocial Security lumber			
		Y - Yourself	S - Spous	se
Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Company)	and Line 5S)	. 00		. 00
2. Claimant's Missouri income tax (Form MO-1040, Line 27Y and Line	e 27S)	. 00		. 00
Use two letter abbreviation for state or name of political subdivision.  See table on back for the two letter abbreviation, or enter the name of the political subdivision here		State of:	State of:	
3. Wages and commissions		. 00		. 00
4. Other income (Describe nature)		. 00		00
5. Total - Add Lines 3 and 4		. 00		. 00
6. Less, related adjustments (from Federal Form 1040A, Line 20, or F 1040, Line 36)	<b>I</b>	. 00		. 00
7. Net amounts - Subtract Line 6 from Line 5		. 00		00
8. Percentage of your income taxed - Divide Line 7 by Line 1		%		
9. Maximum credit - Multiply Line 2 by percentage on Line 8		. 00		. 00
Income tax you paid to another state or political subdivision. This is withheld. The income tax is reduced by all credits, except withhold estimated tax.	ling and	. 00		. 00
<ol> <li>Credit - Enter the smaller amount of Line 9 or Line 10 here and on MO-1040, Line 28Y or Line 28S. If you have multiple credits, add to on Line 11 from each Form MO-CR before entering on Form MO-1</li> </ol>	the amounts	. 00		. 00

Form MO-CR (Revised 12-2016)



1631301000

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 1–27).
- 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 27Y and 27S.

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 in 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, Line 28Y and 28S. (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 to Missouri on that part of your income.

#### Two Letter Abbreviations for States

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





2016 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/NONRES	IDENT ST	<b>FATUS</b>	S — CI	hecl	cyour status in the app	ropriate	box below	
NAME	(YOURSELF)			-	ME (SPC		-		
ADDRE	ESS			ADE	DRESS				
CITY, S	STATE, ZIP CODE SI	OCIAL SECURITY I	NUMBER	CIT	Y, STAT	E, ZIP CODE		SOCIAL SECURIT	TY NUMBER
	1. NONRESIDENT OF MISSOURI			$\dashv$	] 1.	NONRESIDENT OF MISSOURI			
	What was your state of residence during 2016?					What was your state of residence during			
	2. PART-YEAR MISSOURI RESIDENT	1		[	┛▔	PART-YEAR MISSOURI RESIDI		1	
	a. Indicate the date you were a Missouri resident in 2016.	Date From:	Date To	0:	a.	Indicate the date you were a Missouri resid	ent in 2016.	Date From:	Date To:
	b. Indicate other state of residence and date you resided there.	. Date From:	Date To	0:	b.	Indicate other state of residence and date y	ou resided ther	e. Date From:	Date To:
bec	sed on the Military Spouse's Residency Recause your spouse is there on military orders, a not complete Form MO-NRI. You must report	nd Missouri rt 100% on L	is your ine 29 d	state of of MO-10	resid 040.	ence, any income you earn is ta	xable to Mi	ssouri.	
Ш	<ol><li>MILITARY/NONRESIDENT TAX STATUS status below and complete Part C—Missour</li></ol>				3.	MILITARY/NONRESIDENT TA status below and complete Par			
	a. Missouri Home of Record  I did not at any time during the 2016 tax year maintair abode in Missouri nor did I spend more than 30 days year. I did maintain a permanent place of abode in the	n a permanent   in Missouri dur	place of ing the		a.	Missouri Home of Record	ax year maint re than 30 day	ain a permanent rs in Missouri dui	place of ring the
	b. Non-Missouri Home of Record				b.	Non-Missouri Home of Record			
	I resided in Missouri during 2016 solely because my s					I resided in Missouri during 2016 sole	-	,	
	at on mili			f		at	on r	nilitary orders, m	y home of
	record is in the state of			ㅗ		record is in the state of			·
	DADT R _	_ WORK	SHFF.	T FOR	MIS	SOURI SOURCE INCOM	ИE		
	FART D-	- WORK	OHILL	<del></del>	1	DOCUM COCINGE INCOM	<del></del>		
			FEDERAL	FEDERAL		YOURSELF OR	s	POUSE (ON	
	ADJUSTED GROSS INCOME		FEDERAL FORM 1040A	FEDERAL FORM 1040			s	POUSE (ON BINED RET	
			FEDERAL FORM	FEDERAL FORM		YOURSELF OR	CON		URN)
Α.	ADJUSTED GROSS INCOME	I	FEDERAL FORM 1040A LINE	FEDERAL FORM 1040 LINE	Α	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES	CON	IBINED RET	URN) CES
B.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7	FEDERAL FORM 1040 LINE NO. 7	A B	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES  00 00	COM MIS A B	IBINED RET	URN) CES 00 00
B. C.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a	FEDERAL FORM 1040 LINE NO. 7 8a 9a	A B C	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES  00 00 00	COM MIS	IBINED RET	URN) CES 00 00 00
B. C. D.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10	A B C	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES  00 00 00 00	A B C D	IBINED RET	URN) CES 00 00 00 00
B. C. D. E.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10	A B C D	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES  00 00 00 00 00	A B C D E	IBINED RET	URN) CES 00 00 00 00 00
B. C. D. E. F.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a none none none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11	A B C D E	YOURSELF OR ONE INCOME FILER MISSOURI SOURCES  00 00 00 00 00 00	A B C D E F	IBINED RET	URN) CES 00 00 00 00 00 00
B. C. D. E. F.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a none none none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13	A B C D E F	YOURSELF OR ONE INCOME FILER  MISSOURI SOURCES  00 00 00 00 00 00	A B C D E F G	IBINED RET	URN) CES 00 00 00 00 00 00 00 00
B. C. D. E. F.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14	A B C D E F G	YOURSELF OR ONE INCOME FILER  MISSOURI SOURCES  00 00 00 00 00 00 00 00	A B C D E F	IBINED RET	URN) CES 00 00 00 00 00 00 00 00 00
B. C. D. E. F. G. H.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a none none none 10 none 11b	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b	A B C D E F G	YOURSELF OR ONE INCOME FILER  MISSOURI SOURCES  00 00 00 00 00 00 00 00 00	A B C D E F G H I I	IBINED RET	URN) CES  00 00 00 00 00 00 00 00 00 00
B. C. D. E. F. G. H. J.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b	A B C D E F G H	YOURSELF OR ONE INCOME FILER  MISSOURI SOURCES  00 00 00 00 00 00 00 00 00 00 00	A B C D E F G H I J	IBINED RET	URN) CES  00 00 00 00 00 00 00 00 00 00 00
B. C. D. E. F. G. H. J. K.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc		FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17	A B C D E F G H I	YOURSELF OR ONE INCOME FILER  MISSOURI SOURCES  00 00 00 00 00 00 00 00 00 00 00 00	A B C D E F G H I I	IBINED RET	URN) CES  00 00 00 00 00 00 00 00 00 00 00 00
B. C. D. E. F. G. H. I. J. K. L.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc	ts, etc	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none none none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b	A B C D E F G H I J K	YOURSELF OR ONE INCOME FILER  MISSOURI SOURCES  00 00 00 00 00 00 00 00 00 00 00 00 0	A B C D E F G H I J	IBINED RET	URN) CES  00 00 00 00 00 00 00 00 00 00 00 00 0
B. C. D. E. F. G. H. J. K.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc	ts, etc	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18	A B C D E F G H I	YOURSELF OR ONE INCOME FILER  MISSOURI SOURCES  00 00 00 00 00 00 00 00 00 00 00 00	A B C D E F G H I J K L	IBINED RET	URN) CES  00 00 00 00 00 00 00 00 00 00 00 00
B. C. D. E. F. G. H. J. K. L. M.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc	its, etc	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none none 13	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19	A B C D E F G H I J K L	YOURSELF OR ONE INCOME FILER  MISSOURI SOURCES  00 00 00 00 00 00 00 00 00 00 00 00 0	E F G H I J K L M	IBINED RET	URN) CES  00 00 00 00 00 00 00 00 00 00 00 00 0
B. C. D. E. F. G. H. J. K. L. M. N. O.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc	ts, etc	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none none 13 14b	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b	A B C D E F G H I J K L	YOURSELF OR ONE INCOME FILER  MISSOURI SOURCES  00 00 00 00 00 00 00 00 00 00 00 00 0	F G H I J K L M N	IBINED RET	URN) CES  00 00 00 00 00 00 00 00 00 00 00 00 0
B. C. D. E. F. G. H. J. K. L. M. N. O. P.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc	ts, etc	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none 13 14b none	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21	A B C D E F G H I J K L M N O	YOURSELF OR ONE INCOME FILER  MISSOURI SOURCES  00 00 00 00 00 00 00 00 00 00 00 00 0	A B C D E F G H I J K L M N O O	IBINED RET	URN)  CES  00  00  00  00  00  00  00  00  00
B. C. D. E. F. G. H. J. K. L. M. N. O. P. Q.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc	ts, etc	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none 12b none 13 14b none 15	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22	A B C D E F G H I J K L M N O P	YOURSELF OR ONE INCOME FILER  MISSOURI SOURCES  00 00 00 00 00 00 00 00 00 00 00 00 0	COMMIS	IBINED RET	URN) CES  00 00 00 00 00 00 00 00 00 00 00 00 0
B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc	o income,	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none 13 14b none 15 20 21 come	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22 36 37	A B C D E F G H I J K L M N O P Q	YOURSELF OR ONE INCOME FILER  MISSOURI SOURCES  00 00 00 00 00 00 00 00 00 00 00 00 0	E F G H I J K L M N O P Q	IBINED RET	URN) CES  00 00 00 00 00 00 00 00 00 00 00 00 0
B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S.	ADJUSTED GROSS INCOME COMPUTATIONS  Wages, salaries, tips, etc	ts, etc	FEDERAL FORM 1040A LINE NO. 7 8a 9a none none 10 none 11b 12b none 13 14b none 15 20 21 come ss income	FEDERAL FORM 1040 LINE NO. 7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22 36 37	A B C D E F G H I J K L M N O P Q R	YOURSELF OR ONE INCOME FILER  MISSOURI SOURCES  00 00 00 00 00 00 00 00 00 00 00 00 0	S   CON   MIS     A	IBINED RET	URN) CES  00 00 00 00 00 00 00 00 00 00 00 00 0

_											
PART C — MISSOURI INCOME PERCENTAGE											
		Υ	ourself or One Income Filer	Sp	ouse (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 29Y and 29S.	3	%	3	%						

#### **INSTRUCTIONS**

<u>PART A, LINE 1: NONRESIDENTS OF MISSOURI</u> — 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 10, 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 Are you domiciled\* in Missouri? 1. Did you maintain a permanent 1. Did you maintain a permanent place of residency in Missouri? NO YES place of residency in Missouri? 2. Did you spend more than 30 2. Did you spend more than 183 days in Missouri? days in Missouri? NO YES YES to to NO to either either both to Did you maintain a permanent place of You are a both residency elsewhere? Resident. You are a You are a Nonresident. Resident. YES NO You are a Nonresident (for tax purposes). You are a Resident.

\*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. Declaratio	on of preparer (other than taxpayer) is based on all
nformation 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 friv	olous return.

