

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**
 (For use by S corporations or Partnerships)

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

0 0 6

Department Use Only

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spouse
 Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

Name

Social Security Number Deceased in 2018 Spouse's Social Security Number Deceased in 2018
 - - - -

First Name M.I. Last Name Suffix

Spouse's First Name M.I. Spouse's Last Name Suffix

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

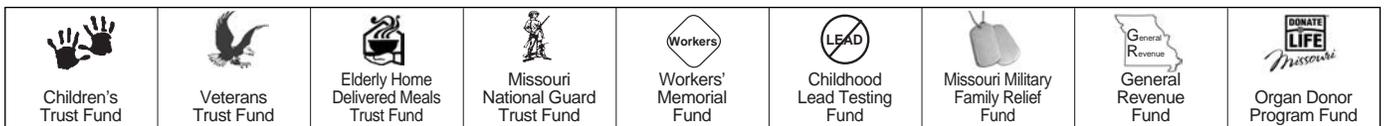
Address

Present Address (Include Apartment Number or Rural Route)

City, Town, or Post Office State ZIP Code
 -

County of Residence

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



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Income

| | 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 | % |

Exemptions and Deductions

| | | | | |
|--|-----|-----|-----|-----|
| 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 | 21S | .00 |
| 22. Enterprise zone or rural empowerment zone income modification | 22Y | .00 | 22S | .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 |



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

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

Signature

| | | |
|---|----------------------|----------------------|
| Signature | Date (MM/DD/YY) | |
| <input type="text"/> | <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"/> | <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"/> | <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"/> | <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

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(Revised 12-2018)

Mail To: Balance Due:
Missouri Department of Revenue
P.O. Box 3370
Jefferson City, MO 65105-3370

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 3222
Jefferson City, MO 65105-3222

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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2018 Tax Chart

To identify your tax, use your Missouri taxable income from Form MO-1040, Line 23Y and 23S and the tax chart in Section A below. A separate tax must be computed for you and your spouse.

Calculate your Missouri tax using the online tax calculator at <http://dor.mo.gov/personal/individual> or by using the worksheet in Section B below. Round to the nearest whole dollar and enter on Form MO-1040, Line 24Y and 24S.

Tax Rate Chart

Section A

| <u>If the Missouri taxable income is:</u> | <u>The tax is:</u> |
|--|--|
| \$0 to \$102. | \$0 |
| At least \$103 but not over \$1,028. | 1½% of the Missouri taxable income |
| Over \$1,028 but not over \$2,056 | \$15 plus 2% of excess over \$1,028 |
| Over \$2,056 but not over \$3,084 | \$36 plus 2½% of excess over \$2,056 |
| Over \$3,084 but not over \$4,113 | \$62 plus 3% of excess over \$3,084 |
| Over \$4,113 but not over \$5,141 | \$93 plus 3½% of excess over \$4,113 |
| Over \$5,141 but not over \$6,169 | \$129 plus 4% of excess over \$5,141 |
| Over \$6,169 but not over \$7,197 | \$170 plus 4½% of excess over \$6,169 |
| Over \$7,197 but not over \$8,225 | \$216 plus 5% of excess over \$7,197 |
| Over \$8,225 but not over \$9,253 | \$267 plus 5½% of excess over \$8,225 |
| Over \$9,253 | \$324 plus 5.9% of excess over \$9,253 |

Tax Calculation Worksheet

Section B

| | Yourself | Spouse | Example A | Example B |
|---|------------|---------|---|--|
| 1. Missouri taxable income (Form MO-1040, Line 23Y and 23S). | \$ _____ | _____ | \$ 3,090 | \$ 12,000 |
| 2. Enter the minimum taxable income for your tax bracket (see Section A above). If below \$1,028 enter \$0. | - \$ _____ | _____ | - \$ 3,084 | \$ 9,253 |
| 3. Difference - Subtract Line 2 from Line 1 | = \$ _____ | _____ | = \$ 6 | \$ 2,747 |
| 4. Enter the percent for your tax bracket (see Section A above). | X _____ % | _____ % | X 3% | 5.9% |
| 5. Multiply Line 3 by the percent on Line 4 | = \$ _____ | _____ | = \$.18 | \$ 162.07 |
| 6. Enter the tax from your tax bracket - before applying the percent (see Section A above) | + \$ _____ | _____ | + \$ 62 | \$ 324 |
| 7. Total Missouri Tax - Add Line 5 and 6. Enter here and on Form MO-1040, Line 24Y and 24S | = \$ _____ | _____ | = \$ 62 | \$ 486 |
| | | | (\$62.18 rounded to the nearest dollar) | (\$486.07 rounded to the nearest dollar) |

Diagram 1: Form W-2





Missouri Department of Revenue
2018 Individual Income Tax Adjustments

Department Use Only
 (MM/DD/YY)

| | | |
|--|--|--|
| | | |
|--|--|--|

Attach to Form MO-1040. Attach your federal return. See information beginning on page 12 to assist you in completing this form.

Name

Social Security Number

| | | | | |
|--|---|--|---|--|
| | - | | - | |
|--|---|--|---|--|

Spouse's Social Security Number

| | | | | |
|--|---|--|---|--|
| | - | | - | |
|--|---|--|---|--|

First Name

| |
|--|
| |
|--|

M.I. Last Name

| |
|--|
| |
|--|

Suffix

| |
|--|
| |
|--|

Spouse's First Name

| |
|--|
| |
|--|

M.I. Spouse's Last Name

| |
|--|
| |
|--|

Suffix

| |
|--|
| |
|--|

Part 1 - Missouri Modifications to Federal Adjusted Gross Income

Additions

Yourself (Y)

Spouse (S)

1. Interest on state and local obligations other than Missouri source. . . .

| | | | | | |
|----|--|-----|----|--|-----|
| 1Y | | .00 | 1S | | .00 |
|----|--|-----|----|--|-----|

2. Partnership Fiduciary S Corporation

Net Operating Loss (Carryback/Carryforward)

