

Print in BLACK ink only and DO NOT STAPLE. For Privacy Notice, see Instructions.

		Vendor Code	Department Use Only
Filing Status		3	Head of Qualifying Household Widow(er)
	Age 65 or Older Blind to the appropriate s that apply. Yourself Spouse Yourself Spouse	100% Dist	abled Non-Obligated Spouse
Name	Social Security Number in 2018 Spouse's Image: Spouse's First Name M.I. Last Name Spouse's First Name M.I. Spouse's Last Name Image: Spouse's First Name M.I. Spouse's Last Name Image: Spouse Of Name (Attorney, Executor, Personal Representative, etc.) Attach form if a	s Social Security Numb	Deceased in 2018
Address	Present Address (Include Apartment Number or Rural Route) City, Town, or Post Office County of Residence	State	ZIP Code

You may contribute to any one or all of the trust funds on Line 15. See instructions for more trust fund information.





Ð	1.	Federal adjusted gross income from federal return (see page 5 of the instructions)	. 00
Income	2.	Any state income tax refund included in federal adjusted gross income	. 00
	3.	Total Missouri adjusted gross income - Subtract Line 2 from Line 1	. 00
	4.	Tax from federal return. Enter this amount on Line 4, not to Do not enter federal income tax withheld	. 00
Deductions	5.	Missouri standard deduction or itemized deductions. 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 federal return or page 6. If itemizing, see back of the form.	. 00
	6.	Long-term care insurance deduction	. 00
	7.	Total Deductions - Add Lines 4 through 6	. 00
Тах	8.	Missouri Taxable Income - Subtract Line 7 from Line 3	. 00
	9.	Tax - Use the tax chart on page 9 to figure the tax	. 00
	10.	Missouri tax withheld from Form(s) W-2 and 1099. Attach copies of Form(s) W-2 and 1099	. 00
	11.	Missouri estimated tax payments made for 2018. Include overpayment from 2017 applied to 2018.	. 00
	12.	Total Payments - Add Lines 10 and 11	. 00
	13.	If Line 12 is more than Line 9, enter the difference. This is your overpayment. If Line 12 is less than Line 9, skip to Line 18	. 00
8	14.	Amount from Line 13 that you want applied to your 2019 estimated tax	. 00
Refund	15.	Enter the amount of your donation in the trust fund boxes below (see instructions for trust fund codes.)	
		Children's .00 15b. Trust Fund .00 Elderly Home Delivered Meals 15a. Trust Fund .00 15b. Trust Fund .00 .00	
		Missouri National Guard . 00 Workers' 15d. Trust Fund . 00 15e. Memorial Fund . 00 15f. Testing Fund . 00	
		Missouri Military Family 15g. Relief Fund .00 15h. Revenue Fund .00 15i. Organ Donor Program Fund .00	
		Additional Additional Fund Fund Amount . 00 Additional Fund Fund Amount . 00 15k. Code Amount . 00	1 []
		Total Donation - Add amounts from Boxes 15a through 15k and enter here	. 00

16.	Amount from Line 13 to be deposited into a Missouri 529 Education Savings Plan (MOST)	
	account. Enter amount from Line E of Form 5632	

16		00
17		00

17. REFUND - Subtract Lines 14, 15, and 16 from Line 13 and enter here.

Refund (continued)

Reserved

Amount Due	18.	AMOUNT DUE - If Line 12 is less than Line 9, enter the difference here	18	. 00]
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If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. 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 <u>Chapter 143, RSMo</u>, 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)
b	Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DE)/YY)
ומוח	E-mail Address	Daytime Tele	phone
Sic			
	Preparer's Signature	Date (MM/DE)/YY)
	Preparer's FEIN, SSN, or PTIN	Preparer's Te	elephone
	Preparer's Address	State	ZIP Code
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the or any member of the preparer's firm		. 🗌 Yes 🗌 No
	Department Use Only		
	A FA E10 DE F		