SIGNATURE	DATE	SPOUSE'S SIGNATURE	DATE

MISSOURI DEPARTMENT OF REVEN	II IE	2016			
HOME ENERGY AUDIT EXPEN		FORM MO-HEA			
NAME OF TAXPAYER					
ADDRESS	(		STATE		ZIP
QUALIFICATIONS					
Any taxpayer who paid an individual certified by the Division implementation of any energy efficiency recommendations m filing combined returns. To qualify for the subtraction, you mus been excluded from your federal adjusted gross income or rein	nade by the auditor. st have incurred expendenced through any	The subtraction may enses in the taxable ye	not exceed \$1,00 ar you are filing a	0, for a single taxpayer of	or \$2,000 for taxpayers
INSTRUCTIONS - IN THE SPACES PROVIDED BELC					
Report the name of the auditor who conducted the audit Report the auditor's certification number Summarize each of the auditor's recommendations Inter the amount paid for the audit on Line A	<ul><li>Enter the t</li><li>Attach app</li></ul>		e audit and any in	y efficiency recommendanplemented recommenda	
NAME OF AUDITOR  AUDITOR CERTIFICATION NUMBER				JMBER	
SUMMARY OF RECOMMENDATIONS					
1.					
2.					
3.					
4.					
5.					
A. Amount paid for audit					00
B. Amount paid to implement recommendations			<u> </u>	B	00
C. Total Paid - Add Lines A and B and enter here. Enter on Lin Form MO-A. If you are filing a combined return, you may sp taxpayers (not to exceed \$2,000)	lit the amount report	ed on Line 14 between	both	).	00
D. Enter \$1,000 if a single filer or \$2,000 if filing a combined re	turn		D	).	00
E. Amount from Line C or Line D, whichever is less. Enter her	e and on Form MO-		_	:.	00
If you are filing a combined return, you may split the amount	t reported on Line 14	1 between both spouse	S	··	00
	t reported on Line 14	between both spouse	S  E		MO-HEA (Revised 12-2016)
	t reported on Line 14	4 between both spouse	S   E		i
	t reported on Line 14	4 between both spouse	S   E		i

#### **2016 TAX CHART**

If Missouri taxable income from Form MO-1040, Line 26, 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 <a href="http://dor.mo.gov/personal/individual/">http://dor.mo.gov/personal/individual/</a>.

If the Missouri taxable income is:	The tax is:
\$0 to \$99	\$0
At least \$100 but not over \$1,000	11/2% 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 21/2% 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 31/2% 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 41/2% 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 51/2% 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 26 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 27 would be \$63.

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	Yourself		<u>Spouse</u>	Ex	<u>cample</u>
Missouri taxable income (Line 26) \$ _		\$		\$	12,000 🖝
Subtract \$9,000 \$	9,000	- \$	9,000		9,000
Difference = \$ _ Multiply by 6% x	6%	= \$ x	6%	= \$ x	3,000 6%
Tax on income over \$9,000 = \$ _ Add \$315 (tax on first \$9,000) + \$	315	= \$ <u> </u>	315	= \$ + \$	180 315
TOTAL MISSOURI TAX = \$_		= \$		= \$	495
A separate tax must be	e computed for yo	u and yo	our spouse.	•	

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, Line 27.

#### QUALIFIED HEALTH INSURANCE PREMIUMS WORKSHEET FOR MO-A, LINE 12

Complete this worksheet and attach it, along with proof of premiums paid, 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		
3.	Divide Line 2 by Line 1		%
4.	Enter the health insurance premiums withheld from your social security income. 4Y		Spouse
5.	Multiply the amounts on Line 4Y and 4S by the percentage on Line 3 5Y	5S	
6.	Enter the total of all other health insurance premiums paid, which were not included on 4Y or 4S	6S	
7.	Add the amounts from Lines 5 and 6	7S	
8.	Add the amounts from Lines 7Y and 7S 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	9S	%
10.	Enter the amount from Federal Schedule A, Line 1		_
11.	Enter the amount from Federal Schedule A, Line 4		_
12.	Divide Line 11 by Line 10 (round to full percent)		_%
13.	Multiply Line 8 by percent on Line 12		_
14.	Subtract Line 13 from Line 8		_
15.	Enter your federal taxable income from Federal Form 1040A, Line 27, or Federal Form 1040, Line 43		_
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		_
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 12 of Form MO-A	17S	



2016 FORM MO-PTS

-41	WIO-P 13			
	THIS FORM MUST BE ATTACHED TO FORM MO-10	1O-1040P.		
NAME		RTHDATE (MM/DD/YYYY)	SOCIAL SECURITY NO.	
2	SPOUSE'S LAST NAME INITIAL BIR'	RTHDATE (MM/DD/YYYY)	SPOUSE'S SOCIAL SECURITY N	NO.
	You must check a qualification to be eligible for a credit. Check only one. Copies of le	etters, forms, etc., mu	st be included with clai	im.
SNC				
ICATIC	Attach a copy of Form SSA-1099.)  C. 100% Disable Security Add	led (Attach a copy of a liministration or Form s	SSA-1099.)	
QUALIFICATIONS	B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.)  D. 60 years of a spouse bene	age or older and receive efits (Attach a copy of	•	
FIL	FILING STATUS Single Married — Filing Combined Married — Living Separa	ate for Entire Year you	married filing combined must report both incom	d, nes.
	Failure to provide the attachments listed be (rent receipt(s), tax receipt(s), Forms 1099, W-2, etc.) will result in d		ur claim.	
1	1. Enter the amount of income from Form MO-1040, Line 6, or Form MO-1040P, Line 4		1	00
2	2. Enter the amount of nontaxable social security benefits received by you, your spouse, and your 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	3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not income.	-	2	00
J	Include tax exempt interest from Form MO-A, Part 1, Line 8 (if filing Form MO-1040).  ATTACH Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc.		3	00
4	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 10.	)	4	00
5	5. Enter the amount of veterans payments or benefits before any deductions. <b>ATTACH</b> letter from Vet	terans Affairs	5	00
6	<ol> <li>Enter the total amount received by you, your spouse, and your minor children from: public assistar or Temporary Assistance payments (TA and TANF). ATTACH a copy of Forms SSA-1099, a lette Security Administration and Social Services that includes the total amount of assistance received Security 1099, if applicable.</li> </ol>	ter from the Social	6	00
7	7. Enter the amount of nonbusiness loss(es). You must include nonbusiness loss(es) in your house			
	(as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.)	H-	7	00
8	8. <b>TOTAL</b> household income — Add Lines 1 through 7. Enter total here		8	00
9	<ul> <li>9. MARK THE BOX THAT APPLIES and enter the appropriate amount.</li> <li>□ a. Enter \$0 if Single or Married Living Separate;</li> <li>If Married and Filing Combined;</li> </ul>			
	<ul> <li>□ b. Enter \$2,000 if you rented or did not own your home for the entire year;</li> <li>□ c. Enter \$4,000 if you owned and occupied your home for the entire year;</li> </ul>		9 -	00
10	<ul> <li>Net household income — Subtract Line 9 from Line 8 and enter the amount; MARK THE BOX TI</li> <li>a. If you rented or did not own and occupy your home for the entire year, Line 10 cannow If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim</li> <li>b. If you owned and occupied your home for the entire year, Line 10 cannot exceed \$100.</li> </ul>	not exceed \$27,500. <b>n.</b>		
	If the total is greater than \$30,000, STOP - no credit is allowed. Do not file this claim		10	00
11	I1. If you owned your home, enter the total amount of property tax paid for your home, less special or \$1,100, whichever is less. ATTACH a copy of PAID real estate tax receipt(s). If your home is five acres or you own a mobile home, ATTACH Form 948, Assessor's Certification	s on more than	11	00
12	<ol> <li>If you rented, enter the total amount from Form(s) MO-CRP, Line 9, or \$750, whichever is less. A or a signed statement from your landlord. NOTE: If you rent from a facility that does not pay p not eligible for a Property Tax Credit.</li> </ol>	TTACH rent receipts property tax, you are	12	00
13	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 70 your Property Tax Credit. You must use the chart to see how much credit you are allowed.	pages 29-31 to figure		
	Enter this amount on Form MO-1040, Line 40 or Form MO-1040P, Line 20		14	00
	THIS FORM MUST BE ATTACHED TO FORM MO-1040 O	<u>JK</u> FURIM MO-1040	JP.	

# Missouri Department of Revenue 2016 Certification of Rent Paid

One Form MO-CRP must be provided for each rental location in which you resided.

Failure to provide landlord information will result in depial or delay of your claim.

Failure to provide landlord information will result in denial or delay of your claim.				
1. Social Security Number (SSN) Spouse's SSN				
If yes,				
Are you related to your landlord?				
2. Name				
Physical Address of Rental	Apartment			
Unit (P.O. Box Not Allowed)	Number			
City State ZIP Code				
3. Landlord's Name				
Landlord's Last 4 Digits of Landlord's Federal Employee				
Social Security Number Or Identification Number (FEIN)				
Landlord's Street Address	Apartment			
(Must be completed)	Number			
City State ZIP Code				
4. Landlord's Phone Number (Must be completed)				
From:  5. Rental Period During Year (MM/DD/YY)  To: (MM/DD/YY)				
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 canceled checks (front and back). If you received housing assistance, enter the amount of rent you  6.				
paid. Note: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit		. 00		
7. Select the appropriate box below and enter the corresponding percentage on Line 7.		%		
A. Apartment, House, Mobile Home, or Duplex - 100%				
B. Mobile Home Lot - 100%				
C. Boarding Home or Residential Care - 50%				
D. Skilled or Intermediate Care Nursing Home - 45%				
E. Hotel, if meals are included, enter - 50%; Otherwise, enter - 100%				
F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)				
1. Low income flousing - 100% (Nent carnot exceed 40% of total flousefloid income.)				
G. Shared Residence – If you shared your rent with relatives or friends (other than your spouse or children under 18), select the appropriate box based on the additional persons sharing rent:				
1 (50%) 2 (33%) 3 (25%)				
8. Net rent paid - Multiply Line 6 by the percentage on Line 7.		. 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		. 00		
o. manapry Line o by 2070. Line amount here and on Line to or 1 01111 MO-1 TO 01 Line 12 01 1 01111 MO-1 TO				

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2016)

**Taxation Division** 

Attach to Form MO-PTC or MO-PTS and mail to the Missouri Department of Revenue.

Form MO-TC	Missouri Department of Revenue 2016 Miscellaneous Income Tax Credits

Department Use Only (MM/DD/YY)			
A	 N. 4040	00 4	400.00

Attachment Sequence No. 1040-02 or 1120-03

Name	Social Security
(Last, First)	Number Land Land Land Land Land Land Land Land
Spouse's Name	Spouse's Social
(Last, First)	Security Number
Corporation	Charter Charter
Name	Number
Missouri Tax	Federal Employer
.D. Number	I.D. 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 additional MO-TC(s).
- If you are claiming a tax credit for both taxpayers on a combined return, both names must be on the certificate.
- 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

	Benefit Number	Alpha Code (3 characters)	Credit Name Each credit will apply in the order they appear below		Yourself (one income)     Corporation Income     Fiduciary	• Spouse (on a combined return)
		from back			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.	00	00
	Line 32S for your spot	use, or from Fori	m Form MO-1040, Line 32Y for yourself and m MO-1120, Line 14 plus Line 15 for income	12.	00	00
13.	13. Total Credits - add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 17; Form MO-1040, Line 39; or Form MO-1041, Line 19.) Line 13 cannot exceed the amount on Line 12, unless the credit is refundable					

- 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.
- 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.

16306010001

Use this form to claim income tax credits on Form MO-1040, MO-1120, or MO-1041. Attach to Form MO-1040, MO-1120, or MO-1041.

Miscellaneous tax credits are administered by various agencies. For more information, forms, and approval to claim these credits, contact the following Departments. Visit <a href="http://dor.mo.gov/taxcredit/">http://dor.mo.gov/taxcredit/</a> for a description of each credit and more contact information for agencies administering each credit.

