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	Federal Extension - Select this box if you have an appro	ved	Vendor Code	Depa	rtment Use Only
	federal extension. Attach a copy Federal Extension (For	m 4868).	001		
Filing Status	Single Claimed as a Married Fi Dependent Combined	•	5	Head of Household	Qualifying Widow(er)
	Age 62 through 64 Age 65 or Older	Blind	100% D	isabled	Non-Obligated Spouse
Yo	urself Spouse Yourself Spouse Yourse	elf Spouse	Yourself	Spouse	Yourself Spouse
	D	eceased			Deceased
	Social Security Number	in 2020 Spouse's S	ocial Security Nur	mber	in 2020
			_	_	
	First Name M.I. Las	t Name			Suffix
Name					
-	Spouse's First Name M.I. Spo	ouse's Last Name			Suffix
	In Care Of Name (Attorney, Executor, Personal Representative,	etc.)			

	Present Address (Include Apartment Number or Rural Route)				
Address	City, Town, or Post Office	State	ZIP Code		
Add				-	
	County of Residence				

You may contribute to any one or all of the trust funds on Line 21. See instructions for more trust fund information.





					Yourself	(Y)	Spouse	(S)
	1.	Federal adjusted gross income						
		(see worksheet on page 8 of the	e instructions)	IY		. 00	1S	. 00
	2.	Any state income tax refund incl	luded in federal					
	۷.	adjusted gross income		2Y		. 00	2S	. 00
ne								
Income								
-	3.	Missouri adjusted gross income	- Subtract Line 2 fro	om Line 1. 3Y		. 00	3S	. 00
								_
	4.	Total Missouri adjusted gross in	come - Add column	s 3Y and 3S		4	. 0	0
							• •	
	5.	Income percentages - Divide co				0/		0/
		on Line 4. (Must equal 100%)		5Y		%	<u>is</u>	%
	60	Toy from foderal roturn Do not	antar fadaral incom	a tay withhald	6a		. 00	
	6a.	Tax from federal return. Do not	enter rederal income	e tax withheid.	0a			
	6b.	Federal tax percentage - Enter	the percentage base	ed on your Misso	ouri		1	
		Adjusted Gross Income, Line 4. U					%	
		Missouri Adjusted Gross Income	•		rcentage:			
		\$25,000 or less						
		\$25,001 to \$50,000						
		\$50,001 to \$100,000						
		\$100,001 to \$125,000						
		\$125,001 or more		0%				
	60	Federal income tax deduction	Aultiply Line Co by th	o porceptore				
	60.	Federal income tax deduction – N on Line 6b. Enter this amount no						
		\$10,000 for combined filers.			6c		00	
		\$10,000 for combined mers]		
ns	7.	Missouri Standard or Itemized D	Deduction					
Deductions		Taxpayers Under Age 65		Taxpayers A	<u>ge 65 or Older</u>			
onp		• Single	\$12,400		-			. \$14,050
De		Married Filing Combined	\$24,800	-		and You or You		. ,
		 Married Filing Separate 	\$12,400		•			. \$26,100
		Head of Household	\$18,650	Married Fili	ng Combined a	and You and Yo	our Spouse are	
		 Qualifying Widow(er) 	\$24,800		-			. \$27,400
				 Married Fili 	ng Separate			. \$13,700
				 Head of Ho 	usehold			. \$20,300
				 Qualifying \ 	Nidow(er)			. \$26,100
		If blind, or claimed as a depende	ent, or itemizing see	e federal return c	or page 7 of the	Э		
		instructions.					7	. 00
	8.	Pension exemption (Complete v		,			8	. 00
		Attach worksheet, federal return	i, and Form(s) 1099					
	9.	Long-term care insurance dedu	ction				9	00
		<u> </u>						
	10.	Total Deductions - Add Lines 60	through 9				10	. 00
							11	
Taxes	11.	Missouri Taxable Income - Subt	ract Line 10 from Li	ne 4 and enter h	ere		11	. 00
Ta	12.	Multiply Line 11 by appropriate	nercentages on Line	os 5V				
	12.	and 5S	-	1.03	/	. 00	12S	. 00
				· · · · · · · · · · · · · · · · · · ·				



Taxes Cont.	13.	Tax (See the tax chart on page 24 of the instructions) 13Y .00 13S	00
Та)	14.	Total Taxes - Add Line 13Y and 13S	00
edits	15.	Missouri tax withheld - Attach Form(s) W-2 and 1099	00
Payments and Credits	16.	2020 Missouri estimated tax payment(s) - Include overpayment from 2019 applied to 2020 16	00
Paymer	17.	Property Tax Credit (from Form MO-PTS, Line 14) - Attach completed Form MO-PTS	00
	18.	Total Payments and Credits - Add Lines 15, 16, and 17	00
	19.	If Line 18 is larger than Line 14, enter the amount of OVERPAYMENT. If Line 18 is less than Line 14, enter the AMOUNT DUE on Line 24	00
	20.	Enter the amount from Line 19 you want applied to your 2021 estimated tax	00
	21.	Enter the amount of your donation in the trust fund boxes below. See instructions for trust fund codes.	
	21a	Children's . 00 21b. Trust Fund . 00 21b. Trust Fund . 00 21c. Trust Fun	00
pu	21e 21i	Aransa City Regional Law Croan Donor Organ Donor Organ Donor	00
Refund	21	Additional Additional Additional Additional Additional Fund Fund Amount .00 21m. Code .00	
		Total Donation - Add amounts from Boxes 21a through 21m and enter here	. 00
	22.	Amount from Line 19 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter amount from Form 5632, Line E	00
	23.	Refund - Subtract Lines 20, 21, and 22 from Line 19 23	00
		Reserved	
Amount Due	24	Amount Due - If Line 18 is less than Line 14, enter the difference here. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically	. 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 alione

