

MISSOURI DEPARTMENT OF
REVENUE
**2024 Individual Income
Tax Return - Long Form**

Department Use Only

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For Calendar Year January 1 - December 31, 2024

Print in BLACK ink only and DO NOT STAPLE.

☐ **Amended Return** ☐ **Composite Return** (For use by S corporations or Partnerships)

☐ Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

☐ Department of Social Services Application of Eligibility form attached. ☐ Federal return attached.

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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0	0	1
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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 2024		Spouse's Social Security Number		Deceased in 2024	
<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 51. See pages 11-12 of the instructions for more trust fund information.

Missouri Medal of Honor Fund	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	Kansas City Regional Law Enforcement Memorial Foundation Fund	Soldiers Memorial Military Museum in St. Louis Fund



24322010001

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 and Social Security Disability exemption (from Form MO-A, Part 3,
Section D) 8 .00
9. Tax from federal return 9 .00
10. Other tax from federal return. 10 .00
11. Total tax from federal return. Do not enter federal income tax withheld. 11 .00
12. Federal tax percentage – Enter the percentage based on your
Missouri Adjusted Gross Income, Line 6. Use the chart below to
find your percentage 12 %

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less 35%

\$25,001 to \$50,000 25%

\$50,001 to \$100,000 15%

\$100,001 to \$125,000 5%


\$125,001 or more 0%



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13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this
amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. 13 .00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2)
• Single or Married Filing Separate-\$14,600 • Head of Household-\$21,900
• Married Filing Combined or Qualifying Widow(er)-\$29,200 14 .00
15. Additional Exemption for Head of Household and Qualifying Widow(er) 15 .00
16. Long-term care insurance deduction 16 .00
17. Health care sharing ministry deduction. 17 .00
18. Active Duty Military income deduction 18 .00
19. Inactive Duty Military income deduction 19 .00
20. **Reserved** 20 .00
21. Farmland sold, rented, leased, or crop-shared to a beginning farmer deduction. Enter the sum
of Lines 21A, 21B, and 21C on Line 21 21 .00
- 21A. Sold \$.00 21B. Rented/
Leased \$.00 21C. Crop-
Shared \$.00

22. First time home buyers deduction.	A. <input type="text"/>	B. <input type="text"/>	22	<input type="text"/>	.00
23. Long term dignity savings account deduction			23	<input type="text"/>	.00
24. Foster parent tax deduction			24	<input type="text"/>	.00
25. Total deductions - Add Lines 8 and 13 through 24			25	<input type="text"/>	.00
26. Subtotal - Subtract Line 25 from Line 6			26	<input type="text"/>	.00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	<input type="text"/>	.00	27S	<input type="text"/>
28. Enterprise zone or rural empowerment zone income modification	28Y	<input type="text"/>	.00	28S	<input type="text"/>

29. Taxable income - Subtract Line 28 from Line 27	29Y	<input type="text"/>	.00	29S	<input type="text"/>
30. Tax (see tax chart on page 26 of the instructions).	30Y	<input type="text"/>	.00	30S	<input type="text"/>
31. Resident credit - Attach Form MO-CR and other states' income tax return(s).	31Y	<input type="text"/>	.00	31S	<input type="text"/>
32. Missouri income percentage - Enter 100% if not completing Form MO-NRI . Attach Form MO-NRI and federal return if applicable.	32Y	<input type="text"/>	%	32S	<input type="text"/>
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	<input type="text"/>	.00	33S	<input type="text"/>
34. Other taxes - Select box and attach federal form indicated.	 24322030001				
<input type="checkbox"/> Lump sum distribution (Form 4972)					
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	34Y	<input type="text"/>	.00	34S	<input type="text"/>
35. Subtotal - Add Lines 33 and 34	35Y	<input type="text"/>	.00	35S	<input type="text"/>
36. Total Tax - Add Lines 35Y and 35S.				36	<input type="text"/>

37. MISSOURI tax withheld - Attach Forms W-2 and 1099.	37	<input type="text"/>	.00
38. 2024 Missouri estimated tax payments - Include overpayment from 2023 applied to 2024	38	<input type="text"/>	.00
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	39	<input type="text"/>	.00
40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	40	<input type="text"/>	.00
41. Amount paid with Missouri extension of time to file (Form MO-60).	41	<input type="text"/>	.00
42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	42	<input type="text"/>	.00
43. Property tax credit - Attach Form MO-PTS	43	<input type="text"/>	.00
44. Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return).	44	<input type="text"/>	.00
45. Total payments and credits - Add Lines 37 through 44.	45	<input type="text"/>	.00

Skip Lines 46 through 48 if you are not filing an amended return.