#### **Missouri Department of Economic Development**

P.O. Box 118, Jefferson City, MO 65102-0118 http://www.ded.mo.gov

	ittp://www.ucu.mo.gov	
Alpha		Attach to
Code	Name of Credit and Phone Number	Form MO-TC
AFI	Alternative Fuel Infrastructure — (573) 751-2254	Certificate*
BFC	New or Expanded Business Facility — (573) 526-5417	Schedule 150,
		Fed. K-1, Form 4354
BJI	Brownfield "Jobs and Investment" — (573) 522-8004	Certificate*
DAL	Distressed Area Land Assemblage — (573) 522-8004	Certificate*
DFH	Dry Fire Hydrant — (573) 751-9048	Certificate*
DPC	Development Tax Credit — (573) 526-3285	Certificate*
EZC	Enterprise Zone — (573) 526-5417	Schedule 250,
		Fed. K-1, Form 4354
FDA	Family Development Account — (573) 522-2629	Certificate*
FPC	Film Production — (573) 751-9048	Certificate*
HPC	Historic Preservation — (573) 522-8004	Certificate*
ISB	Small Business Investment (Capital) — (573) 526-5417	Certificate*
ICT	Innovation Campus Tax Credit — (573) 751-4539	Certificate*
MQJ	Missouri Quality Jobs — (573) 751-9048	Certificate*
MWC	Missouri Works Credit — (573) 522-9062	Certificate*
NAC	Neighborhood Assistance — (573) 522-2629	Certificate*
NEC	New Enterprise Creation — (573) 751-4539	Certificate*
NEZ	New Enhanced Enterprise Zone — (573) 522-4216	Certificate*
NMC	New Market Tax Credit — (573) 522-8004	Certificate*
RCC	Rebuilding Communities — (573) 526-3285	Certificate*
RCN	Rebuilding Communities and Neighborhood	
	Preservation Act — (573) 522-8004	Certificate*
REC	Qualified Research Expense — (573) 526-0124	Certificate*
RTC	Remediation — (573) 522-8004	Certificate*
SBG	Small Business Guaranty Fees — (573) 751-9048	Certificate*
SBI	Small Business Incubator — (573) 526-6708	Certificate*
SEC	Sporting Event Credit — (573) 522-8006	Certificate*
SPC	Sporting Contribution Credit — (573) 522-8006	Certificate*
TDC	Transportation Development — (573) 522-2629	Certificate*
WEC	Processed Wood Energy — (573) 751-2254	Certificate*
WGC	Wine and Grape Production — (573) 751-9048	Certificate*
YOC	Youth Opportunities — (573) 522-2629	Certificate*

#### **Missouri Development Finance Board**

P.O. Box 567, Jefferson City, MO 65102-0567 http://www.mdfb.org • (573) 751-8479

Alpha		Attach to
Code	Name of Credit	Form MO-TC
BEC	Bond Enhancement	Certificate*
BUC	Missouri Business Use Incentives for Large	Certificate*
	Scale Development (BUILD)	
DRC	Development Reserve Contribution Credit	Certificate*
EFC	Export Finance	Certificate*
IDC	Infrastructure Development	Certificate*

#### **Missouri Housing Development Commission**

3435 Broadway, Kansas City, MO 64111 http://www.mhdc.com

Alpha		Attach to
Code	Name of Credit and Phone Number	Form MO-TC
AHC	Affordable Housing Assistance — (816) 759-6600	Certificate*
LHC	Missouri Low Income Housing — (816) 759-6654	Eligibility Statement,
		Fed. K-1, 8609A,
		8609 (first year)

#### Missouri Department of Revenue

P.O. Box 2200, Jefferson City, MO 65105-2200 http://dor.mo.gov/ • (573) 751-3220 or (573) 751-4541

Alpha		Attach to
Code	Name of Credit	Form MO-TC
ATC	Special Needs Adoption	Form ATC, and Federal Form 8839
BFT	Bank Franchise Tax	Form INT-2, INT-2-1
BTC	Bank Tax Credit for S Corporation	Form BTC, and Form
		Shareholders INT-3, 2823, INT-2, Fed. K-1
CIC	Children in Crisis	Contribution Verification from Issuing Agency
CFC	Champion for Children	Contribution Verification from Issuing Agency
DAC	Disabled Access	Federal Form 8826 and Form MO-8826
DAT	Residential Dwelling Accessibility	Form MO-DAT
FPT	Food Pantry Tax	Form MO-FPT
SHC	Self-Employed Health Insurance	Form MO-SHC
SSC	Public Safety Officer Surviving Spouse	Form MO-SSC

## Missouri Agricultural and Small Business Development Authority

P.O. Box 630, Jefferson City, MO 65102-0630 http://www.mda.mo.gov • (573) 751-2129

Alpha		Attach to
Code	Name of Credit	Form MO-TC
APU	Agricultural Product Utilization Contributor	Certificate*
FFC	Family Farms Act	Certificate*
NGC	New Generation Cooperative Incentive	Certificate*
QBC	Qualified Beef	Certificate*

#### **Missouri Department of Natural Resources**

Jefferson City, MO 65105 http://www.dnr.mo.gov

 Alpha
 Attach to

 Code
 Name of Credit and Phone Number
 Form MO-TC

 CPC
 Charcoal Producers — (573) 751-4817
 Certificate\*

#### Missouri Department of Social Services

Jefferson City, MO 65109

#### http://www.dss.mo.gov/dfas/taxcredit/index.htm • (573) 751-7533

Alpha		Attach to
Code	Name of Credit	Form MO-TC
DDC	Developmental Disability Care Provider	Certificate*
DVC	Shelter for Victims of Domestic Violence	Certificate*
MHC	Maternity Home	Certificate*
PRC	Pregnancy Resource	Certificate*
RTA	Residential Treatment Agency	Certificate*

### Missouri Department of Health Division of Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 http://www.dhss.mo.gov

Alpha		Attach to
Code	Name of Credit and Phone Number	Form MO-TC
SCT	Shared Care — (573) 751-4842	Must Register Each Year
		With Division of Senior and
		Disability Services —
		Attach Form MO-SCC

Form MO-TC (Revised 12-2016)

<sup>\*</sup> Must be approved by the issuing agency Individuals with speech or hearing impairments may call TTY (800) 735-2966 or fax (573) 526-1881.



2 (3945)	MISSOURI DEPARTMENT OF REVENUE UNDERPAYMENT OF ESTIMATED TAX
The same	BY INDIVIDUALS

2016 FORM MO-2210

Attachment Sequence No. 1040-06
DLN

ΑT	FTACH THIS FORM TO FORM MO-1040			
LAS	ST NAME, FIRST NAME, INITIAL		SOCI	AL SECURITY NUMBER
SPC	OUSE'S LAST NAME, FIRST NAME, INITIAL		SPOL	JSE'S SOCIAL SECURITY NO.
PRE	ESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE) CITY, TOWN OR POST OFFIC	CE, STATE AND ZIP CODE		
If (	bu may qualify for the Short Method to calculate your penalty. You may use the Short Method a. You qualify to use the Short Method on the Federal Form 2210 or  b. All withholding and estimated tax payments were made equally throughout the year arc. You do not annualize your income.  (a) applies or both (b) and (c) apply to you, complete Part I, Required Annual Payment and art I, Required Annual Payment and Part III, Regular Method.	nd	. Ot	herwise, complete
PA	ART I — REQUIRED ANNUAL PAYMENT			
1.	Enter your 2016 tax after credits (Form MO-1040, Line 33 less APPROVED Credits from Line 39; Property from Line 40.)		1	
2.	Multiply Line 1 by 90% (66 2/3% for qualified farmers)			
3.	Withholding taxes. <b>Do not</b> include any estimated tax payments on this line		3	
4. Subtract Line 3 from Line 1. If less than \$500, stop here; do not complete or file this form. You do not owe the penalty			4	
5.	5. Enter the tax shown on your 2015 tax return. If you did not file a 2015 Missouri return or only filed a Property Tax Credit Claim, skip line 5 and enter the amount from Line 2 on Line 6			
6. <b>Required annual payment</b> . Enter the <b>smaller</b> of Line 2 or Line 5 ( <b>Note:</b> If Line 3 is equal to or more than Line 6, stop here; you do not owe the penalty. Do not file Form MO-2210.)			6	
P	ART II — SHORT METHOD			
7.	. Enter the amount, if any, from Line 3 above			
8.	. Enter the total amount, if any, of estimated tax payments you made			
9.	Add Lines 7 and 8		9	
10.				
not owe the penalty. Do not file Form MO-2210			10	
11.			11	
12.	. If the amount on Line 10 was paid on or after 04/15/17, enter 0 (zero). If the amount on Line 10 was paid I make the following computation to find the amount to enter on Line 12.	before 04/15/17,		
	Amount on Number of days paid  Line 10 X before 04/15/17 X .0001096		12	
13.	Penalty. Subtract Line 12 from Line 11. Enter result here and on Form MO-1040, Line 51		13	

#### PART II INSTRUCTIONS — SHORT METHOD

- A. **Purpose of the Form** Use this form to determine whether your income tax was sufficiently paid throughout the year by withholding or by estimated tax payments. If it is not, you may owe a penalty on the underpaid amount.
- B. **Short Method** You may use the Short Method if you qualify to use the Short Method on the Federal Form 2210 or, all withholding and estimated tax payments were made equally throughout the year and you do not annualize your income.

If you do not qualify to use the Short Method, you must use the Regular Method on page 2.

NOTE:

IF THIS FORM IS NOT FILED WITH FORM MO-1040, ATTACH CHECK OR MONEY ORDER PAYABLE TO "DEPARTMENT OF REVENUE" AND MAIL TO P.O. BOX 329, JEFFERSON CITY, MO 65107-0329.

NAME	AS SHOWN ON FRONT			SOCIAL S	SECURITY NUMBER
PA	RT III — REGULAR METHOD				
SE If y	CTION A — FIGURE YOUR UNDERPAYMENT (COMPLETE LI ou meet any of the exceptions (see instruction D) to the penalty for	NES 14 THROUG ALL quarters, omit	GH 19) t Lines 14 through	19 and go directly	to Line 20.
14.	Required annual payment (Enter payment as computed on Part I, Line 6)				
			DUE DATES OF	INSTALLMENTS	
		APR. 15, 2016	JUNE 15, 2016	SEPT. 15, 2016	JAN. 15, 2017
15.	Required installment payments				
16.	Estimated tax paid				
17.	Overpayment of previous installment				
18.	Total payments				
19.	Underpayment of current installment				
19a.	Overpayment of current installment				
19b.	Underpayment of previous installment				
19c.	Total overpayment				
19d.	Total underpayment				
	CTION B — EXCEPTIONS TO THE PENALTY (see instruction Descriptions are instruction I for service in a "combat zone"		I for farmers )		
	Total amount paid and withheld from January 1 through the installment				
20.	date indicated				
21.	Exception No. 1 — prior year's tax	25% OF 2015 TAX	50% OF 2015 TAX	75% OF 2015 TAX	100% OF 2015 TAX
22.	Exception No. 2 — tax on prior year's income using 2016 rates and exemptions	25% OF TAX	50% OF TAX	75% OF TAX	100% OF TAX
23.	Exception No. 3 — tax on annualized 2016 income	22.5% OF TAX	45% OF TAX	67.5% OF TAX	_
24.	Exception No. 4 — tax on 2016 income over 3, 5 and 8-month periods	90% OF TAX	90% OF TAX	90% OF TAX	
SEC	CTION C — FIGURE THE PENALTY (Complete Lines 25 through	h 29)			
25	Amount of underpayment				
	Date of payment, due date of installment, or April 15, 2017, whichever is earlier				
27a.	Number of days between the due date of installment, and either the date of payment, the due date of the next installment, or December 31, 2016, whichever is earlier				
27b.	Number of days from January 1, 2017 or installment date to date of payment or April 15, 2017				
28a.	Multiply the 3% annual interest rate times the amount on Line 25 for the number of days shown on Line 27a				
28b.	Multiply the 4% annual interest rate times the amount on Line 25 for the number of days shown on Line 27b				
28c.	Total penalty (Line 28a plus Line 28b)				
29.	Total amounts on Line 28c. Show this amount on Line 51 of Form MO-1040 as If you have an underpayment on Line 50 of Form MO-1040, enclose your chec total of Line 50 and the penalty amount on Line 51. If you have an overpaymen will reduce your overpayment by the amount of the penalty	ck or money order for nt on Line 49, the Dep	payment in the amoun partment of Revenue	nt equal to the	
	NOTE: IF THIS FORM IS NOT FILED WITH FORM TO "DEPARTMENT OF REVENUE" AND M				

#### PART III INSTRUCTIONS — REGULAR METHOD

- A. **Purpose of the Form** Use this form to determine whether your income tax was sufficiently paid throughout the year by withholding or by estimated tax payments. If it is not, you may owe a penalty on the underpaid amount.
- B. Filing an Estimated Tax Payment and Paying the Tax for Calendar Year Taxpayers If you file returns on a calendar year basis and are required to file Form MO-1040ES, you are generally required to file an estimated tax payment by April 15, and to pay the tax in four installments. (If you are not required to file an estimated tax payment until later in the year because of a change in your income or exemptions, you may be required to pay fewer installments.) The chart below shows the due date for estimated tax payments and the maximum number of installments required for each.

