

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

		Vendor Code	Department Use On	ly
Filing Status	Single Claimed as a Married Filing Dependent Combined	Married Filing Separately	Head of Qualifyin Household Widow(6	
	Age 65 or Older Blin Ct the appropriate s that apply. Age 65 or Older Spouse Yourself Spouse			d Spouse
Name	Social Security Number in 2019 First Name M.I. Last Name Spouse's First Name M.I. Spouse's Last Name In Care Of Name (Attorney, Executor, Personal Representative, etc.) Attack		mber	Deceased in 2019 Suffix Suffix
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.





















Kansas City Regiona Law Enforcement Memorial Foundation Fund





Income	1	Federal adjusted gross income from federal return (see page 5 of the instructions)	1	00
	١.	rederal adjusted gross income from rederal return (see page 5 of the instructions)		
	2.	Any state income tax refund included in federal adjusted gross income	2	. 00
	3.	Total Missouri adjusted gross income.	3	. 00
	4a	. Tax from federal return. Do not enter federal income tax withheld.	. 00	
	41			
	4D	. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 3. Use the chart below to find your	7	
		percentage	%	
		Missouri Adjusted Gross Income Range, Line 3: Federal Tax Percentage:		
		\$25,000 or less		
		\$25,001 to \$50,000		
		\$50,001 to \$100,000		
Suc		\$100,001 to \$125,000		
Deductions		\$125,001 of filore		
edu	4c.	Federal income tax deduction – Multiply Line 4a by the percentage on Line 4b. Enter this		
		amount not to exceed \$5,000 for an individual or \$10,000 for combined filers	4c	. 00
	5.	Missouri standard deduction or itemized deductions.		
		Single or Married Filing Separate - \$12,200 Head of Household - \$18,350		
		 Head of Household - \$18,350 Married Filing Combined or Qualifying Widow(er) - \$24,400 		
		If age 65 or older, blind, or claimed as a dependent, see federal return or page 6.		
		If itemizing, see page 14	5	. 00
	6.	Long-term care insurance deduction	6	. 00
	7	Tatal Daductions Add Lines to through C	7	00
	7.	Total Deductions - Add Lines 4c through 6	,	. [00]
Тах	8.	Missouri Taxable Income - Subtract Line 7 from Line 3	8	. 00
•	0	Tax - Use the tax chart on page 10 to figure the tax	9	. 00
	9.	Tax - Ose the tax chart on page 10 to figure the tax		
	10.	Missouri tax withheld from Form(s) W-2 and 1099.		
		Attach copies of Form(s) W-2 and 1099	10	. 00
	11.	Missouri estimated tax payments made for 2019.		
		Include overpayment from 2018 applied to 2019	11	. 00
	12.	Total Payments - Add Lines 10 and 11	12	. 00
	13	If Line 12 is more than Line 9, enter the difference. This is your overpayment.		. —
pu	10.	If Line 12 is less than Line 9, skip to Line 18	13	. 00
Refund				
-	14.	Amount from Line 13 that you want applied to your 2020 estimated tax	14	. 00
	15.	Enter the amount of your donation in the trust fund boxes below (see instructions for trust fund coo	des.)	
		Children's Elderly Home Polivered Meals	Missouri National Guard	
	15	a. Trust Fund	d. Trust Fund	00
		Childhood Missouri		
	15	Workers' Load Military Family	General 1. Revenue Fund	00