Amended Return

46. Amount paid on original return.

46 .00

47. Overpayment as shown (or adjusted) on original return

47 .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)

48. Amended return total payments and credits - Add Lines 45 and 46; subtract Line 47.
Enter on Line 48.

48 .00

49. If Line 45, or if amended return, Line 48, is larger than Line 36, enter the difference.
Amount of OVERPAYMENT

49 .00

50. Amount of Line 49 to be applied to your 2025 estimated tax

50 .00

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

51a. Children's Trust Fund .00 51b. Veterans Trust Fund .00 51c. Elderly Home Delivered Meals Trust Fund .00 51d. Missouri National Guard Trust Fund .00

51e. Workers' Memorial Fund .00 51f. Childhood Lead Testing Fund .00 51g. Missouri Military Family Relief Fund .00 51h. General Revenue Fund .00

51i. Organ Donor Program Fund .00 51j. Kansas City Regional Law Enforcement Memorial Foundation Fund .00 51k. Soldiers Memorial Military Museum in St. Louis Fund .00 51l. Missouri Medal of Honor Fund .00

51m. Additional Fund Code Additional Fund Amount .00 51n. Additional Fund Code Additional Fund Amount .00

Total Donation - Add amounts from Boxes 51a through 51n and enter here

51 .00

52. Amount of Line 49 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from [Form 5632](#).

52 .00

53. **REFUND** - Subtract Lines 50, 51, and 52 from Line 49 and enter here

53 .00

Refund

Reserved



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Amount Due

54. If Line 36 is larger than Line 45 or Line 48, enter the difference.

Amount of UNDERPAYMENT

54 .0055. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here . . .55 .00☐

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

56. **AMOUNT DUE** - Add Lines 54 and 55.

If you pay by check, you authorize the Department of Revenue to process the check

electronically. Any returned check may be presented again electronically

56 .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. I am aware of any applicable reporting requirements of [Section 135.805, RSMo](#), and the penalty provisions of [Section 135.810, RSMo](#).

Signature

Signature

Date (MM/DD/YY)

Spouse's Signature (If filing combined, BOTH must sign)

Date (MM/DD/YY)

E-mail Address

Daytime Telephone

Preparer's Signature

Date (MM/DD/YY)

Preparer's FEIN, SSN, or PTIN

Preparer's Telephone

Preparer's Address

State

ZIP Code

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

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above.

☐

Yes

☐

No



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Department Use Only

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Mail to: Balance Due:
Missouri Department of Revenue
P.O. Box 329
Jefferson City, MO 65105-0329
Phone: (573) 751-7200

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 500
Jefferson City, MO 65105-0500
Phone: (573) 751-3505

Fax: (573) 522-1762
Email: incometaxprocessing@dor.mo.gov
Submission of Individual Income Tax Returns
Email: income@dor.mo.gov
Inquiry and correspondence

Form MO-1040 (Revised 12-2024)

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.



2024 Tax Chart

To identify your tax, use your Missouri taxable income from **Form MO-1040**, Line 29Y and 29S 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 **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 30Y and 30S.

Tax Rate Chart

If the Missouri taxable income is:

The tax is:

\$0 to \$1,273	\$0
Over \$1,273 but not over \$2,546	2.00% of excess over \$1,273
Over \$2,546 but not over \$3,819	\$25 plus 2.50% of excess over \$2,546
Over \$3,819 but not over \$5,092	\$57 plus 3.00% of excess over \$3,819
Over \$5,092 but not over \$6,365	\$95 plus 3.50% of excess over \$5,092
Over \$6,365 but not over \$7,638	\$140 plus 4.00% of excess over \$6,365
Over \$7,638 but not over \$8,911	\$191 plus 4.50% of excess over \$7,638
Over \$8,911	\$248 plus 4.80% of excess over \$8,911

Tax Calculation Worksheet

	Yourself	Spouse	Example A	Example B
1. Missouri taxable income (Form MO-1040, Lines 29Y and 29S)	\$		\$ 3,090	\$ 12,000
2. Enter the minimum taxable income for your tax bracket (see Section A above). If below \$1,273 enter \$0	- \$		- \$ 2,546	\$ 8,911
3. Difference - Subtract Line 2 from Line 1	= \$		= \$ 544	\$ 3,089
4. Enter the percent for your tax bracket (see Section A above)	X	%	% X 2.5%	4.8%
5. Multiply Line 3 by the percent on Line 4	= \$		= \$ 13.60	\$ 148.27
6. Enter the tax from your tax bracket - before applying the percent (see Section A above)	+ \$		+ \$ 25	248
7. Total Missouri Tax - Add Line 5 and 6. Enter here and on Form MO-1040, Lines 30Y and 30S	= \$		= \$ 39	\$ 396

(\$38.60
rounded to the
nearest dollar)

(\$396.27
rounded to the
nearest dollar)

Diagram 1: Form W-2

Form **W-2** Wage and Tax Statement 2024

Copy 1—For State, City, or Local Tax Department

Missouri Taxes Withheld

Earnings Tax

Department of the Treasury—Internal Revenue Service