Period Requirements First Met	Due Date of Estimated Tax Payments	Maximum Number of Installments Required
Between January 1 and April 1	April 15	4
Between April 2 and June 1	June 15	3
Between June 2 and Sept.1	Sept. 15	2
After Sept. 1	Jan. 15	1

When the due date falls on a Saturday, Sunday, or legal holiday, the estimated tax payment will be considered timely if filed on the next business day.

- C. **Fiscal Year Taxpayers** Fiscal year taxpayers should substitute for the due dates above, the 15th day of the first and last months of the second quarter of your fiscal year; the 15th day of the last month of the third quarter; and the 15th day of the first month of your next fiscal year.
- D. **Exception to the Penalty** You will not be liable for a penalty if your 2016 tax payments (amounts shown on Line 20) equal or exceed any amount determined for the same period under the following exception provisions. You may apply a different exception to each underpayment. Please enclose a separate computation page for each payment. If none of the exceptions apply, complete Lines 15 through Line 29.

The percentages shown on Lines 21, 22, and 23, for the April 15, June 15, and Sept. 15 installment dates, are for calendar year taxpayers required to pay installments on four dates.

Exception 1 — Prior Year's Tax. — This exception applies if your 2016 tax payments equal or exceed the tax shown on your 2015 tax return. The 2015 return must cover a period of 12 months and show a tax liability.

Exception 2 — Tax on Prior Year's Income using 2016 Rates and Exemptions — This exception applies if your 2016 tax withheld and estimated tax payments equal or exceed the tax that would have been due on your 2015 income if you had computed it at 2016 rates. To determine if you qualify for this exception, use the personal exemptions allowed for 2016, but use the other facts and law applicable to your 2015 return.

Exception 3 — Tax on Annualized 2016 Income — This exception applies if your 2016 tax payments equal or exceed 90 percent of the tax on your annualized taxable income for periods from the first of the year to the end of the month preceding that in which an installment is due. To annualize your taxable income, follow these four steps.

- (a) Figure your adjusted gross income less itemized deductions from the first of your tax year up to and including the month prior to that in which an installment is due; or, if you use the standard deduction, figure your adjusted gross income for that period.
- (b) Divide the result of step (a) by the number of months in your computation period.
- (c) Multiply the result of step (b) by 12.
- (d) Subtract the deduction for personal exemptions, federal tax and, if you did not itemize, subtract the standard deduction. The result is your annualized taxable income.

Exception 3 may not be used for the fourth installment period.

	Example I (combined return with one dependent)
1.	Wages, received during Jan., Feb., and Mar\$6,000
2.	Self-employment income during Jan., Feb., and Mar\$4,000
3.	Adjusted gross income\$10,000
4.	Annualized income (\$10,000 ÷ 3 x 12)\$40,000

5. Less:

	(a) Standard deduction
	(b) Exemptions (2 x \$2,100) + (1 x \$1,200)
	(c) Federal tax (joint return)
6.	Annualized taxable income\$20,475
7.	Income Tax (from Missouri tax chart)\$1,003

If your tax withheld and estimated tax payment for the first installment period of 2016 were at least \$226 (22.5 percent of \$1,003) you do not owe a penalty for that period.

Exception 4 — Tax on 2016 Income Over Periods of 3, 5, and 8 months — This exception applies if your 2016 tax payments equal or exceed 90 percent of the tax on your taxable income for periods starting from the first of the year to the end of the month preceding that in which an installment is due. This exception does not apply to the fourth quarter. To determine if this exception applies for the first three quarters, figure your taxable income from January 1, 2016 to the end of the month preceding that in which an installment is due. Then compute your tax on that amount as though it represented your taxable income for 2016.

## Example II (combined return with one dependent, using standard deduction)

	acat	1011011)		
(1)	(2)	(3)	(4)	(5)
Computation	Income	Tax	90 percent	Tax
Period			of Tax	Withheld
Jan. 1 to Mar. 31	\$15,000	\$0	\$0	\$275
Jan. 1 to May 31	\$21,665	\$80	\$72	\$458
Jan. 1 to Aug. 31	\$31,665	\$595	\$536	\$733

Since the amounts in column (5) are greater than those in column (4) for each of the first three computation periods, there is no penalty for the first three installment periods.

E. **Figure the Addition to Tax** — For Line 27a, enter the number of days from the due date of the installment to the date of payment or December 31, 2016, whichever is earlier. If the payment date on Line 26 is December 31, 2016, or later and the due date of the installment is April 15, 2016, then enter 260 days; for June 15, 2016, 199 days; and for September 15, 2016, 107 days.

For Line 27b, enter the number of days from January 1, 2017, or the 2017 installment due date to date of payment or appropriate due date of return, whichever is earlier. If the payment date is April 15, 2017, enter 105 days for the first, second, and third quarters and 90 days for the fourth quarter.

- F. **Tax Withheld** You may consider an equal part of the income tax withheld during the year as paid on each required installment date, unless you establish the dates on which the withholding occurred and consider it paid on those dates.
- G. **Overpayment** Apply as credit against the next installment any installment overpayment shown on Line 19a that is greater than all prior underpayments.
- H. **Installment Payments** If you made more than one payment for any installment, enclose a separate computation for each payment. If you filed your return and paid the balance of tax due on or before January 31, 2017, consider the balance paid as of January 15, 2017.
- I. Exception from the Addition to Tax for Service in a Combat Zone You may be exempt from a penalty for underpayment of estimated tax if you served in the U.S. Armed Forces in an area designated by the President as a combat zone under conditions which qualified you for hostile fire pay. If you are exempt for this reason, write on Line 19, for the applicable installment dates, "Exempt, combat zone."
- J. Farmers If (1) your Missouri gross income from farming is at least two-thirds of your total Missouri gross income and (2) you filed a Missouri Individual Income Tax Return and paid tax on or before March 1, 2017, you are exempt from charges for underpayment of estimated tax. If so, write on Line 1, "Exempt, farmer".

If you meet this gross income test but did not file a return or pay the tax when due, complete this form with respect to the last quarter only. Qualified farmers would enter all of Line 14 in the fourth quarter and calculate the appropriate underpayment.

#### **Line-by-Line Instructions**

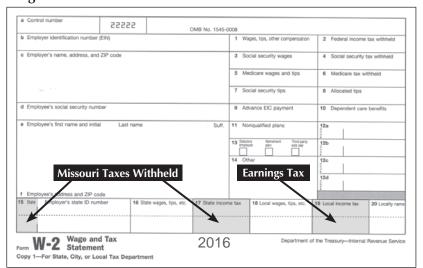
Complete Lines 15 through 19d for each installment period, then complete Lines 25 through 29.

- 14. Enter the required annual payment, as computed on Part I, Line 6.
- 15. Divide the required annual payment (Line 14) by the number of required installments. If the estimated tax was the result of a change in income or exemptions during the year, you may require fewer installments. Otherwise, divide the required annual payment by four and place the amount in each column. (See instructions for farmers.)
- 16. Enter the amount of tax paid during the installment period. (The tax withheld throughout the year may be considered as paid in four equal parts on the due date of the installment, unless a different date is established.)
- 17. Enter the amount, if any, of overpayment reported on Line 19c from the previous installment period.
- 18. Enter the sum of Line 16 and Line 17.
- 19. If the amount on Line 15 is greater than the amount on Line 18, enter the difference here. You have underpaid for the installment period. If not, skip this line and go to Line 19a.
- 19a. If the amount on Line 18 is greater than the amount on Line 15, enter the difference here. You have overpaid for the installment period.
- 19b. Enter the amount of the underpayment (if any) from Line 19d of the previous column.
- 19c. and 19d.

If you filled in Line 19 of this column, add the amount on Line 19b to the amount on Line 19 and enter that total on Line 19d. If you filled in Line 19a of this column, and the amount on Line 19a is greater than any amount on Line 19b, enter the difference on Line 19c. You are overpaid. If the amount on Line 19b is greater than the amount on Line 19a, enter the difference on Line 19d. You are underpaid. See page 3 for instructions for Lines 20 through 24.

- 25. If you have an underpayment for the installment period and none of the exceptions on Lines 20 through 24 apply, enter on Line 25 the amount of the underpayment on Line 19d. If you do not have an underpayment, or if an exception applies, leave this blank and skip the remaining lines of the column.
- 26. Enter the date a payment was made on the installment, the due date of the following installment, or April 15, 2017, whichever is earlier. If more than one late payment was made to cover the installment, attach a separate computation for each payment during the installment period.
- 27a. Enter the number of days from the due date of the installment to the date entered on Line 26.
- 27b. Enter the number of days from January 1, 2017 (or a later date, if the installment date was after January 1) until either the date of the payment or April 15, 2017, whichever is earlier.
- 28a. Multiply the amount on Line 25 by the number of days on Line 27a. Divide this amount by 366 days and multiply the product by three percent. This is the penalty accruing on the underpayment during 2016.
- 28b. Multiply the amount on Line 25 by the number of days on Line 27b. Divide this amount by 365 days and multiply the product by four percent. This is the penalty accruing on the underpayment during 2017.
- 28c. Add the amounts on Lines 28a and 28b.
- 29. Add the sum of the amounts on Line 28c in the final column, if applicable.

#### Diagram 1: Form W-2



The maximum annual exempt contribution is \$8,000 for single individuals or \$16,000 for married couples filing a combined return. If you are a participant claiming a subtraction for a contribution made to the savings program, you must attach your statement provided by the program manager. The statement must be in the name of the plan participant (account owner) claiming the subtraction.

### LINE 12 — QUALIFIED HEALTH INSURANCE PREMIUMS

Enter the amount you paid for health insurance premiums not to exceed your federal taxable income. Do not include any pre-tax premiums paid, any premiums excluded from federal taxable income, or any long term care insurance premiums. Use the worksheet on page 26 to determine your allowable subtraction.

#### Line 13 — Depreciation Adjustment

If you purchased an asset between July 1, 2002 and June 30, 2003, and you elected to use the 30 percent depreciation on your federal return, you may be able to subtract a portion of the depreciation. Enter the additional depreciation created by the Job Creation and Worker Assistance Act previously added back in prior years to the extent allowable by Section 143.121, (RSMo). This amount is computed by figuring the allowable depreciation prior to the Job Creation and Worker Assistance Act less the depreciation taken on your federal return. If you have previously taken an addition modification for a qualifying property, but have sold or disposed of the property during the taxable year, check the box on Line 13 and take a subtraction for the amount not previously recovered. More information and examples can be found on the Department's website at http://dor.mo.gov/pdf/depreciation\_examples.pdf.