	Kansas City Regional Law Enforcement Memorial Military Memorial Me	00
Refund (continued)	Additional Fund Fund Amount . 00 15m. Code Additional Fund Amount	
	Total Donation - Add amounts from Boxes 15a through 15m and enter here	15
	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	
	17. REFUND - Subtract Lines 14, 15, and 16 from Line 13 and enter here	17
	Reserved	
Amount	18. AMOUNT DUE - If Line 12 is less than Line 9, enter the difference here	18
4	If you pay by check, you authorize the Department to process the check electronically. Any returned check	ck may be presented again electronically.
	of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the the Department of Revenue with my signature as required under Section 143.561 , RSMo. Declars based on all information of which he or she has knowledge. As provided in Chapter 143 , Reimposed on any individual who files a frivolous return. I also declare under penalties of unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption aliens.	ation of preparer (other than taxpayer) is SMo , a penalty of up to \$500 shall be of perjury that I employ no illegal or
	Signature	Date (MM/DD/YY)
	Signature	Date (MM/DD/YY)
	Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY) Date (MM/DD/YY)
ature	Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)
Signature	Spouse's Signature (If filing combined, BOTH must sign)	
Signature	Spouse's Signature (If filing combined, BOTH must sign) E-mail Address	Date (MM/DD/YY)
Signature	Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY) Daytime Telephone
Signature	Spouse's Signature (If filing combined, BOTH must sign) E-mail Address	Date (MM/DD/YY) Daytime Telephone
Signature	Spouse's Signature (If filing combined, BOTH must sign) E-mail Address Preparer's Signature Preparer's FEIN, SSN, or PTIN	Date (MM/DD/YY) Daytime Telephone Date (MM/DD/YY) Preparer's Telephone
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Signature	Spouse's Signature (If filing combined, BOTH must sign) E-mail Address Preparer's Signature Preparer's FEIN, SSN, or PTIN Preparer's Address I authorize the Director of Revenue or delegate to discuss my return and attachments with the	Date (MM/DD/YY) Daytime Telephone Date (MM/DD/YY) Preparer's Telephone State ZIP Code e preparer

	•	 Complete this section only if you itemized deductions on your federal return (see the informatio Attach a copy of your Federal Form 1040 or 1040-SR (pages 1 and 2) and Federal Schedule A If you are subject to "additional Medicare tax", attach a copy of Federal Form 8959. 				
	1.	. 1 . 00				
	2.	2019 Social security tax	. 2 . 00			
Missouri Itemized Deductions	3. 2019 Railroad retirement tax (Tier I and Tier II)					
	4.	. 4				
mized I	5.	. 5 . 00				
i Iter	6.	Total - Add Lines 1 through 5	. 6 . 00			
sour	7.	State and local income taxes from Federal Schedule A,	20			
Miss		Line 5a or Enter \$0 if completing the worksheet below	00			
	8.	Earnings taxes included in Line 7 (see instructions on page 8)	00			
	9.	Net state income taxes - Subtract Line 8 from Line 7 or enter Line 7 from worksheet below	. 9 . 00			
	10.	Missouri Itemized Deductions - Subtract Line 9 from Line 6. Enter here and on Form MO-1040A, Line 5.	10 .00			
		Line O				
		Note: If Line 10 is less than your federal standard deduction, see information of	on page 6.			
			1 0			
us	Co	omplete this worksheet only if your total state and local taxes included in your federal iten				
ctions		omplete this worksheet only if your total state and local taxes included in your federal iten rederal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate taxpaye	nized deductions			
eductions			nized deductions			
ed Deductions			nized deductions			
mized Deductions			nized deductions			
i Itemized Deductions	(F	ederal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate taxpaye	nized deductions			
souri Itemized Deductions	(F		nized deductions			
Missouri Itemized Deductions	(F	Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d.	nized deductions ers).			
ŏ	(F	Federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate taxpayer. Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR,	nized deductions ers).			
ŏ	(F 1.	Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d.	nized deductions ers).			
ŏ	1. 2. 3.	Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d. State and local income taxes from Federal Form 1040 or 1040-SR, Schedule A, Line 5a.	nized deductions ers). 1 00 2 00			
ŏ	1. 2. 3.	Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d. State and local income taxes from Federal Form 1040 or 1040-SR, Schedule A, Line 5a. Earnings taxes included on Federal Form 1040 or 1040-SR, Schedule A, Line 5a. Subtract Line 3 from Line 2.	1 . 00 2 . 00 3 . 00			
ŏ	1. 2. 3. 4. 5.	Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d. State and local income taxes from Federal Form 1040 or 1040-SR, Schedule A, Line 5a. Earnings taxes included on Federal Form 1040 or 1040-SR, Schedule A, Line 5a. Subtract Line 3 from Line 2.	1 . 00 2 . 00 3 . 00 4 . 00			
ŏ	1. 2. 3. 4. 5. 6.	Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d. State and local income taxes from Federal Form 1040 or 1040-SR, Schedule A, Line 5a. Earnings taxes included on Federal Form 1040 or 1040-SR, Schedule A, Line 5a. Subtract Line 3 from Line 2. Divide Line 4 by Line 1.	1 . 00 2 . 00 3 . 00 4 . 00 5 %			
₹	1. 2. 3. 4. 5. 6.	Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d. State and local income taxes from Federal Form 1040 or 1040-SR, Schedule A, Line 5a. Earnings taxes included on Federal Form 1040 or 1040-SR, Schedule A, Line 5a. Subtract Line 3 from Line 2. Divide Line 4 by Line 1. Enter \$10,000 (\$5,000 if married filing separately).	1 . 00 2 . 00 3 . 00 4 . 00 5 %			