Other (description)

| | | | | | |
|----|--|-----|----|--|-----|
| 2Y | | .00 | 2S | | .00 |
|----|--|-----|----|--|-----|

3. Nonqualified distribution received from a qualified 529 plan
 (education savings program) not used for qualified expenses

| | | | | | |
|----|--|-----|----|--|-----|
| 3Y | | .00 | 3S | | .00 |
|----|--|-----|----|--|-----|

4. Food Pantry contributions included on Federal Schedule A.

| | | | | | |
|----|--|-----|----|--|-----|
| 4Y | | .00 | 4S | | .00 |
|----|--|-----|----|--|-----|

5. Nonresident Property Tax.

| | | | | | |
|----|--|-----|----|--|-----|
| 5Y | | .00 | 5S | | .00 |
|----|--|-----|----|--|-----|

6. Nonqualified distribution received from a qualified Achieving a Better
 Life Experience Program (ABLE) not used for qualified expenses.

| | | | | | |
|----|--|-----|----|--|-----|
| 6Y | | .00 | 6S | | .00 |
|----|--|-----|----|--|-----|

7. Total Additions - Add Lines 1 through 6. Enter here and on Form
 MO-1040, Line 2.

| | | | | | |
|----|--|-----|----|--|-----|
| 7Y | | .00 | 7S | | .00 |
|----|--|-----|----|--|-----|

Subtractions

8. Interest from exempt federal obligations included in federal adjusted
 gross income - Attach a detailed list or all Federal Form(s) 1099

| | | | | | |
|----|--|-----|----|--|-----|
| 8Y | | .00 | 8S | | .00 |
|----|--|-----|----|--|-----|

9. Any state income tax refund included in federal adjusted gross income.

| | | | | | |
|----|--|-----|----|--|-----|
| 9Y | | .00 | 9S | | .00 |
|----|--|-----|----|--|-----|

10. Partnership Fiduciary S Corporation Railroad Retirement Benefits

Military (nonresident) Combat Pay Build America and Recovery Zone Bond Interest

MO Public-Private Transportation Act Net Operating Loss

Other (description)

| | | | | | |
|-----|--|-----|-----|--|-----|
| 10Y | | .00 | 10S | | .00 |
|-----|--|-----|-----|--|-----|

11. Exempt contributions made to a qualified 529 plan (education
 savings program)

| | | | | | |
|-----|--|-----|-----|--|-----|
| 11Y | | .00 | 11S | | .00 |
|-----|--|-----|-----|--|-----|

12. Qualified Health Insurance Premiums - Attach the Qualified Health
 Insurance Premiums Worksheet (**Form 5695**) and supporting
 documentation

| | | | | | |
|-----|--|-----|-----|--|-----|
| 12Y | | .00 | 12S | | .00 |
|-----|--|-----|-----|--|-----|



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For Privacy Notice, see instructions.

| | | | | |
|--|-----|--|-----|-----|
| 13. Missouri depreciation adjustment (Section 143.121, RSMo) | | | | |
| <input type="checkbox"/> Sold or disposed property previously taken as addition modification | 13Y | | .00 | 13S |
| 14. Home Energy Audit Expenses - Attach the Home Energy Audit Expense (Form MO-HEA) | 14Y | | .00 | 14S |
| 15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) | 15Y | | .00 | 15S |
| 16. Agriculture Disaster Relief | 16Y | | .00 | 16S |
| 17. Business Income Deduction – see worksheet on page 42 | 17Y | | .00 | 17S |
| 18. Total Subtractions - Add Lines 8 through 17. Enter here and on Form MO-1040, Line 4 | 18Y | | .00 | 18S |

Complete this section only if you itemize deductions on your federal return. Attach your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

| | | | |
|--|----|--|-----|
| 1. Total federal itemized deductions from Federal Form 1040, Line 8 | 1 | | .00 |
| 2. 2018 Social security tax - (Yourself) | 2 | | .00 |
| 3. 2018 Social security tax - (Spouse) | 3 | | .00 |
| 4. 2018 Railroad retirement tax - Tier I and Tier II (Yourself) | 4 | | .00 |
| 5. 2018 Railroad retirement tax - Tier I and Tier II (Spouse) | 5 | | .00 |
| 6. 2018 Medicare tax - Yourself and Spouse (see instructions on page 43) | 6 | | .00 |
| 7. 2018 Self-employment tax (see instructions on page 43) | 7 | | .00 |
| 8. Total - Add Lines 1 through 7 | 8 | | .00 |
| 9. State and local income taxes from Federal Schedule A, Line 5 or see the worksheet below | 9 | | .00 |
| 10. Earnings taxes included in Line 9 | 10 | | .00 |
| 11. Net state income taxes - Subtract Line 10 from Line 9 or enter Line 7 from worksheet below | 11 | | .00 |
| 12. Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 13 | 12 | | .00 |

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

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



Part 3 - Pension and Social Security/Social Security Disability/Military Exemption

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

Section A

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

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

Section B

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



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

Section C

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

Military Pension Calculation

Section D

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

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

Section E

| | | | |
|---|--|----------------------|-----|
| Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 5 (Section D) from Form MO-A. Enter total amount here and on Form MO-1040, Line 8. | | <input type="text"/> | .00 |
|---|--|----------------------|-----|

Attach to Form MO-1040. Attach your federal return.
See information beginning on page 12 to assist you in completing this form.





Missouri Department of Revenue
**2018 Credit for Income Taxes Paid To
 Other States or Political Subdivisions**

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 Form MO-CR and all income tax returns for each state or political subdivision to Form MO-1040.

| | |
|---|--|
| Name | Social Security Number |
| <input style="width: 100%;" type="text"/> | <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> |

| | |
|---|--|
| Spouse's Name | Spouse's Social Security Number |
| <input style="width: 100%;" type="text"/> | <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> |