	•	 Complete this section only if you itemized deductions on your federal return (see the information on pages 6 and 8). Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A. If you are subject to "additional Medicare tax", attach a copy of Federal Form 8959. 	
	1.	Total federal itemized deductions (from Federal Form 1040, Line 8)	00
	2.	2018 Social security tax	00
ions	3.	2018 Railroad retirement tax (Tier I and Tier II)	00
Deduct	4.	2018 Medicare tax (see instructions on page 8)	00
nized [5.	2018 Self-employment tax (see instructions on page 8)	00
i Iten	6.	Total - Add Lines 1 through 5	00
Missouri Itemized Deductions	7.	State and local income taxes (from Federal Schedule A, Ine 5a or see the worksheet below)	
~	8.	Earnings taxes included in Line 7 (see instructions on page 8)	
	9.	Net state income taxes - Subtract Line 8 from Line 7 or enter Line 7 from worksheet below	00
	10.	Missouri Itemized Deductions - Subtract Line 9 from Line 6. Enter here and on Form MO-1040A, Line 5	00
		Note: If Line 10 is less than your federal standard deduction, see information on page 6.	
		omplete this worksheet only if your total state and local taxes included in your federal itemized deductions ederal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate taxpayers).	
s, Line 9	tions	I. Enter the sum of your state and local taxes on Federal Form 1040, Schedule A, Line 5d	00
e Taxes	Deductions	2. State and local income taxes from Federal Form 1040, Schedule A, Line 5a	00
et State	mized	3. Earnings taxes included on Federal Form 1040, Schedule A, Line 5a	00
Worksheet for Net State Taxes, Line	Missouri temized	4. Subtract Line 3 from Line 2 4	00
ksheet	of Miss	5. Divide Line 4 by Line 1	%
Wor		6 6	00

7. [Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions,		
	Line 9, above	7	

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

(Revised 12-2018) Phone (Balance Due): (573) 751-7200 Phone (Refund or No Amount Due): (573) 751-3505 Fax: (573) 522-1762 E-mail: income@dor.mo.gov

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Visit http://dor.mo.gov/personal/individual/ for additional information.

6. Enter \$10,000 (\$5,000 if married filing separately).



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2018 Tax Chart

To identify your tax, use your Missouri taxable income from Form MO-1040A, Line 8 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 <u>http://dor.mo.gov/personal/individual</u> or by using the worksheet in Section B below. Round to the nearest whole dollar and enter on Form MO-1040A, Line 9.

	Tax Rate Chart								
	If the Missouri taxable income is:	<u>The tax is:</u>							
	\$0 to \$102	\$0							
	At least \$103 but not over \$1,028	11/2% of the Missouri taxable income							
4	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 21/2% of excess over \$2,056							
<u>.</u>	Over \$3,084 but not over \$4,113	\$62 plus 3% of excess over \$3,084							
C	Over \$4,113 but not over \$5,141	\$93 plus 3½% of excess over \$4,113							
Se	Over \$5,141 but not over \$6,169	\$129 plus 4% of excess over \$5,141							
0)	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								
		Yourself	Spouse	Exa	mple A	Exa	mple B	
	1. Missouri taxable income (Form MO-1040A, Line 8)			\$	3,090	\$	12,000	
В	 Enter the minimum taxable income for your tax bracket (see Section A above). If below \$1,028 enter \$0			\$	3,084		\$9,253	
ection	 3. Difference - Subtract Line 2 from Line 1 = \$ 4. Enter the percent for your tax bracket (see 			= \$	6	\$	2,747	
Se	Section A above)X	%		_% X	3%		5.9%	
	5. Multiply Line 3 by the percent on Line 4 \dots = \$			= \$.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-1040A, Line 9			_ \$	62	\$	486	
				(\$62.18 ded to the	(+	486.07 ded to the	

rounded to the rounded to the nearest dollar) nearest dollar)

 a Control number
 2222
 OMB No. 1545-0008

 b Employer Identification number (EN)
 1 Wages, tips, other compensation
 2 Federal income tax withheld

 c Employer's name, address, and ZIP code
 3 Social security wages
 4 Social security wages
 4 Social security tax withheld

 d Employer's social security number
 9 Advance EIC payment
 10 Dependent care benefits

 d Employer's social security number
 9 Advance EIC payment
 10 Dependent care benefits

 d Employer's first name and initial
 Last name
 Suift
 11 Nonqualified plans
 12a

 11 Missouri Taxes Withheld
 13 State income tax
 11 Nonqualified plans
 12a
 12a

 12 Employer's state ID number
 16 State wages, tips, etc.
 17 State income tax
 18 Local wages, tips, etc.
 19 Local income tax
 20 Local income tax

 Temployer's state ID number
 16 State wages, tips, etc.
 18 Local wages, tips, etc.
 19 Local income tax
 20 Local income tax
 20 Local income tax

 Every 1-For State, Oity, or Local Tax Department
 2018
 Department of the Treasury-Internal Revenue Service

Diagram 1: Form W-2