#### LINE 14 — HOME ENERGY AUDIT EXPENSES

Enter the amount you paid for the costs incurred for a home energy audit or the implementation of any energy efficiency recommendations, to the extent the amounts paid were not subtracted from federal taxable income. The amount of the subtraction is limited to \$1,000 for taxpayers filing a single return or \$2,000 for taxpayers filing a combined return. Please complete and attach Form MO-HEA found on page 25.

## LINE 15 — EXEMPT CONTRIBUTION MADE TO A QUALIFIED ACHIEVING A BETTER LIFE EXPERIENCE (ABLE) PROGRAM

The state of Missouri allows a subtraction from federal adjusted gross focome for the amount of annual contributions made to the Achieving a Better Life Experience Program (ABLE). This plan is administered by the Missouri Achieving a Better Life Experience Board. The maximum annual exempt contribution is \$8,000 for single individuals or \$16,000 for married couples filing a combined return. If you are a participant claiming a subtraction for a contribution you made to the program you must affech your statement must be in the name of the program participant (account owner) claiming the subtraction.

#### Line 16 - Agriculture Disaster Relief

Enter the amount of payment received from a program that provides compensation to agricultural producers that have suffered a loss as a result of a disaster or emergency. This amount must be included in your Federal Adjusted Gross Income. Attach a copy of the Form 1099, as well as a Federal Schedule F and Federal Schedule K-1 if applicable, indicating the payment amount.

#### LINE 17 — TOTAL SUBTRACTIONS

Add Lines 8 through 16. Enter the total on Form MO-A, Part 1, Line 17 and on Form MO-1040, Line 4.

**Note:** Do not include income earned in other states on Line 17. Complete Form MO-NRI (Missouri Income Percentage) or Form MO-CR (Credit for Income Taxes Paid to Other States or Political Subdivisions). See Form MO-1040, Line 28 or Line 29.

## PART 2 MISSOURI ITEMIZED DEDUCTIONS

You cannot itemize your Missouri deductions if you took the standard deduction on your federal return. See Page 7, Line 14. You must itemize your Missouri deductions if you were required to itemize on your federal return.

#### LINE 1— FEDERAL ITEMIZED DEDUCTIONS

Include your total federal itemized deductions from Federal Form 1040, Line 40, and any **approved** cultural contributions (literary, musical, scholastic, or artistic) to a tax exempt agency or institution that is operated on a not-for-profit basis. **Cash contributions do not qualify.** 

#### LINES 2 AND 3 — SOCIAL SECURITY TAX

Include the amount of the social security tax withheld from your Form(s) W-2. **This amount cannot exceed \$7,347.** Enter the total on Line 2. Repeat for your spouse and enter the total on Line 3.

#### LINES 4 & 5 — RAILROAD RETIREMENT TAX

Include the amount of railroad retirement tax withheld from your wages, Tier I and Tier II, during 2016. This amount cannot exceed \$11,669 (Tier I maximum of \$7,347 and Tier II maximum of \$4,322). Enter the total on Line 4. Repeat for your spouse and enter the total on Line 5. If you have both social security and Tier I railroad retirement tax, the maximum deduction allowed is the amount withheld as shown on the Form(s) W-2 less, either the amount entered on Federal Form 1040, Line 71, or, if only one employer, the amount refunded by the employer.

#### LINE 6 — MEDICARE TAX

Include the total amount of Medicare tax for yourself and spouse (combined). If you are not subject to "additional Medicare tax" on your federal return, enter the amount from your Form(s) W-2.

If you are subject to "additional Medicare tax" on your federal return, enter the amounts as calculated below. You must attach a copy of Federal Form 8959.

- Wage income: Form(s) W-2, Box 6, plus Line 7 of Federal Form 8959, minus Line 22 of Federal Form 8959;
- Railroad retirement compensation: Railroad retirement Medicare tax withheld on Form(s) W-2, Box 14, plus Line 17 of Federal Form 8959, minus Line 23 of Federal Form 8959.

#### LINE 7 — SELF-EMPLOYMENT TAX

Include the amount from Federal Form 1040, Line 57 minus Line 27, plus Federal Form 8959, Line 13; or Federal Form 1040NR, Line 55 minus Line 27, plus Federal Form 8959, Line 13.

#### LINE 9—STATE AND LOCAL INCOME TAXES

Include the amount of income taxes from Federal Form 1040, Schedule A, Line 5. The amount you paid in state income taxes included in your federal itemized deductions, must be subtracted to determine Missouri itemized deductions.

#### LINE 10 — EARNINGS TAXES

If you entered an amount on Line 9 and you live or work in the Kansas City or St. Louis area, you may have included earnings taxes. Include on Line 10 the amount of earnings taxes withheld shown on Forms W-2. See Diagram 1, Page 34, Box 19.

### LINE 12 — TOTAL MISSOURI ITEMIZED DEDUCTIONS

If your total Missouri itemized deductions are less than your standard deduction (see Page 7, Line 14), you should take the standard deduction on Form MO-1040, Line 14, unless you were required to itemize your federal deductions.

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

If you are claiming a pension, social security, social security disability, or military exemption, you must attach a copy of your federal return (pages 1 and 2), your Forms 1099-R, and SSA-1099. Failure to provide this information will result in your exemption being disallowed.

#### Public Pension Calculation

Public pensions are pensions received from any federal, state, or local government. If you have questions about whether your pension is a public or a private pension, contact your pension administrator.

#### LINE 1 — MISSOURI ADJUSTED GROSS INCOME

Include your Missouri adjusted gross income from Form MO-1040, Line 6.

#### LINE 2 — TAXABLE SOCIAL SECURITY BENEFITS

Include the **taxable** 2016 social security benefits for each spouse. This information can be found on:

- Federal Form 1040A—Line 14b
- Federal Form 1040—Line 20b

#### LINE 6 — TAXABLE PUBLIC PENSION

Include the taxable 2016 public pension for each spouse. This information can be found on:

- Federal Form 1040A—Line 12b
- Federal Form 1040—Line 16b

Do not include any payments from private pensions, social security benefits or railroad retirement payments on this line.

(Exception: If you are 100 percent disabled, you may consider railroad retirement as taxable public pension.)

### LINE 8 — SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY EXEMPTION

Include the amount from Lines 6Y and 6S from Part 3 of the MO-A, Section C (social security or social security disability calculation), unless you are a single individual with income greater than \$85,000 or a married couple with income greater than \$100,000. For single individuals with income greater than \$85,000 enter the amount from Line 8 of Section C. For married couples with income greater than \$100,000, multiply Line 8 by the percentages on Line 3Y and 3S of the worksheet for Lines 4 and 5 (below), and enter those amounts here. If you are not eligible for the social security or social security disability exemption, enter a \$0 on Line 8.

#### PRIVATE PENSION CALCULATION

## Line 2 — Taxable Social Security Benefits

Include the taxable 2016 social security benefits. This information can be found on:

- Federal Form 1040A—Line 14b
- Federal Form 1040—Line 20b

#### LINE 6 — TAXABLE PENSION

Include the taxable 2016 pension received from private sources for each spouse. This information can be found on:

- Federal Form 1040A— Lines 11b and 12b
- Federal Form 1040—Lines 15b and 16b

Do not include any payments from public pensions, social security benefits, or railroad retirement payments on this line.

## SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY CALCULATION

## Line 4 — Taxable Social Security Benefits

To take the social security exemption, you must be age 62 or older. An individual that receives social security retirement benefits, partial benefits at age 62, full benefits at age 65 or older, or a disabled individual receiving social security disability income (SSDI), who reaches full retirement age during the taxable year and receives retirement benefits should include on Line 4, the amount of federal taxable benefits, which can be found on:

- Federal Form 1040A—Line 14b
- Federal Form 1040—Line 20b

Taxable social security benefits must be allocated by each spouse's share of the benefits received for the year. To determine each spouse's portion of the taxable social security on Line 4, complete worksheet for Lines 4 and 5 (bottom right).

## LINE 5 — TAXABLE SOCIAL SECURITY DISABILITY BENEFITS

A disabled individual, receiving social security disability income (SSDI) for the entire taxable year should enter on Line 5, the amount of **federal taxable benefits**, which can be found on:

- Federal Form 1040A— Line 14b
- Federal Form 1040—Line 20b

Taxable social security disability benefits must be allocated by each spouse's share of the benefits received for the year. To determine each spouse's portion of the taxable social security disability on Line 5, complete worksheet for Lines 4 and 5 (below).

**Note:** A taxpayer filing single, head of household, qualifying widow(er), or married filing separate may **not** enter amounts on both Line 4, Taxable Social Security Benefits, and Line 5, Taxable Social Security Disability Benefits. Report only Social Security Benefits on Line 4 and Social Security Disability Benefits on Line 5. However, if you are married filing a combined return, one spouse may enter an amount on Line 4 and the other spouse may enter an amount on Line 5.

#### MILITARY PENSION CALCULATION

A military pension is a pension received for your service in a branch of the armed services of the United States, including the Missouri Army Reserve and Missouri National Guard. You must reduce your military pension exemption by any portion of your military pension that is included in the calculation of your public pension exemption. Therefore, if you qualify for the public pension, make sure you complete the Public Pension Calculation (Section A) before you calculate your military pension exemption.

## LINE 1 — TAXABLE MILITARY RETIREMENT BENEFITS

Include your total military retirement benefits reported on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b. If you are filing a combined return and both spouses had military retirement, combine those amounts on Line 1.

#### LINE 2 — TAXABLE PUBLIC PENSION

Include your total retirement benefits from public sources (including military) reported on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b. If you are filing a combined return and both spouses had retirement benefits from public sources, combine those amounts on Line 2.

## Line 4 — Military Benefits Included in Public Pension Exemption

Multiply the percentage calculated on Line 3 by the total public pension amount reported on Line 13 of Section A. If you did not claim a public pension, enter \$0.

#### **FORM MO-PTS**

## INFORMATION TO COMPLETE FORM MO-PTS

If you qualify for the Property Tax Credit you must attach your Form MO-PTS to your Form MO-1040 and mail to: Missouri Department of Revenue, P.O. Box 2800, Jefferson City, MO 65105-2800.

**Important:** You must complete Form MO-1040, Line 1 through Line 39, before you complete Form MO-PTS.

**Note:** If your filing status on Form MO-1040 is married filing combined, but you and your spouse lived at different addresses the entire year, you may file a separate Form MO-PTC. Do not include spouse name or social security number if you marked married filing separate. (Example: One spouse lives in a nursing home or residential care facility while the other spouse remains in the home the entire year.) If filing a separate Form MO-PTC, you cannot take the \$2,000 or \$4,000 deduction on Line 7 and you cannot calculate your Property Tax Credit on the Form MO-PTS.

#### **Q**UALIFICATIONS

Check the applicable box to indicate under which qualification you are filing the Form MO-PTS. You must check a qualification box to be eligible for the credit. Check **only** one box. **Attach the appropriate documentation to verify your qualification**. (The required documentation is listed behind each qualification on Form MO-PTS.)

#### **HELPFUL HINTS**

If you are married and living together, you must file married filing combined and include all household income. Please use the social security number of the person filing the claim.