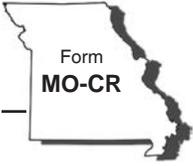
| | Yourself (Y) | Spouse (S) |
|---|--|--|
| 1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S) | 1Y <input style="width: 60%;" type="text"/> .00 | 1S <input style="width: 60%;" type="text"/> .00 |
| 2. Claimant's Missouri income tax (Form MO-1040, Line 24Y and 24S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below. _____ | 2Y <input style="width: 60%;" type="text"/> .00 | 2S <input style="width: 60%;" type="text"/> .00 |
| | State of: <input style="width: 60%;" type="text"/> | State of: <input style="width: 60%;" type="text"/> |
| 3. Wages and commissions. | 3Y <input style="width: 60%;" type="text"/> .00 | 3S <input style="width: 60%;" type="text"/> .00 |
| 4. Other income (Describe nature _____) | 4Y <input style="width: 60%;" type="text"/> .00 | 4S <input style="width: 60%;" type="text"/> .00 |
| 5. Total - Add Lines 3 and 4. | 5Y <input style="width: 60%;" type="text"/> .00 | 5S <input style="width: 60%;" type="text"/> .00 |
| 6. Less, related adjustments (Federal Form 1040, Line 36) | 6Y <input style="width: 60%;" type="text"/> .00 | 6S <input style="width: 60%;" type="text"/> .00 |
| 7. Net amounts - Subtract Line 6 from Line 5 | 7Y <input style="width: 60%;" type="text"/> .00 | 7S <input style="width: 60%;" type="text"/> .00 |
| 8. Percentage of your income taxed - Divide Line 7 by Line 1 | 8Y <input style="width: 60%;" type="text"/> % | 8S <input style="width: 60%;" type="text"/> % |
| 9. Maximum credit - Multiply Line 2 by percentage on Line 8 | 9Y <input style="width: 60%;" type="text"/> .00 | 9S <input style="width: 60%;" type="text"/> .00 |
| 10. Income tax you paid to another state or political subdivision. This is not income tax withheld. The income tax is reduced by all credits, except withholding and estimated tax. | 10Y <input style="width: 60%;" type="text"/> .00 | 10S <input style="width: 60%;" type="text"/> .00 |
| 11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 25Y or Line 25S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040 | 11Y <input style="width: 60%;" type="text"/> .00 | 11S <input style="width: 60%;" type="text"/> .00 |



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For Privacy Notice, see Instructions.

Form MO-CR (Revised 12-2018)



Missouri Department of Revenue
**2018 Credit for Income Taxes Paid To
 Other States or Political Subdivisions**

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 Form MO-CR and all income tax returns for each state or political subdivision to Form MO-1040.

| | |
|----------------------|--|
| Name | Social Security Number |
| <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> |

| | |
|----------------------|--|
| Spouse's Name | Spouse's Social Security Number |
| <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> |

| | Yourself (Y) | Spouse (S) |
|---|--------------------------------|--------------------------------|
| 1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S) | 1Y <input type="text"/> .00 | 1S <input type="text"/> .00 |
| 2. Claimant's Missouri income tax (Form MO-1040, Line 24Y and 24S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below. _____ | 2Y <input type="text"/> .00 | 2S <input type="text"/> .00 |
| | State of: <input type="text"/> | State of: <input type="text"/> |
| 3. Wages and commissions. | 3Y <input type="text"/> .00 | 3S <input type="text"/> .00 |
| 4. Other income (Describe nature _____) | 4Y <input type="text"/> .00 | 4S <input type="text"/> .00 |
| 5. Total - Add Lines 3 and 4. | 5Y <input type="text"/> .00 | 5S <input type="text"/> .00 |
| 6. Less, related adjustments (Federal Form 1040, Line 36) | 6Y <input type="text"/> .00 | 6S <input type="text"/> .00 |
| 7. Net amounts - Subtract Line 6 from Line 5 | 7Y <input type="text"/> .00 | 7S <input type="text"/> .00 |
| 8. Percentage of your income taxed - Divide Line 7 by Line 1 | 8Y <input type="text"/> % | 8S <input type="text"/> % |
| 9. Maximum credit - Multiply Line 2 by percentage on Line 8 | 9Y <input type="text"/> .00 | 9S <input type="text"/> .00 |
| 10. Income tax you paid to another state or political subdivision. This is not income tax withheld. The income tax is reduced by all credits, except withholding and estimated tax. | 10Y <input type="text"/> .00 | 10S <input type="text"/> .00 |
| 11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 25Y or Line 25S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040 | 11Y <input type="text"/> .00 | 11S <input type="text"/> .00 |



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For Privacy Notice, see Instructions.

Form MO-CR (Revised 12-2018)

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 through 24).
- 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 24Y and 24S.

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

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 25Y and 25S. (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 |



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Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

[] - [] - []

Name

[]

Address

[]

City, State, ZIP Code

[]

1. Nonresident of Missouri
State of residence during 2018 _____

2. Part-Year Missouri Resident
Indicate the dates you were a Missouri Resident in 2018.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence
and dates you resided there _____

Date From: _____ Date To: _____

Spouse's Social Security Number

[] - [] - []

Spouse's Name

[]

Address

[]

City, State, ZIP Code

[]

1. Nonresident of Missouri
State of residence during 2018 _____

2. Part-Year Missouri Resident
Indicate the dates you were a Missouri Resident in 2018.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence
and dates you resided there _____

Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 26 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the 2018 tax year maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2018 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the 2018 tax year maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2018 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.



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For Privacy Notice, see Instructions.

Worksheet for Missouri Source Income

Part B

| Adjusted Gross Income Computations | Federal Form 1040, Line No. | Yourself or One Income Filer | | Spouse (On A Combined Return) | |
|---|-----------------------------|------------------------------|----|-------------------------------|----|
| | | Missouri Sources | | Missouri Sources | |
| A. Wages, salaries, tips, etc. | 1 | A | 00 | A | 00 |
| B. Taxable interest income. | 2b | B | 00 | B | 00 |
| C. Dividend income | 3b | C | 00 | C | 00 |
| D. State and local income tax refunds (from schedule 1) | 10 | D | 00 | D | 00 |
| E. Alimony received (from schedule 1) | 11 | E | 00 | E | 00 |
| F. Business income or (loss) (from schedule 1) | 12 | F | 00 | F | 00 |
| G. Capital gain or (loss) (from schedule 1) | 13 | G | 00 | G | 00 |
| H. Other gains or (losses) (from schedule 1) | 14 | H | 00 | H | 00 |
| I. Taxable IRA distributions | 4b | I | 00 | I | 00 |
| J. Taxable pensions and annuities | 4b | J | 00 | J | 00 |
| K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1) | 17 | K | 00 | K | 00 |
| L. Farm income or (loss) (from schedule 1) | 18 | L | 00 | L | 00 |
| M. Unemployment compensation (from schedule 1) | 19 | M | 00 | M | 00 |
| N. Taxable social security benefits | 5b | N | 00 | N | 00 |
| O. Other income (from schedule 1) | 21 | O | 00 | O | 00 |
| P. Total - Add Lines A through O | | P | 00 | P | 00 |
| Q. Less: federal adjustments to income (from schedule 1) | 36 | Q | 00 | Q | 00 |
| R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1 | 7 | R | 00 | R | 00 |
| S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) | | S | 00 | S | 00 |
| T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) | | T | 00 | T | 00 |
| U. MISSOURI INCOME (Missouri sources). Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1 | | U | 00 | U | 00 |