	Signature	Date (MM/DD/YY)
	Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)
	E-mail Address	Daytime Telephone
re		
Signature	Preparer's Signature	Date (MM/DD/YY)
Sig		
	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 or any member of the preparer's firm	Yes No surn or provide sert the
	Department Use Only	
	A	

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	Pu	Iblic Pension Calculation - Pensions received from any federal, s	state, or local government.		
	1.	Missouri adjusted gross income from Form MO-1040P, Line 4		1	. 00
	2.	Taxable social security benefits from Federal Form 1040 or 104	40-SR, Line 6b	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 Q) 4	. 00
n A	5.	Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0		5	. 00
Section A	6.	Taxable pension for each spouse from public sources from Federal Form 1040 or Federal Form 1040-SR, Line 5b	6Y	00 6S	. 00
	7.	Amount from Line 6 or \$39,014 (maximum social security benefit), whichever is less	7Y	00 7S	. 00
	8.	If you received taxable social security complete 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
	Pr	ivate Pension Calculation - Annuities, pensions, IRAs, and 401(I	k) plans funded by a private sour	ce.	
		Missouri adjusted gross income from Form MO-1040P, Line 4.			. 00
	2.	Taxable social security benefits from Federal Form 1040 or 104	40-SR, Line 6b	2	. 00
	3.	Subtract Line 2 from Line 1		3	. 00
Section B	4.	 Select the appropriate filing status and enter the amount on Lin Married Filing Combined (joint federal) - \$32,000 Single, Head of Household, and Qualifying Widow(er) - \$25 Married Filing Separate - \$16,000 	,000	4	. 00
	5.	Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, ent	er \$0	5	. 00
	6.	Taxable pension for each spouse from private sources from Federal Form 1040 or Federal Form 1040-SR, Line 4b and 5b	6Y	00 6S	. 00
	7.	Amounts from Line 6Y and 6S or $6,000$, whichever is less	7Y	00 7S	
	7. 8.	Amounts from Line 6Y and 6S or \$6,000, whichever is less Add Lines 7Y and 7S			



		cial Security or Social Security Disability Calculation - To be eligible for social security deduction you must be 62 years of age by cember 31 and have selected the 62 and older box on page 1 of Form MO-1040P. Age limit does not apply to social security disability deduction.
	1.	Missouri adjusted gross income from Form MO-1040P, Line 4
	2.	 Select the appropriate filing status and enter amount on Line 2. Married Filing Combined (joint federal) - \$100,000 Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000
C	3.	Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0 3
Section	4.	Taxable social security benefits for each spouse from Federal Form 1040 or 1040-SR, Line 6b
	5.	Taxable social security disability benefits for each spouse from Federal Form 1040 or 1040-SR, Line 6b
	6.	Amount from Line(s) 4Y or 5Y, and 4S or 5S
	7.	Add Lines 6Y and 6S
	8.	Total social security/social security disability - Subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0

Military Pension Calculation

Section D

Section E

1.	Military retirement benefits included on Federal Form 1040 or 1040-SR, Line 5b	1	00
2.	Taxable public pension from Federal Form 1040 or 1040-SR, Line 5b	2	 00
3.	Divide Line 1 by Line 2 (Round to whole number)	3	%
4.	Multiply Line 3 by Line 11 of Section A	4	00
5.	Total military pension - Subtract Line 4 from Line 1	5	00

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

Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 5 (Section D).	
Enter total amount here and on Form MO-1040P, Line 8	. 00



	• /	Complete this section only if you itemized deductions on your federal return. (See the information on page 7). Attach a copy of your Federal Form 1040 or 1040-SR (pages 1 and 2) and Federal Schedule A. f you are subject to "additional Medicare tax", attach a copy of Federal Form 8959.
	1.	Total federal itemized deductions from Federal Form 1040 or 1040-SR, Line 12
	2.	2020 Social security tax (Yourself)
	3.	2020 Social security tax (Spouse)
suo	4.	2020 Railroad retirement tax - Tier I and Tier II (Yourself)
Missouri Itemized Deductions	5.	2020 Railroad retirement tax - Tier I and Tier II (Spouse)
	6.	2020 Medicare tax (see instructions on pages 12)
	7.	2020 Self-employment tax (see instructions on page 12)
Aissou	8.	Total - Add Lines 1 through 7 8 00
2	9.	State and local income taxes (from Federal Schedule A, Line 5 or enter \$0 if completing worksheet below)
	10.	Earnings taxes included in Line 9 (see instructions on page 12) 10
	11.	Net state income taxes. Subtract Line 10 from Line 9 or enter Line 7 from worksheet below 11
	12.	Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040P, Line 7 12 Note: If Line 12 is less than your federal standard deduction, see information on page 7.

11	Complete this worksheet only if your total state and local taxes included in your federal itemized deductions (Federal Schedule A, Line 5d) exceed \$10,000 (or \$5,000 for married filing separate filers).								
Taxes, Line	1.	Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR, Schedule A, Line 5d	1	. 00					
Income	2.	State and local income taxes from Federal Form 1040 or 1040-SR, Schedule A, Line 5a	2	. 00					
State	3.	Earnings taxes included on Federal Form 1040 or m 1040-SR, Schedule A, Line 5a	3	. 00					
Part 2 Worksheet - Net State	4.	Subtract Line 3 from Line 2	4	. 00					
rkshee	5.	Divide Line 4 by Line 1	5	%					
t 2 Wo	6.	Enter \$10,000 (\$5,000 if married filing separately).	6	. 00					
Par	7.	Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 11, above	7	. 00					