#### LINE 2 — SOCIAL SECURITY BENEFITS

Enter the amount of nontaxable social security benefits before any deductions and the amount of social security equivalent railroad retirement benefits. See the following to determine nontaxable benefits:

- Federal Form 1040. Line 20a less Line 20b
- Federal Form 1040A, Line 14a less Line 14b
- Form SSA-1099 and RRB-1099, total amount before deductions (if you did not include an amount on Federal Forms 1040 or 1040A)

WORKSHEET FOR LINES 4 AND 5							
1. Total social security - Enter amount from:	1						
• Federal Form 1040A, Line 14a							
• Federal Form 1040, Line 20a							
	Yourself	Spouse					
2. Enter each spouse's portion of the total social security	2Y	2S					
3. Divide Line 2Y and 2S by Line 1	3Y%	3S%					
4. Taxable social security - Enter amount from:	4						
• Federal Form 1040A, Line 14b							
• Federal Form 1040, Line 20b							
5. Multiply Line 4 by percentages on 3Y and 3S and enter	5Y	5S					
amounts here and on Lines 4 or 5 of Part 3 of the MO-A, Sec	tion C						

Lump sum distributions from Social Security Administration and other agencies must be claimed in the year in which they are received. Attach a copy of Form(s) SSA-1099, RRB-1099, or SSI Statement.

#### **HELPFUL HINTS**

Wait to file your return until you get your Form SSA-1099 received in January 2017, that states what your benefits were for the entire 2016 year. See the sample Form SSA-1099 on page 38.

If you are receiving railroad retirement benefits, you should get two Forms RRB-1099. Form RRB-1099-R shows annuities and pensions and the Form RRB-1099 is your social security equivalent railroad retirement benefits. Include the amount from Form RRB-1099 that states social security equivalent (usually Tier I benefits) on Line 2.

## Line 3 — Exempt Interest and Pension Income

Enter the amount of pensions, annuities, rental income, dividends, or exempt interest income not included on Form MO-PTS, Line 1. (Do not include amount of excludable costs of pensions or annuities.) See the following to determine the amount of your pension or exempt interest:

- Forms 1099-R or W-2P Total amount before deductions not included on Form MO-1040, Line 6 (Missouri adjusted gross income).
- Forms 1099-INT— Total amount not included on Form MO-1040, Line 6 (Missouri adjusted gross income). Include tax exempt interest from Form MO-A, Part 1, Line 8.

If grants or long-term care benefits are made payable to the nursing facility, do not include as income or rent.

## LINE 4 — RAILROAD RETIREMENT BENEFITS

Enter railroad retirement benefits **before deductions** for medical premiums or withholdings of any kind from Form MO-A, Part 1, Line 10. (Attach a copy of your Form RRB-1099-R.) (Do not include social security equivalent railroad retirement included on Line 2).

#### LINE 5 — VETERAN BENEFITS

Include your veteran payments and benefits. Veteran payments and benefits include education or training allowances, disability compensation, grants, and insurance proceeds.

Exceptions: If you are 100 percent disabled as a result of military service, you are not required to include your veteran payments and benefits. You must attach a letter from the Veterans Administration that states that you are 100 percent disabled as a result of military service. To request a copy of the letter, call the Veterans Administration at (800) 827-1000.

If you are a surviving spouse and your spouse was 100 percent disabled as a result of military service, all the veteran payments and benefits must be included.

#### LINE 6 — PUBLIC ASSISTANCE

Include the amount of public assistance, Supplemental Security Income (SSI), child support, unemployment compensation, and Temporary Assistance payments received by you and your minor children. Temporary Assistance payments include Temporary Assistance for Needy Families (TANF) payments. In Missouri, the program is referred to as Temporary Assistance (TA).

#### **HELPFUL HINTS**

Supplemental Security Income (SSI) is paid by the Social Security Administration. You have to request an SSI form indicating total benefits received either through a my Social Security account at www.socialsecurity.gov/myaccount, by calling 1-800-772-1213, or contacting your local Social Security office. If you have minor children who receive SSI benefits, the children do not qualify for a credit. However, if you qualify for a credit, you must include the children's SSI benefits on Line 6.

If you receive temporary assistance from the Children's Division (CD) or Family Support Division (FSD), you must include **all** cash benefits received for your **entire** household. The Department of Revenue verifies this information and failure to include total benefits may delay your refund.

This includes any payments received from the government. Do not include the value of commodity foods, food stamps, or heating and cooling assistance. Attach a copy of Forms SSA-1099, a letter from the Social Security Administration, a letter from Social Services that includes the total amount of assistance received, and Employment Security 1099, if applicable.

#### Line 7 — Nonbusiness Loss(es)

Complete Line 7 only if nonbusiness losses reduced the amount reported on Form MO-PTS, Line 1. If Line 1 was reduced by nonbusiness losses, add back the amount of the loss on Line 7. A nonbusiness loss is a loss of income that did not result from a trade or business. (Losses from Federal Form 1040, Schedule F and Schedule C are considered business losses and should not be included here.)

#### LINE 9 — FILING DEDUCTION

If you are **Single or Married Living Separate**, enter \$0 on Line 9.

If you are **Married and Filing Combined**, see below to determine the amount to enter on Line 9.

- If you OWNED and OCCUPIED your home for the ENTIRE YEAR, enter \$4,000 on Line 9.
- If you RENTED or did not own your home for the ENTIRE YEAR, enter \$2,000 on Line 9.

#### LINE 10 — NET HOUSEHOLD INCOME

Subtract Line 9 from Line 8 and enter amount on Line 10. If you RENTED or did not own and occupy your home for the **ENTIRE YEAR**, the amount you enter on Line 10 cannot exceed \$27,500. If the amount of

your net household income on Line 10 is above \$27,500, and you are not eligible for the credit. There is no need to complete and submit the form.

If you OWNED AND OCCUPIED your home for the **ENTIRE YEAR**, the amount you enter on Line 10 cannot exceed \$30,000. If the amount of your net household income on Line 10 is above \$30,000, you are not eligible for the credit. There is no need to complete and submit the form.

**Note:** Your home or dwelling is the place in which you reside in Missouri, whether owned or rented, and the surrounding land, not to exceed five acres, as is reasonably necessary for use of the dwelling as a home. A home may be part of a larger unit such as a farm or building partly rented or used for business.

#### LINE 11 — OWN YOUR HOME

If you owned and occupied your home, include the amount of real estate tax you paid for 2016 only, or \$1,100, whichever is less. Do not include special assessments (sewer lateral), penalties, service charges, and interest listed on your tax receipt. You can only claim the taxes on your primary residence that you occupy. Secondary homes are not eligible for the credit.

Attach a copy of paid real estate tax receipts from the county and city collectors office. Mortgage and financial institution statements are not acceptable.

If you submit more than one receipt from a city or county for your residence, please submit a letter of explanation.

If your home or farm has more than five acres or you own a mobile home and it is classified as personal property, a Form 948 Assessors Certification must be attached with a copy of your paid personal or real property tax receipt. If you own a mobile home and it is classified as real property, a Form 948 isn't needed. In such cases, you can claim property tax for the mobile home and if applicable, rent for the lot. A credit will not be allowed on vehicles and other items listed on the personal property tax receipt.

If you share a home, report only the portion of real estate tax that was actually paid by you.

If you use your home for business purposes, the percentage of your home that is used for business purposes must be subtracted from your real estate taxes paid. If you need to use a Form 948 to calculate the amount of real estate tax, you must subtract the percentage of your home that is used for business purposes from allowable real estate taxes paid.

Example: Ruth has 10 acres surrounding her house. She needs to use a Form 948, because she is only entitled to receive credit for 5 acres. By her calculations, she enters \$500 on Form 948, Line 6. Ruth also uses 15 percent of her house for her business. She will multiply \$500 by 85 percent and enter this figure (\$425) on Form MO-PTS, Line 11.

#### LINE 12 — RENT YOUR HOME

Complete one Form MO-CRP, Certification of Rent Paid, for **each** rented home (including mobile home or lot) you occupied during 2016. The Form MO-CRP is on the back of the Form MO-PTS.

#### **HELPFUL HINTS**

If you receive low income housing assistance the rent you claim may not exceed 40 percent of your income. Please claim only the amount of rent you pay or your refund will be delayed or denied.

You cannot claim returned check fees, late fees, security and cleaning deposits, or any other deposits.

#### **HELPFUL HINTS**

If you rent from a facility that does not pay real estate taxes, you are not eligible for a Property Tax Credit.

If your gross rent paid exceeds your house hold income, you must attach a detailed statement explaining how the additional rent was paid or the claim will be denied.

Add the totals from Line 9 on all Forms MO-CRP completed, and enter the amount on Line 12, or \$750, whichever is less. Attach rent receipt(s) or a signed statement from your landlord for any rent you are claiming, along with Form MO-CRP. The rent receipt(s) or statement, must be signed by the landlord and include his or her tax identification or social security number and phone number. Copies of canceled checks (front and back) will be accepted if your landlord will not provide rent receipts or a statement. A bank image is acceptable if it is identified to be from the banking institution.

If you have the same address as your landlord, please verify the number of occupants and living units.

## LINE 13 — TOTAL REAL ESTATE TAX/RENT PAID

Add amounts from Form MO-PTS, Lines 11 and 12 and enter amount on Line 13, or \$1,100, whichever is less.

Example: Ester owns her home for three months and pays \$100 in property taxes. For nine months she rents an apartment and pays \$4,000 in rent. The amount on Line 9 of the Form MO-CRP is \$800 (\$4,000 x 20%). Form MO-PTS, Line 11, is \$100; Line 12 is \$750; and Line 13 is \$850. The \$800 for rent is limited on Line 12 to \$750.

#### LINE 14 — PROPERTY TAX CREDIT

Apply Lines 10 and 13 to the Property Tax Credit Chart on pages 41, 42 and 43 to determine the amount of your property tax credit. If you have another income tax or property tax credit liability, this property tax credit may be applied to that liability in accordance with Section 143.782, RSMo. You will be notified if your credit is offset against any debts.

## Information to Complete Form MO-CRP

If you rent from a tax exempt facility, you do not qualify.

**STEP 1:** Enter all information requested on Lines 1–5. If rent is paid to a relative, the relationship to the landlord must be indicated on Line 1. **Your claim may be delayed if you fail to enter all required information.** 

**STEP 2:** Enter on Line 6 the gross rent paid. Exclude rent paid for any portion of your home used in the production of income, and the rent paid for surrounding land with attachments not necessary nor maintained for homestead purposes. **Also, exclude any rent paid to your landlord on your behalf by any organization.** 

**STEP 3:** If you were a resident of a nursing home or boarding home during 2016, use the applicable percentage on Line 7. If you live in a hotel and meals are included in your rent payment, enter 50 percent; otherwise enter 100 percent. If two or more unmarried individuals over 18 years of age share a residence and each pay part of the rent, enter the total rent on Form MO-CRP, Line 6 and mark the appropriate percentage on box G of Line 7.

If the rent receipt is for the total rent amount, then the percentage on box G of the Form MO-CRP must be used to determine your credit.

If none of the reductions apply to you, enter 100 percent on Line 7.

**STEP 4:** Multiply Line 6 by the percentage on Line 7. Enter this amount on Form MO-CRP, Line 8.

**STEP 5:** Multiply Line 8 by 20 percent and enter the result on Line 9. Add the totals from Line 9 on all completed Forms MO-CRP and enter the amount on Line 12 of Form MO-PTS.

#### **HELPFUL HINTS**

An apartment is a room or suite of rooms with separate facilities for cooking and other normal household functions.

A boarding home is a house that provides meals, lodging, and the residents share common facilities.

#### FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

Box 1. Name		Box 2. Beneficiary's Social Security Number					
BETTY TAXPAYER		000-	000-00-0000				
Box 3. Benefits Paid in 2016	Box 4. Benefits Repaid to SS	A in 2016	Box 5. Net Benefits Repaid for 2016 (Box 3 minus box 4				
*\$8,400.00	0 NONE \$8,400.00						
DESCRIPTION OF AM	OUNT IN BOX 3	DI	DESCRIPTION OF AMOUNT IN BOX 4				
Paid by check or direct deposit Medicare premiums deducted from yo Total Additions Benefits for 2016	teted from your benefit \$600.00 \$8,400.00 \$8,400.00		NONE  /oluntary Federal Income Tax Withheld				
*Includes: \$12.00 Paid in 2016 for 20	015	5500 TAXT	Address TY TAXPAYER TAXES LANE FOWN, MO 55555-5555 Claim Number (Use this number if you need to contact SSA				

Form **SSA-1099-SM** (12-2016)

DO NOT RETURN THIS FORM TO SSA OR IRS

0603554

# Missouri Department of Revenue 2016 Individual Consumer's Use Tax Return Due Date: 04/17/2017

Due Date: 04/17/201	/				(MM/	YY)		1 2	_	
Missouri Tax I.D.										
2. Last Name		First Name				M.I.	SSN			
Street Address		City						State	Zip	
3. Spouse's Last Name		First Name				M.I.	Spouse SS	N		
Street Address		City			'			State	Zip	
4. Street Address	City	у	Zip	5. Inside City Limits	6. City/County Code(s)	7 P	. Taxable urchases	8. Tax Rate	9. Amount o	of
				Yes						
				☐ Yes						
				☐ Yes						
15. Provide a description of purchases you made						10. To	otal Purchases		11. Total Due	
							Interest Fo Late Payme	r nt	12.	
									40	

Make check payable to the address listed below. Do not send cash. You may not use your individual income tax refund to pay your use tax liability. Do not send with individual income tax return. 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.

This form is not intended for use by businesses. Businesses that have a use tax liability should contact the Department of Revenue. See the address and phone number below.

Date (MM/DD/YYYY)

What is Consumer's Use Tax? - Use tax is imposed on the storage, use, or consumption of tangible personal property in this state. You must pay consumer's use tax on tangible personal property stored, used, or consumed in Missouri unless you paid tax to the seller or the property is exempt from tax. If an out-of-state seller does not collect use tax from the purchaser, the purchaser is responsible for remitting the use tax to Missouri. A purchaser is required to file a use tax return if the cumulative purchases subject to use tax exceed \$2,000 in a calendar year. Use tax is computed on the purchase price of the goods. Please refer to the Department's website for additional information: <a href="http://dor.mo.gov/personal/consumer">http://dor.mo.gov/personal/consumer</a>.

I expect to make future taxable purchases. (See instructions)

I have direct control, supervision, or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare

Taxable Purchases - Compile a list of all purchases you made during the calendar year and didn't previously pay Missouri sales or use tax. You can find this information from invoices, bills, credit card statements, and canceled checks. Examples are purchases you made from the Internet, catalogs, food purchases, TV, or telephone marketing, goods from foreign countries, and aircraft. The total of all purchases during the year that were not previously taxed must be used in computing the amount of use tax due.

Due Date - The due date each year is April 15. When the due date falls on a Saturday, Sunday, or a legal holiday, the return and payment are considered timely if made on the next business day.

#### Line by Line Instructions

One time purchase

that this is a true, accurate, and complete return.

- 1. Enter your Missouri Tax ID Number. If you do not have a number, leave blank.
- 2. Enter your full name, Social Security Number, and complete address.
- 3. Enter your spouse's full name, Social Security Number, and complete address.
- List each address where the property purchased is stored, used, or consumed.

Check the box "Yes" if your address is inside the city limits. This information is used to determine the correct tax rate.

Additions To Tax

Pay This Amount (U.S. Funds Only)

- Enter the city and county code for your address. These codes can be found at http://dor.mo.gov/business/sales/rates.
- Enter the taxable purchases for each reporting location during the tax period.Enter zero if you made no taxable purchases at a location during the tax period.
- 8. Enter the tax rate found at <a href="http://dor.mo.gov/business/sales/rates">http://dor.mo.gov/business/sales/rates</a>. Select the use tax rate where you reside unless you are storing, using, or consuming tangible personal property at a different location. For qualifying food purchases you will use the food use tax rate. For aircraft purchases the tax rate is calculated based on where the aircraft is hangared.
- 9. Enter the amount of tax by multiplying taxable purchases times the tax rate.
- 10. Enter total taxable purchases.

Daytime Telephone

- Enter total tax due
- 12. Enter interest for late payment. The interest rate is subject to change each year. Refer to the Department's website <a href="http://dor.mo.gov/calculators/interest/">http://dor.mo.gov/calculators/interest/</a> to calculate the amount of interest due.
- 13. Enter the amount of additions to tax. The rate is 5% per month of total tax due, not to exceed 25%. Refer to the Department's website at <a href="http://dor.mo.gov/calculators/interest/">http://dor.mo.gov/calculators/interest/</a> to calculate the amount of additions due.
- 14. Enter the sum of Lines 11 through 13.
- 15. Enter a description of the purchases you made subject to use tax.
- 16. Check one of the blanks. You will be issued a Missouri Tax ID number to process your return, but you will not be required to register with the Department. If you have ongoing purchases, you will receive a preprinted Consumer's Use Tax Return (Form 53-C) to complete each year by April 15, unless you request a different filing frequency.
- 17. Sign, date, and enter your daytime telephone number.

The use tax rates may be found on the Internet at: http://dor.mo.gov/business/sales/rates/2016/.

**Mail to:** Taxation Division P.O. Box 840

Jefferson City, MO 65105-0840

Phone: (573) 751-2836 Fax: (573) 526-1881 TTY: (800) 735-2966

E-mail: salesuse@dor.mo.gov



Form 4340 (Revised 12-2016)

16021010001

#### MISSOURI DEPARTMENT OF REVENUE

#### INDIVIDUAL INCOME TAX PAYMENT VOUCHER INSTRUCTIONS

#### What Is Form MO-1040V and Why Should I Use It?

Form MO-1040V, Individual Income Tax Payment Voucher, is the voucher you send with your payment when you do not make the payment with your income tax return. It is similar to vouchers returned with loan, utility, and credit card payments. Form MO-1040V ensures that your payment will be processed more efficiently and accurately. Form MO-1040V allows you to file your completed income tax return and send your payment at a later date. Your income tax return and payment are due no later than April 18, 2017.

#### When Should I Use Form MO-1040V?

If you have an amount due on an electronically filed return, or do not submit payment in full when you file your income tax return, send Form MO-1040V with your payment. DO NOT use Form MO-1040V for making extension payments. Please use Form MO-60, or visit our website to pay online.

#### How Do I Fill In the Payment Voucher?

Complete the name(s) and address block.

**Line 1** - Enter your social security number (SSN) on Line 1. If you are filing a combined return, enter on Line 1 the first SSN as shown on your return.

**Line 2** - Enter the first four letters of your last name on Line 2. See examples.

NAME	ENTER	
John Brown	BROW 1	<b>\</b>
Juan De Jesus	DEJE	1
Joan A. Lee	LEE	Please use capital
Jean McCarthy	MCCA	letters as shown.
John O'Neill	ONEI	
Pedro Torres-Lonez	TORR	,

- **Line 3** If you are filing a combined return, enter on Line 3 your spouse's SSN.
- **Line 4** Enter the first four letters of your spouse's last name on Line 4. See examples for Line 2, above.
- **Line 5** Enter the amount of your payment in whole dollars on Line 5.

#### How Do I Make My Payment?

- Make your check or money order payable to the "Missouri Department of Revenue." Do not send cash (U.S. funds only).
   Do not postdate your check; it will be cashed upon receipt. The Department of Revenue may collect checks returned for insufficient or uncollected funds electronically.
- Write your name, address, SSN, daytime telephone number, and "2016 MO Income Tax" on your check or money order.
- Detach the payment voucher at the perforation, and mail with your payment.
- Please mail your Form MO-1040V and payment to: Missouri Department of Revenue
   P.O. Box 371
   Jefferson City, MO 65105-0371

Please print as shown below in black or dark blue ink. Do not use red ink or pencil.

1 2 3 4 A B C D

#### **Federal Privacy Notice**

The Federal Privacy Act requires the Missouri Department of Revenue (Department) to inform taxpayers of the Department's legal authority for requesting identifying information, including social security numbers, and to explain why the information is needed and how the information will be used.

Chapter 143 of the Missouri Revised Statutes authorizes the Department to request information necessary to carry out the tax laws of the state of Missouri. Federal law 42 U.S.C. Section 405 (c)(2)(C) authorizes the states to require taxpayers to provide social security numbers.

The Department uses your social security number to identify you and process your tax returns and other documents, to determine and collect the correct amount of tax, to ensure you are complying with the tax laws, and to exchange tax information with the Internal Revenue Service, other states, and the Multistate Tax Commission (Chapters 32 and 143, RSMo). In addition, statutorily provided non-tax uses are: (1) to provide information to the Department of Higher Education with respect to applicants for financial assistance under Chapter 173, RSMo and (2) to offset refunds against amounts due to a state agency by a person or entity (Chapter 143, RSMo). Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having the statutory right to obtain it [as indicated above]. In addition, information may be disclosed to the public regarding the name of a tax credit recipient and the amount issued to such recipient (Chapter 135, RSMo). (For the Department's authority to prescribe forms and to require furnishing of social security numbers, see Chapters 135, 143, and 144, RSMo.)

You are required to provide your social security number on your tax return. Failure to provide your social security number or providing a false social security number may result in criminal action against you.

INDIVIDUAL INCOME TAX PAYMENT VOUCHER	N	2016 FORM IO-1040V
PLEASE PRINT. MAKE CHECK PAYABLE TO MISSOUF REVENUE. MAIL FORM MO-1040V AND PAYMENT DEPARTMENT OF REVENUE, P.O. BOX 371, JEFFERSON C	то	THE MISSOURI
NAME		
SPOUSE'S NAME		
STREET ADDRESS		
CITY	ATE I	ZIP CODE
FULL PAYMENT OF TAXES MUST BE SUBMITTED BY APPLINTEREST AND ADDITION TO TAX FOR FAILURE TO PAY you authorize the Department of Revenue to process the che returned check may be presented again electronically.	. If	you pay by check,
• PLEASE SEND CHECK OR MONEY ORDER (U.S. FUNDS	ON	LY)

Social security number	*								
2. Name control	*								
3. Spouse's social security number	*								
4. Spouse's name control	*								
5. <b>Amount of payment</b> (U.S. funds only)	\$								.00
Do not mail a cop	ру с	of you	ır pr	evio	usly	fil	ed :	retu	rn

DOR USE ONLY	*			•	
	*				

A. Enter amount from Line 10 here	B. Enter amount from Line 13 here
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#### 2016 PROPERTY TAX CREDIT CHART

#### AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE 13 — TOTAL REAL ESTATE TAX PAID

			——- F	ROM —				— FRC	)M		FROM —						
		1076 1051 1026 1001				976	951	926	901	876	851	826	801	776	751		
				то				то	) —	l .	ТО						
		1100	1075	1050	1025	1000	975	950	925	900	875 850 825 800 775						
FROM	TO											100 (Form					
1	14,300											ole for a P					
14,301	14,600	1078	1053	1028	1003	978	953	928	903	878	853	828	803	778	753		
14,601	14,900	1069	1044	1019	994	969	944	919	894	869	844	819	794	769	744		
14,901	15,200	1059	1034	1009	984	959	934	909	884	859	834	809	784	759	734		
15,201	15,500	1049	1024	999	974	949	924	899	874	849	824	799	774	749	724		
15,501	15,800	1039	1014	989	964	939	914	889	864	839	814	789	764	739	714		
15,801	16,100	1028	1003	978	953	928	903	878	853	828	803	778	753	728	703		
16,101	16,400	1016	991	966	941	916	891	866	841	816	791	766	741	716	691		
16,401	16,700	1005 993	980 968	955 943	930 918	905 893	880 868	855 843	830 818	805 793	780 768	755 743	730 718	705 693	680 668		
16,701 17,001	17,000	980	955	930	905	880	855	830	805	780	755	730	705	680	655		
17,001	17,300 17,600	968	943	918	893	868	843	818	793	768	743	718	693	668	643		
17,601	17,000	954	929	904	879	854	829	804	779	754	729	704	679	654	629		
17,901	18,200	941	916	891	866	841	816	791	766	741	716	691	666	641	616		
18,201	18,500	927	902	877	852	827	802	777	752	727	702	677	652	627	602		
18,501	18,800	913	888	863	838	813	788	763	738	713	688	663	638	613	588		
18,801	19,100	898	873	848	823	798	773	748	723	698	673	648	623	598	573		
19,101	19,400	883	858	833	808	783	758	733	708	683	658	633	608	583	558		
19,401	19,700	868	843	818	793	768	743	718	693	668	643	618	593	568	543		
19,701	20,000	852	827	802	777	752	727	702	677	652	627	602	577	552	527		
20,001	20,300	836	811	786	761	736	711	686	661	636	611	586	561	536	511		
20,301	20,600	819	794	769	744	719	694	669	644	619	594	569	544	519	494		
20,601	20,900	802	777	752	727	702	677	652	627	602	577	552	527	502	477		
20,901	21,200	785	760	735	710	685	660	635	610	585	560	535	510	485	460		
21,201	21,500	767	742	717	692	667	642	617	592	567	542	517	492	467	442		
21,501	21,800	749	724	699	674	649	624	599	574	549	524	499	474	449	424		
21,801	22,100	731	706	681	656	631	606	581	556	531	506	481	456	431	406		
22,101	22,400	712	687	662	637	612	587	562	537	512	487	462	437	412	387		
22,401	22,700	693	668	643	618	593	568	543	518	493	468	443	418	393	368		
22,701	23,000	673	648	623	598	573	548	523	498	473	448	423	398	373	348		
23,001	23,300	653	628	603	578	553	528	503	478	453	428	403	378	353	328		
23,301	23,600	633	608	583	558	533	508	483	458	433	408	383	358	333	308		
23,601	23,900	613 591	588 566	563 541	538 516	513 491	488 466	463 441	438 416	413 391	388 366	363 341	338 316	313 291	288 266		
23,901	24,200	570	545	520	495	470	445	420	395	370	345	320	295	270	245		
24,201 24,501	24,500 24,800	548	523	498	473	448	423	398	373	348	323	298	273	248	223		
24,801	25,100	526	501	476	451	426	401	376	351	326	301	276	251	226	201		
25,101	25,400	504	479	454	429	404	379	354	329	304	279	254	229	204	179		
25,401	25,700	481	456	431	406	381	356	331	306	281	256	231	206	181	156		
25,701	26,000	457	432	407	382	357	332	307	282	257	232	207	182	157	132		
26,001	26,300	434	409	384	359	334	309	284	259	234	209	184	159	134	109		
26,301	26,600	410	385	360	335	310	285	260	235	210	185	160	135	110	85		
26,601	26,900	385	360	335	310	285	260	235	210	185	160	135	110	85	60		
26,901	27,200	361	336	311	286	261	236	211	186	161	136	111	86	61	36		
27,201	27,500	335	310	285	260	235	210	185	160	135	110	85	60	35	10		
27,501	27,800	310	285	260	235	210	185	160	135	110	85	60	35	10			
27,801	28,100	284	259	234	209	184	159	134	109	84	59	34	9				
28,101	28,400	258	233	208	183	158	133	108	83	58	33	8					
28,401	28,700	231	206	181	156	131	106	81	56	31	6						
28,701	29,000	204	179	154	129	104	79	54	29	4							
29,001	29,300	177	152	127	102	77	52	27	2								
29,301	29,600	149	124	99	74	49	24										
29,601	29,900	121	96	71	46	21											
29,901	30,000	95	70	45	20												

C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTS, Line 14.

A.	Enter amount from Line 10 here	В.	Enter amount from Line 13 here
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## AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE 13 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID

			I	FROM —			FROM —								
		726	701	676	651	626	601	FRC 576	551	526	501	476	451	426	401
		то то											TO-		
		750	725	700	675	650	625	600	575	550	525	500	475	450	425
FROM	ТО	Refun	nd is the ac	tual total		allowable	real estate	e tax paid.		ceed \$1.10	00 or rent	credit equi	ivalent not	to exceed	\$750
1	14,300												ble for a Pi		
14,301	14,600	728	703	678	653	628	603	578	553	528	503	478	453	428	403
14,601	14,900	719	694	669	644	619	594	569	544	519	494	469	444	419	394
14,901	15,200	709	684	659	634	609	584	559	534	509	484	459	434	409	384
15,201	15,500	699	674	649	624	599	574	549 539	524	499	474	449	424	399	374
15,501 15,801	15,800 16,100	689 678	664 653	639 628	614 603	589 578	564 553	528	514 503	489 478	464 453	439 428	414 403	389 378	364 353
16,101	16,400	666	641	616	591	566	541	516	491	466	441	416	391	366	341
16,401	16,700	655	630	605	580	555	530	505	480	455	430	405	380	355	330
16,701	17,000	643	618	593	568	543	518	493	468	443	418	393	368	343	318
17,001	17,300	630	605	580	555	530	505	480	455	430	405	380	355	330	305
17,301	17,600	618	593	568	543	518	493	468	443	418	393	368	343	318	293
17,601	17,900	604	579	554	529	504	479	454	429	404	379	354	329	304	279
17,901 18,201	18,200 18,500	591 577	566 552	541 527	516 502	491 477	466 452	441 427	416 402	391 377	366 352	341 327	316 302	291 277	266 252
18,501	18,800	563	538	513	488	463	438	413	388	363	338	313	288	263	238
18,801	19,100	548	523	498	473	448	423	398	373	348	323	298	273	248	223
19,101	19,400	533	508	483	458	433	408	383	358	333	308	283	258	233	208
19,401	19,700	518	493	468	443	418	393	368	343	318	293	268	243	218	193
19,701	20,000	502	477	452	427	402	377	352	327	302	277	252	227	202	177
20,001	20,300	486 469	461	436 419	411 394	386	361 344	336 319	311	286 269	261 244	236	211 194	186 169	161 144
20,301 20,601	20,600 20,900	452	444 427	402	377	369 352	327	302	294 277	252	227	219 202	177	152	127
20,801	21,200	435	410	385	360	335	310	285	260	235	210	185	160	135	110
21,201	21,500	417	392	367	342	317	292	267	242	217	192	167	142	117	92
21,501	21,800	399	374	349	324	299	274	249	224	199	174	149	124	99	74
21,801	22,100	381	356	331	306	281	256	231	206	181	156	131	106	81	56
22,101	22,400	362	337	312	287	262	237	212	187	162	137	112	87	62	37
22,401	22,700	343 323	318 298	293 273	268	243 223	218 198	193 173	168 148	143 123	118 98	93	68 48	43 23	18
22,701 23,001	23,000 23,300	303	278	253	248 228	203	178	153	128	103	78	73 53	28	3	
23,301	23,600	283	258	233	208	183	158	133	108	83	58	33	8	3	
23,601	23,900	263	238	213	188	163	138	113	88	63	38	13			
23,901	24,200	241	216	191	166	141	116	91	66	41	16				
24,201	24,500	220	195	170	145	120	95	70	45	20	K				
24,501	24,800	198	173	148	123	98	73	48	23		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
24,801 25,101	25,100 25,400	176 154	151 129	126 104	101 79	76 54	51 29	26 4	1						
25,401	25,700	131	106	81	56	31	6	4							
25,701	26,000	107	82	57	32	7									
26,001	26,300	84	59	34	9						EX.	<b>AMPLE</b>	:		
26,301	26,600	60	35	10									is \$2	3,980	and
26,601	26,900	35	10			Line 13 of Form Mois \$525, then the tax									
26,901	27,200	11													redit
27,201 27,501	27,500 27,800											uld be			
27,801	28,100					This area indicates no									
28,101	28,400														
28,401	28,700				credit is allowable.										
28,701	29,000														
29,001	29,300														
29,301	29,600														
29,601 29,901	29,900 30,000														
∠3,301	30,000														

C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTS, Line 14.

A.	Enter amount from Line 10 here	B. Enter amount from Line 13 here
С.	Find where these two numbers "meet" below to figure vo	our credit amount. Enter on Form MO-PTS. Line 14.

## AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTS, LINE 13 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID

				- FROM					— FRC	м —					FROM -		
		376	351	326	301	276	251	226	201	176	151	126	101	76	51	26	1
				— TO -					T(						_TO —		
		400	375	350	325	300	275	250	225	200	175	150	125	100	75	50	25
FROM	ТО											,100 or r					
TROM 1	14,300											taxes, yo					
14,301	14,600	378	353	328	303	278	253	228	203	178	153	128	103	78	53	28	3
14,601	14,900	369	344	319	294	269	244	219	194	169	144	119	94	69	44	19	3
14,901	15,200	359	334	309	284	259	234	209	184	159	134	109	84	59	34	9	
15,201	15,500	349	324	299	274	249	224	199	174	149	124	99	74	49	24		
15,501	15,800	339	314	289	264	239	214	189	164	139	114	89	64	39	14		
15,801	16,100	328	303	278	253	228	203	178	153	128	103	78	53	28	3		
16,101	16,400	316	291	266	241	216	191	166	141	116	91	66	41	16			
16,401	16,700	305	280	255	230	205	180	155	130	105	80 68	55 43	30 18	5			
16,701 17,001	17,000 17,300	293 280	268 255	243	218 205	193 180	168 155	143 130	118 105	93 80	55	30	5				
17,001	17,300	268	243	218	193	168	143	118	93	68	43	18	)				
17,601	17,900	254	229	204	179	154	129	104	79	54	29	4					
17,901	18,200	241	216	191	166	141	116	91	66	41	16						
18,201	18,500	227	202	177	152	127	102	77	52	27	2						
18,501	18,800	213	188	163	138	113	88	63	38	13							
18,801	19,100	198	173	148	123	98	73	48	23								
19,101	19,400	183	158	133	108	83	58	33	8								
19,401	19,700	168	143	118	93	68	43	18	-								
19,701	20,000	152	127	102	77	52	27	2									
20,001	20,300	136 119	111 94	86 69	61 44	36 19	11										
20,301 20,601	20,600 20,900	102	77	52	27	2											
20,901	21,200	85	60	35	10												
21,201	21,500	67	42	17						E	XAMF	DI E.					
21,501	21,800	49	24									10 is	¢10	260 2	nd		
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26,901	27,200							This a	area ir	ndicat	es no						
27,201	27,500							crec	dit is a	llowa	ble.						
27,501	27,800																
27,801	28,100																
28,101	28,400																
28,401	28,700																
28,701	29,000																
29,001	29,300																
29,301	29,600																
29,601	29,900																
29,901	30,000																

PRSRT STD U.S. POSTAGE PAID Missouri Dept. of Revenue

### Visit our website at http://dor.mo.gov/personal/individual

In addition to electronic filing information found on our website, you can:

- Use our fill-in forms that calculate
- Download Missouri and federal tax forms
- Get answers to frequently asked questions
- Pay your taxes online
- Get the status of your refund or balance due
- Get a copy of the Taxpayer Bill of Rights

#### **IMPORTANT PHONE NUMBERS**

**General Inquiry Line**.....(573) 751-3505 Automated Refund/Balance Due/1099G Inquiry ......(573) 526-8299 **Electronic Filing Information**.....(573) 751-3505

Individuals with speech or hearing impairments may use TTY (800) 735-2966 or fax (573) 526-1881.

Download forms, check the status of your return, or obtain a copy of the Taxpayer Bill of Rights on our website at:

http://dor.mo.gov/personal/individual/.