Missouri Income Percentage

Part C

| | 1Y | 00 | 1S | 00 |
|--|----|----|----|----|
| 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) | | | | |
| 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) | | | | |
| 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 26Y and 26S | | % | | % |

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

Signature

Signature Date (MM/DD/YY)

Spouse's Signature (if filing combined, BOTH must sign) Date (MM/DD/YY)



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Part A, Line 1: Nonresidents of Missouri

If you are a Missouri nonresident and had Missouri source income, complete Part A, Line 1, Part B, and Part C. Attach a copy of your federal return, Form(s) W-2 and 1099 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, Form(s) W-2 and 1099 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:

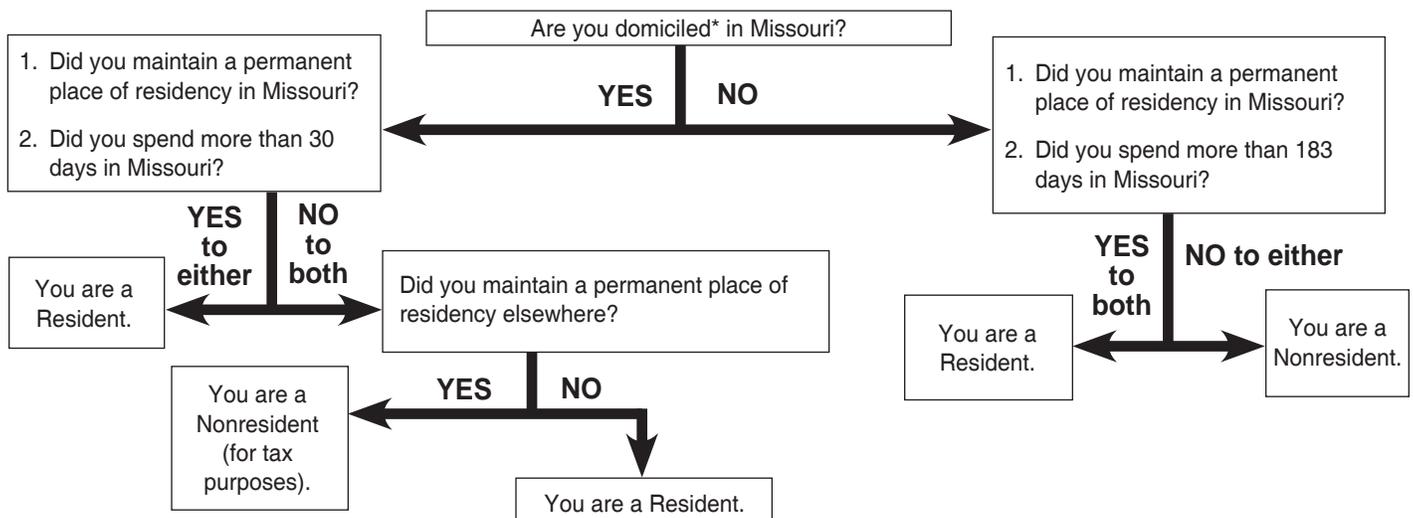
- a) Did not have any Missouri income other than military income, were not in Missouri for more than 30 days, did not maintain a home in Missouri during the year, but did maintain living quarters elsewhere, you qualify as a nonresident for tax purposes. Complete Part A, Line 3 and enter "0" on Part C, 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 Military - No Return Required Form online at <https://sa.dor.mo.gov/nri/>.

Note: If you file a joint federal return, you **must** file a combined Missouri return (regardless of whom earned the income). Complete each column of Part B and Part C of this form. Do not combine incomes for you and your spouse.

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



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



1800000001



Missouri Department of Revenue
2018 Home Energy Audit Expense

Department Use Only
(MM/DD/YY)

| | | |
|--|--|--|
| | | |
|--|--|--|

Social Security Number

| | | | | |
|--|---|--|---|--|
| | - | | - | |
|--|---|--|---|--|

Spouse's Social Security Number

| | | | | |
|--|---|--|---|--|
| | - | | - | |
|--|---|--|---|--|

Taxpayer Name

Spouse's Name

Street Address

City

State

ZIP Code

| | | |
|--|---|--|
| | - | |
|--|---|--|

Qualifications

Any taxpayer who paid an individual certified by the Division of Energy to complete a home energy audit may deduct 100 percent of the costs incurred for the audit and the implementation of any energy efficiency recommendations made by the auditor. The subtraction may not exceed \$1,000, for a single taxpayer or \$2,000 for taxpayers filing combined returns. To qualify for the subtraction, you must have incurred expenses in the taxable year you are filing a claim, and the expenses incurred must not have been excluded from your federal adjusted gross income or reimbursed through any other state or federal program.