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

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

(Revised 12-2019)

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



2019 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 https://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-1040A, Line 9.

	Tax Rate Chart								
	If the Missouri taxable income is:	The tax is:							
	\$0 to \$104	\$0							
tion A	At least \$105 but not over \$1,053	1.5% of the Missouri taxable income							
	Over \$1,053 but not over \$2,106								
	Over \$2,106 but not over \$3,159	\$37 plus 2.5% of excess over \$2,106							
	Over \$3,159 but not over \$4,212	\$63 plus 3% of excess over \$3,159							
ecti	Over \$4,212 but not over \$5,265	\$95 plus 3.5% of excess over \$4,212							
Š	Over \$5,265 but not over \$6,318	\$132 plus 4% of excess over \$5,265							
	Over \$6,318 but not over \$7,371	\$174 plus 4.5% of excess over \$6,318							
	Over \$7,371 but not over \$8,424	\$221 plus 5% of excess over \$7,371							
	Over \$8,424	\$274 plus 5.4% of excess over \$8,424							

Tax Calculation Worksheet										
			Yourself		Spouse		Ε	xample A	Ex	ample B
	Missouri taxable income (Form MO-1040A, Line 8)	\$		 _%		-	\$	3,090	\$	12,000
В	2. Enter the minimum taxable income for your tax bracket (see Section A above). If below \$1,053 enter \$0 -	\$				-	\$_	2,106	\$_	8,424
tion	3. Difference - Subtract Line 2 from Line 1 =	\$				_ =	\$	984	\$	3,576
Section	4. Enter the percent for your tax bracket (see Section A above)X					% X	-	2.5%	_	5.4%
	5. Multiply Line 3 by the percent on Line 4 =	\$				_ =	\$	24.60	\$	193.10
	6. Enter the tax from your tax bracket - before applying the percent (see Section A above) +	\$				+	\$_	37	\$_	274
	7. Total Missouri Tax - Add Line 5 and 6. Enter here and on Form MO-1040A, Line 9 =	\$				_ =	\$	62	\$	467
								(\$61.60 ounded to the learest dollar)	ro	(\$467.10 unded to the arest dollar)

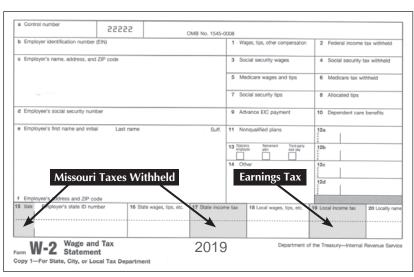


Diagram 1: Form W-2