



Missouri Department of Revenue
**2018 Individual Income
Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2018

Print in BLACK ink only and DO NOT STAPLE.

☐ **Amended Return** ☐ **Composite Return**

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)

Fiscal Year Ending (MM/DD/YY)

Vendor Code

Department Use Only

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Filing Status

☐ Single ☐ Claimed as a Dependent ☐ Married Filing Combined ☐ Married Filing Separately ☐ Head of Household ☐ Qualifying Widower

Age 62 through 64

Age 65 or Older

Blind

100% Disabled

Non-Obligated Spouse

Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐

Name

Social Security Number		Deceased in 2018		Spouse's Social Security Number		Deceased in 2018	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
First Name	M.I.	Last Name				Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	
Spouse's First Name	M.I.	Spouse's Last Name				Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	
In Care Of Name (Attorney, Executor, Personal Representative, etc.)							
<input type="text"/>							

Address

Present Address (Include Apartment Number or Rural Route)			
<input type="text"/>			
City, Town, or Post Office		State	ZIP Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
County of Residence			
<input type="text"/>			

You may contribute to any one or all of the trust funds on Line 44. See pages 10-11 of the instructions for more trust fund information.

 Children's Trust Fund	 Veterans Trust Fund	 Elderly Home Delivered Meals Trust Fund	 Missouri National Guard Trust Fund	 Workers' Memorial Fund	 Childhood Lead Testing Fund	 Missouri Military Family Relief Fund	 General Revenue Fund	 Organ Donor Program Fund
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Yourself (Y)

Spouse (S)

1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y		.00	1S		.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		.00	2S		.00
3. Total income - Add Lines 1 and 2.	3Y		.00	3S		.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		.00	4S		.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y		.00	5S		.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6		.00			
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y		%	7S		%

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E)	8		.00
9. Tax from federal return - Do not enter federal income tax withheld (see instructions on page 7 and 8)	9		.00
10. Other tax from federal return - Attach a copy of your federal return (pages 1 and 2, and all applicable schedules)	10		.00
11. Total tax from federal return - Add Lines 9 and 10.	11		.00
12. Federal income tax deduction - Enter the amount from Line 11, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers (see instructions on page 7).	12		.00
13. Missouri standard deduction or itemized deductions. <ul style="list-style-type: none"> • Single or Married Filing Separate - \$12,000 • Head of Household - \$18,000 • Married Filing Combined or Qualifying Widow(er) - \$24,000 If age 65 or older, blind, or claimed as a dependent, see pages 7 and 8. If itemizing, see Form MO-A, Part 2.	13		.00
14. Long-term care insurance deduction	14		.00
15. Health care sharing ministry deduction.	15		.00
16. Military income deduction	16		.00
17. Bring jobs home deduction	17		.00
18. Transportation facilities deduction	18		.00
<input type="checkbox"/> A. Port Cargo Expansion <input type="checkbox"/> B. International Trade Facility <input type="checkbox"/> C. Qualified Trade Activities			
19. Total deductions - Add Lines 8 and 12 through 18.	19		.00
20. Subtotal - Subtract Line 19 from Line 6	20		.00
21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S	21Y		.00
22. Enterprise zone or rural empowerment zone income modification	22Y		.00



Tax

23. Taxable income - Subtract Line 22 from Line 21	23Y		.00	23S		.00
24. Tax (see tax chart on page 20 of the instructions).	24Y		.00	24S		.00
25. Resident credit - Attach Form MO-CR and other states' income tax return(s)	25Y		.00	25S		.00
26. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	26Y		%	26S		%
27. Balance - Subtract Line 25 from Line 24; OR multiply Line 24 by percentage on Line 26	27Y		.00	27S		.00
28. Other taxes - Select box and attach federal form indicated.						
<input type="checkbox"/> Lump sum distribution (Form 4972)						
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	28Y		.00	28S		.00
29. Subtotal - Add Lines 27 and 28	29Y		.00	29S		.00
30. Total Tax - Add Lines 29Y and 29S.				30		.00

Payments and Credits

31. MISSOURI tax withheld - Attach Forms W-2 and 1099.	31		.00
32. 2018 Missouri estimated tax payments - Include overpayment from 2017 applied to 2018	32		.00
33. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	33		.00
34. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	34		.00
35. Amount paid with Missouri extension of time to file (Form MO-60).	35		.00
36. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	36		.00
37. Property tax credit - Attach Form MO-PTS	37		.00
38. Total payments and credits - Add Lines 31 through 37	38		.00



Skip Lines 39 through 41 if you are not filing an amended return.

39. Amount paid on original return. 39 . 00

40. Overpayment as shown (or adjusted) on original return 40 . 00

Indicate Reason for Amending

☐ A. Federal audit. Enter date of IRS report (MM/DD/YY)
☐ B. Net operating loss carryback Enter year of loss (YY)
☐ C. Investment tax credit carryback Enter year of credit (YY)
☐ D. Correction other than A, B, or C Enter date of federal amended return, if filed. (MM/DD/YY)

41. Amended return total payments and credits - Add Line 39 to Line 38 or subtract Line 40 from Line 38. 41 . 00

42. If Line 38, or if amended return, Line 41, is larger than Line 30, enter the difference. Amount of OVERPAYMENT 42 . 00

43. Amount of Line 42 to be applied to your 2019 estimated tax 43 . 00

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

44a. Children's Trust Fund . 00 44b. Veterans Trust Fund . 00 44c. Elderly Home Delivered Meals Trust Fund . 00

44d. Missouri National Guard Trust Fund . 00 44e. Workers' Memorial Fund . 00 44f. Childhood Lead Testing Fund . 00

44g. Missouri Military Family Relief Fund . 00 44h. General Revenue Fund . 00 44i. Organ Donor Program Fund . 00

44j. Additional Fund Code . Additional Fund Amount . 00 44k. Additional Fund Code . Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 44a through 44k and enter here. 44 . 00

45. Amount of Line 42 to be deposited into a Missouri 529 Education Savings Plan (MOST) account. Enter amount from Line E of **Form 5632** 45 . 00

46. **REFUND** - Subtract Lines 43, 44, and 45 from Line 42 and enter here 46 . 00

a. Routing Number c. ☐ Checking ☐ Savings

b. Account



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Amount Due

47. If Line 30 is larger than Line 38 or Line 41, enter the difference.
Amount of UNDERPAYMENT (see the instructions for Line 48) 47 . 00
48. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 48 . 00
- ☐ Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
49. **AMOUNT DUE** - Add Lines 47 and 48.
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 49 . 00

Signature

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
E-mail Address	Daytime Telephone
<input type="text"/>	<input type="text"/>
Preparer's Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone
<input type="text"/>	<input type="text"/>
Preparer's Address	State ZIP Code
<input type="text"/>	<input type="text"/>

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm ☐ Yes ☐ No

Department Use Only

<input type="checkbox"/> A	<input type="checkbox"/> FA	<input type="checkbox"/> E10	<input type="checkbox"/> DE	<input type="checkbox"/> F	<input type="text"/>
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(Revised 12-2018)

Mail To: Balance Due:
Missouri Department of Revenue
P.O. Box 329
Jefferson City, MO 65105-0329

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 500
Jefferson City, MO 65105-0500

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



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