Instructions

In the spaces provided below:

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

Auditor Summary

Auditor Name

Auditor Certification Number

Summary of Recommendations

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

| | | | |
|---|---|--|-----|
| A. Amount paid for audit. | A | | .00 |
| B. Amount paid to implement recommendations | B | | .00 |
| C. Total Paid - Add Lines A and B and enter here | C | | .00 |
| D. Enter \$1,000 if a single filer or \$2,000 if filing a combined return | D | | .00 |
| E. Amount from Line C or Line D, whichever is less. Enter here and on Form MO-A, Line 14. If you are filing a combined return, you may split the amount reported on Line 14 between both spouses. | E | | .00 |



18317010001



Missouri Department of Revenue
2018 Miscellaneous Income Tax Credits

Department Use Only (MM/DD/YY)

Name (Last, First)

Spouse's Name (Last, First)

Corporation Name

Missouri Tax I.D. Number

Social Security Number

Spouse's Social Security Number

Charter Number

Federal Employer I.D. Number

- **Benefit Number** - The number is the last six (6) digits of the number located on your Certificate of Eligibility.
 Example: For benefit, ABC-2018-12345-123456, enter 123456, on Form MO-TC.
- **Alpha code** - The three (3) character code located on the back of this form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.
- If you are claiming more than 10 credits, attach additional MO-TC(s).

| | Benefit Number (See example above) | Alpha Code (3 characters) from back | Credit Name Each credit will apply against your tax liability in the order they appear below | <ul style="list-style-type: none"> • Yourself • Corporation Income • Fiduciary | | <ul style="list-style-type: none"> • Spouse (on a combined return) | |
|---|---------------------------------------|---|---|---|----------|---|----------|
| | | | | Column 1 | Column 2 | Column 1 | Column 2 |
| 1. | | | | 00 | | 00 | |
| 2. | | | | 00 | | 00 | |
| 3. | | | | 00 | | 00 | |
| 4. | | | | 00 | | 00 | |
| 5. | | | | 00 | | 00 | |
| 6. | | | | 00 | | 00 | |
| 7. | | | | 00 | | 00 | |
| 8. | | | | 00 | | 00 | |
| 9. | | | | 00 | | 00 | |
| 10. | | | | 00 | | 00 | |
| 11. Subtotals - add Lines 1 through 10. | | | | 00 | | 00 | |
| 12. Enter the amount of the tax liability from Form MO-1040, Line 29Y for yourself and Line 29S for your spouse, or Form MO-1120, Line 15 plus Line 16 for income from or Form MO-1041, Line 18. | | | | 00 | | 00 | |
| 13. Total Credits - add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 18; Form MO-1040, Line 36; or Form MO-1041, Line 19.) Line 13 cannot exceed the amount on Line 12, unless the credit is refundable. | | | | 13. | | 00 | |

Instructions

Use Column 1 if you are filing:

- An individual income tax return with a single type filing status;
- A fiduciary return; or,
- A corporation income tax return.

If you are filing a combined return and both you and your spouse have income:

- Use Column 1 for yourself and Column 2 for spouse.
- Both names must be on the credit certificate.

If you are a shareholder or partner claiming a credit, attach a copy of the shareholder listing or Federal Schedule K-1, specifying your percentage and the corporation's percentage of ownership.

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.

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.



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For Privacy Notice, see instructions.

Form MO-TC (Revised 12-2018)



Missouri Department of Revenue
2018 Miscellaneous Income Tax Credits

Department Use Only (MM/DD/YY)

Name (Last, First)

Spouse's Name (Last, First)

Corporation Name

Missouri Tax I.D. Number

Social Security Number

Spouse's Social Security Number

Charter Number

Federal Employer I.D. Number

- **Benefit Number** - The number is the last six (6) digits of the number located on your Certificate of Eligibility.
 Example: For benefit, ABC-2018-12345-123456, enter 123456, on Form MO-TC.
- **Alpha code** - The three (3) character code located on the back of this form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.
- If you are claiming more than 10 credits, attach additional MO-TC(s).

| | Benefit Number (See example above) | Alpha Code (3 characters) from back | Credit Name Each credit will apply against your tax liability in the order they appear below | <ul style="list-style-type: none"> • Yourself • Corporation Income • Fiduciary | | <ul style="list-style-type: none"> • Spouse (on a combined return) | |
|---|---------------------------------------|---|---|---|----------|---|----------|
| | | | | Column 1 | Column 2 | Column 1 | Column 2 |
| 1. | | | | 00 | | 00 | |
| 2. | | | | 00 | | 00 | |
| 3. | | | | 00 | | 00 | |
| 4. | | | | 00 | | 00 | |
| 5. | | | | 00 | | 00 | |
| 6. | | | | 00 | | 00 | |
| 7. | | | | 00 | | 00 | |
| 8. | | | | 00 | | 00 | |
| 9. | | | | 00 | | 00 | |
| 10. | | | | 00 | | 00 | |
| 11. Subtotals - add Lines 1 through 10. | | | | 00 | | 00 | |
| 12. Enter the amount of the tax liability from Form MO-1040, Line 29Y for yourself and Line 29S for your spouse, or Form MO-1120, Line 15 plus Line 16 for income from or Form MO-1041, Line 18. | | | | 00 | | 00 | |
| 13. Total Credits - add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 18; Form MO-1040, Line 36; or Form MO-1041, Line 19.) Line 13 cannot exceed the amount on Line 12, unless the credit is refundable. | | | | 13. | | 00 | |

Instructions

Use Column 1 if you are filing:

- An individual income tax return with a single type filing status;
- A fiduciary return; or,
- A corporation income tax return.

If you are filing a combined return and both you and your spouse have income:

- Use Column 1 for yourself and Column 2 for spouse.
- Both names must be on the credit certificate.

If you are a shareholder or partner claiming a credit, attach a copy of the shareholder listing or Federal Schedule K-1, specifying your percentage and the corporation's percentage of ownership.

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.

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.



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For Privacy Notice, see instructions.

Form MO-TC (Revised 12-2018)

Miscellaneous tax credits are administered by various agencies. For more information, forms, and approval to claim these credits, contact the following Departments. Visit <http://dor.mo.gov/taxcredit/> 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>

| Alpha Code | Name of Credit and Phone Number | Attach to 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) 522-8006 | Certificate* |
| DFH | Dry Fire Hydrant - (573) 751-9048 | Certificate* |
| DPC | Development Tax Credit - (573) 526-3285 | Certificate* |
| EZC | Enterprise Zone - (573) 522-2790 | Schedule 250, Fed. K-1, Form 4354 |
| FDA | Family Development Account - (573) 751-4539 | 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) 751-4539 | Certificate* |
| MWC | Missouri Works Credit - (573) 522-9062 | Certificate* |
| NAC | Neighborhood Assistance - (573) 522-2629 | Certificate* |
| NEC | New Enterprise Creation - (573) 522-2790 | Certificate* |
| NEZ | New Enhanced Enterprise Zone - (573) 751-4539 | 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) 751-4539 | Certificate* |
| SEC | Sporting Event Credit - (573) 522-8004 | Certificate* |
| SPC | Sporting Contribution Credit - (573) 522-8004 | Certificate* |
| TDC | Transportation Development - (573) 751-4539 | Certificate* |
| WEC | Processed Wood Energy - (573) 526-1723 | Certificate* |
| WGC | Wine and Grape Production - (573) 751-9048 | Certificate* |
| YOC | Youth Opportunities - (573) 751-4539 | Certificate* |

Missouri Development Finance Board

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

| Alpha Code | Name of Credit | Attach to Form MO-TC |
|------------|--|----------------------|
| BEC | Bond Enhancement | Certificate* |
| BUC | Missouri Business Use Incentives for Large Scale Development (BUILD) | Certificate* |
| 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 Code | Name of Credit and Phone Number | Attach to Form MO-TC |
|------------|--|---|
| AHC | Affordable Housing Assistance - (816) 759-6878 | Certificate* |
| LHC | Missouri Low Income Housing - (816) 759-6878 | 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 Code | Name of Credit | Attach to Form MO-TC |
|------------|------------------------|---------------------------------|
| ATC | Special Needs Adoption | Form ATC, and Federal Form 8839 |

Missouri Department of Revenue (Continued)

| | | |
|-----|--|--|
| 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.agriculture.mo.gov> • (573) 751-2129

| Alpha Code | Name of Credit | Attach to Form MO-TC |
|------------|--|----------------------|
| APU | Agricultural Product Utilization Contributor | Certificate* |
| FFC | Family Farms Act | Certificate* |
| MPF | Meat Processing Facility Investment Tax Credit | 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 Code | Name of Credit and Phone Number | Attach to 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 Code | Name of Credit | Attach to Form MO-TC |
|------------|--|----------------------|
| DBC | Diaper Bank | Certificate* |
| 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* |
| SCH | School Children Health and Hunger | Certificate* |

Missouri Department of Health Division of Senior Services

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

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

* Must be approved by the issuing agency

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



Worksheet for Line 1 - Instructions for Completing the Adjusted Gross Income Worksheet

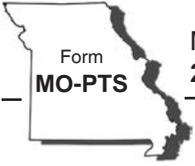
Missouri law requires a combined return for married couples filing together. A combined return means taxpayers are required to split their total federal adjusted gross income (including other state income) between spouses when beginning the Missouri return.

Splitting the income can be as easy as adding up your separate Form(s) 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 2017 Missouri tax withheld, less each spouse's 2017 tax liability. The result should be each spouse's portion of the 2017 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 1040 Line No. | Y - Yourself | S - Spouse |
|--|-------------------------------|--------------|------------|
| 1. Wages, salaries, tips, etc. | 1 | 00 1 | 00 |
| 2. Taxable interest income. | 2b | 00 2 | 00 |
| 3. Dividend income. | 3b | 00 3 | 00 |
| 4. State and local income tax refunds (from schedule 1) | 10 | 00 4 | 00 |
| 5. Alimony received (from schedule 1) | 11 | 00 5 | 00 |
| 6. Business income or (loss) (from schedule 1) | 12 | 00 6 | 00 |
| 7. Capital gain or (loss) (from schedule 1) | 13 | 00 7 | 00 |
| 8. Other gains or (losses) (from schedule 1) | 14 | 00 8 | 00 |
| 9. Taxable IRA distributions. | 4b | 00 9 | 00 |
| 10. Taxable pensions and annuities. | 4b | 00 10 | 00 |
| 11. Rents, royalties, partnerships, S corporations, trusts, etc. (from schedule 1). | 17 | 00 11 | 00 |
| 12. Farm income or (loss) (from schedule 1) | 18 | 00 12 | 00 |
| 13. Unemployment compensation (from schedule 1). | 19 | 00 13 | 00 |
| 14. Taxable social security benefits | 5b | 00 14 | 00 |
| 15. Other income (from schedule 1) | 21 | 00 15 | 00 |
| 16. Total (add Lines 1 through 15). | | 00 16 | 00 |
| 17. Less: federal adjustments to income (from schedule 1). | 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. | 7 | 00 18 | 00 |



Missouri Department of Revenue
2018 Property Tax Credit Schedule

Department Use Only (MM/DD/YY) [] [] []

This form must be attached to Form MO-1040 or MO-1040P.

Social Security Number []-[]-[]

Date of Birth (MM/DD/YYYY) [] [] [] [] [] []

First Name []

M.I. [] Last Name []

Spouse's Social Security Number []-[]-[]

Spouse's Date of Birth (MM/DD/YYYY) [] [] [] [] [] []

Spouse's First Name []

M.I. [] Last Name []

Qualifications

Select only one qualification. Copies of letters, forms, etc., must be included with claim.

- A. 65 years of age or older - You must be a full year resident. (Attach Form SSA-1099.)
B. 100% Disabled Veteran as a result of military service (Attach letter from Department of Veterans Affairs - see instructions.)
C. 100% Disabled (Attach letter from Social Security Administration or Form SSA-1099.)
D. 60 years of age or older and received surviving spouse benefits (Attach Form SSA-1099.)

Filing Status

Select only one filing status. If married filing combined, you must report both incomes.

- Single Married - Filing Combined Married - Living Separate for Entire Year

Failure to provide the following attachments will result in denial or delay of your claim: rent receipt(s), Verification of Rent Paid (Form 5674) or a signed landlord statement, Form(s) 1099, W-2, etc.

Income

- 1. Enter the amount of income from Form MO-1040, Line 6 or Form MO-1040P, Line 4. 1 [] [] . 00
2. Enter the amount of nontaxable social security benefits received by you, your spouse, and your minor children before any deductions and the amount of social security equivalent railroad retirement benefits. Attach Form(s) SSA-1099 or RRB-1099 (TIER I) 2 [] [] . 00
3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from MO-A, Part 1, Line 8 (if filing Form MO-1040). Attach Form(s) W-2, 1099, 1099-R, 1099-MISC, 1099-INT, 1099-DIV, etc 3 [] [] . 00
4. Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. Attach Form RRB-1099-R (Tier II). If filing Form MO-1040, refer to MO-A, Part 1, Line 10 4 [] [] . 00
5. Enter the amount of veterans payments or benefits before any deductions. Attach letter from Veterans Affairs (see instructions) 5 [] [] . 00



For Privacy Notice, see Instructions.

Income (continued)

- 6. Enter the total amount received by you, your spouse, and your **minor children** from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). **Attach** a letter from the Social Security Administration that includes the total amount of assistance received and Form 1099 from Employment Security, if applicable
- 7. Enter the amount of nonbusiness loss(es). You must include nonbusiness loss(es) in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Schedule 1, Line 13.)
- 8. Total household income - Add Lines 1 through 7 and enter the total here
- 9. Enter the appropriate amount from the options below.
 - **Single or Married Living Separate** - Enter \$0
 - Married and Filing Combined - **rented** or **did not** own your home for the entire year - Enter \$2,000
 - Married and Filing Combined - **owned** and **occupied** your home for the entire year - Enter \$4,000
- 10. Net household income - Subtract Line 9 from Line 8 and enter the amount here
 - If you rented or did not own and occupy your home for the entire year and Line 10 is greater than \$27,500, you are **not eligible** to file this claim.
 - If you owned and occupied your home for the entire year and Line 10 is greater than \$30,000, you are **not eligible** to file this claim.

Real Estate or Rent

- 11. If you owned your home, enter the total amount of property tax paid for your home, less special assessments, or \$1,100, whichever is less. **Attach** a copy of **paid** real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, **attach** the Assessor's Certification (**Form 948**)
- 12. If you rented, enter the total amount from Certification of Rent Paid (Form(s) MO-CRP), Line 9 or \$750, whichever is less. **Attach** a completed Verification of Rent Paid (Form 5674). **Note:** If you rent from a facility that does not pay property tax, you are **not eligible** for a Property Tax Credit

Credit

- 13. Enter the total of Lines 11 and 12, or \$1,100, whichever is less
- 14. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 49-51 or MO-1040P, pages 29-31 to figure your Property Tax Credit. You **must** use the chart to see how much credit you are allowed. Enter this amount on Form MO-1040, Line 37 or Form MO-1040P, Line 17.

Department Use Only

A K R U

This form must be attached to Form MO-1040 or Form MO-1040P.



18323020001



Missouri Department of Revenue
2018 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 denial or delay of your claim.

1. Social Security Number

[] - [] - []

Spouse's Social Security Number

[] - [] - []

Select this box if related to your landlord. If so, explain.

[]

2. Name (First, Last)

[]

Physical Address of Rental Unit (P.O. Box Not Allowed)

[]

Apartment Number

[]

City

[]

State

[]

ZIP Code

[]

3. Landlord's Name (First, Last)

[]

Landlord's Last 4 Digits of Social Security Number

[]

Landlord's Federal Employee Identification Number (FEIN) - if applicable

[]

Landlord's Street Address (Must be completed)

[]

Apartment Number

[]

City

[]

State

[]

ZIP Code

[]

4. Landlord's Phone Number (Must be completed)

[]

From:

[] [] []

To:

[] [] []

5. Rental Period During Year (MM/DD/YY)

6. Enter your gross rent paid. Attach a completed Verification of Rent Paid (Form 5674). If you received housing assistance, enter the amount of rent you paid. **Note: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.**

6 [] .00

7. Select the appropriate box below and enter the corresponding percentage on Line 7

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 - 100%; if meals are included - 50%

- F. Low Income Housing - 100% (Rent cannot exceed 40% of total household 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.

8 [] .00

9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.

9 [] .00

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2018)

Taxation Division

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



18315010001



Missouri Department of Revenue
2018 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 denial or delay of your claim.

1. Social Security Number

[] - [] - []

Spouse's Social Security Number

[] - [] - []

Select this box if related to your landlord. If so, explain.

[]

2. Name (First, Last)

[]

Physical Address of Rental Unit (P.O. Box Not Allowed)

[]

Apartment Number

[]

City

[]

State

[]

ZIP Code

[]

3. Landlord's Name (First, Last)

[]

Landlord's Last 4 Digits of Social Security Number

[]

Landlord's Federal Employee Identification Number (FEIN) - if applicable

[]

Landlord's Street Address (Must be completed)

[]

Apartment Number

[]

City

[]

State

[]

ZIP Code

[]

4. Landlord's Phone Number (Must be completed)

[]

From:

[] [] []

To:

[] [] []

5. Rental Period During Year (MM/DD/YY)

6. Enter your gross rent paid. Attach a completed Verification of Rent Paid (Form 5674). If you received housing assistance, enter the amount of rent you paid. **Note: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.**

6 [] .00

7. Select the appropriate box below and enter the corresponding percentage on Line 7

7 [] %

A. Apartment, House, Mobile Home, or Duplex - 100%

F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)

B. Mobile Home Lot - 100%

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:

C. Boarding Home or Residential Care - 50%

1 (50%) 2 (33%) 3 (25%)

D. Skilled or Intermediate Care Nursing Home - 45%

E. Hotel - 100%; if meals are included - 50%

8. Net rent paid - Multiply Line 6 by the percentage on Line 7.

8 [] .00

9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.

9 [] .00

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2018)

Taxation Division

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



18315010001

Worksheet for Long-Term Care Insurance Deduction

A. Enter the amount paid for qualified long-term care insurance policy. A) \$ _____

If you itemized on your federal return and your federal itemized deductions included medical expenses, go to Line B. If not, skip to H.

B. Enter the amount from Federal Schedule A, Line 4 B) \$ _____

C. Enter the amount from Federal Schedule A, Line 1. C) \$ _____

D. Enter the amount of qualified long-term care included on Line C . . . D) \$ _____

E. Subtract Line D from Line C E) \$ _____

F. Subtract Line E from Line B.
If amount is less than zero, enter "0". F) \$ _____

G. Subtract Line F from Line A. G) \$ _____

H. Enter Line G (or Line A if you did not have to complete Lines B through G) on Form MO-1040, Line 14.

Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A (if you itemized your deductions).



Missouri Department of Revenue
**Qualified Health Insurance Premiums
 Worksheet for MO-A, Line 12**

Social Security Number

- -

Spouse's Social Security Number

- -

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 1040, Line 5a. If \$0, skip to Line 6 and enter your total health insurance premiums paid | | 1 | <input type="text"/> | .00 | | |
| 2. Enter amount from Federal Form 1040, Line 5b | | 2 | <input type="text"/> | .00 | | |
| 3. Divide Line 2 by Line 1. | | 3 | <input type="text"/> | % | | |
| | Yourself (Y) | | Spouse (S) | | | |
| 4. Enter the health insurance premiums withheld from your social security income | 4Y | <input type="text"/> | .00 | 4S | <input type="text"/> | .00 |
| 5. Multiply the amounts on Line 4Y and 4S by the percentage on Line 3. | 5Y | <input type="text"/> | .00 | 5S | <input type="text"/> | .00 |
| 6. Enter the total of all other health insurance premiums paid, which were not included on 4Y or 4S | 6Y | <input type="text"/> | .00 | 6S | <input type="text"/> | .00 |
| 7. Add the amounts from Lines 5 and 6 | 7Y | <input type="text"/> | .00 | 7S | <input type="text"/> | .00 |
| 8. Add the amounts from Lines 7Y and 7S | | | | 8 | <input type="text"/> | .00 |
| 9. Divide Line 7Y and 7S by the total found on Line 8. If you itemized on your federal return and your federal itemized deductions included health insurance premiums as medical expenses, go to Line 10. If not, go to Line 15 | 9Y | <input type="text"/> | % | 9S | <input type="text"/> | % |
| 10. Enter the amount from Federal Schedule A, Line 1 | | | | 10 | <input type="text"/> | .00 |
| 11. Enter the amount from Federal Schedule A, Line 4. | | | | 11 | <input type="text"/> | .00 |
| 12. Divide Line 11 by Line 10 (round to full percent) | | | | 12 | <input type="text"/> | % |
| 13. Multiply Line 8 by percent on Line 12 | | | | 13 | <input type="text"/> | .00 |
| 14. Subtract Line 13 from Line 8. | | | | 14 | <input type="text"/> | .00 |
| 15. Enter your federal taxable income from Federal Form 1040, Line 10. | | | | 15 | <input type="text"/> | .00 |
| 16. If you itemized on your federal return and completed Lines 10 through 14 above, enter the amount from Line 14 or Line 15, whichever is less. If not, enter the amount from Line 8 or Line 15, whichever is less | | | | 16 | <input type="text"/> | .00 |
| 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. | 17Y | <input type="text"/> | .00 | 17S | <input type="text"/> | .00 |





Missouri Department of Revenue
**2018 MOST - Missouri's 529 Education Savings
 Plan Direct Deposit Form - Individual Income Tax**

Department Use Only
 (MM/DD/YY)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

| | | | | |
|-----------------|--|---|--|---|
| Taxpayer | Social Security Number | | Spouse's Social Security Number | |
| | <input style="width: 100px; height: 20px;" type="text"/> | - <input style="width: 20px; height: 20px;" type="text"/> | - <input style="width: 100px; height: 20px;" type="text"/> | |
| | First Name | M.I. | Last Name | Suffix |
| | <input style="width: 250px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 400px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> |
| | Spouse's First Name | M.I. | Spouse's Last Name | Suffix |
| | <input style="width: 250px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 400px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> |

- Requirements**
- If you want to deposit your refund as a contribution to one or more Missouri MOST 529 Education Savings Plan accounts:
- You must have an open Missouri MOST 529 Education Savings Plan account that is administered by the Missouri Education Savings Program. See the contact information below.
 - Your total deposit must be at least \$25.
 - If your overpayment is adjusted and the amount you requested to deposit exceeds your available refund, the Department will cancel your deposit and issue a refund to you.
 - If your refund is offset to pay another debt, the Department will cancel your deposit.

Enter the 11-digit MOST 529 account number and the amount you want contributed to each account. (You may contribute to a maximum of four accounts.)

| | | | | | | | | | |
|--------------------|---|--|---|---|-----------|--|--|---|---|
| 529 Account | A) Account Number | <input style="width: 400px; height: 20px;" type="text"/> | - | <input style="width: 50px; height: 20px;" type="text"/> | A) Amount | <input style="width: 150px; height: 20px;" type="text"/> | . | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> |
| | B) Account Number | <input style="width: 400px; height: 20px;" type="text"/> | - | <input style="width: 50px; height: 20px;" type="text"/> | B) Amount | <input style="width: 150px; height: 20px;" type="text"/> | . | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> |
| | C) Account Number | <input style="width: 400px; height: 20px;" type="text"/> | - | <input style="width: 50px; height: 20px;" type="text"/> | C) Amount | <input style="width: 150px; height: 20px;" type="text"/> | . | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> |
| | D) Account Number | <input style="width: 400px; height: 20px;" type="text"/> | - | <input style="width: 50px; height: 20px;" type="text"/> | D) Amount | <input style="width: 150px; height: 20px;" type="text"/> | . | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> |
| | Add the amounts from Line A through Line D and enter the total deposit amount here and on Form MO-1040, Line 45; Form MO-1040A, Line 16; or Form MO-1040P, Line 22. | | | | | Total Deposit | <input style="width: 150px; height: 20px;" type="text"/> | . | <input style="width: 20px; height: 20px;" type="text"/> |

Contact Information

MOST-Missouri's 529 Education Savings Plan **Telephone:** (888) 414-6678
<https://www.missourimost.org> **E-mail:** most529@missourimost.org

If you wish to deposit all or a portion of your refund into a Missouri MOST 529 Education Savings Plan, you must include this form with your Missouri Individual Income Tax Return.