

| Department Use Only |  |  |  |
|---------------------|--|--|--|
| (MM/DD/YY)          |  |  |  |

Attach to Form MO-1040. Attach your federal return. See information beginning on page 13 to assist you in completing this form.

| Name   | Firs   | cial Security Number  st Name  M.I. Last Name  puse's First Name  M.I. Spouse's Last Name  | pouse's Social Security Number | er<br>_                   | Suffix Suffix |  |  |  |
|--|--|--|--------------------------------|---------------------------|---------------|--|--|--|
|  | <b>Ad</b>  | Iditions  Interest on state and local obligations other than Missouri source   | Yourself (Y)                   | Spouse (                  | S)<br>. 00    |  |  |  |
|  | 2. Partnership Fiduciary S Corporation Business Interest  Net Operating Loss (Carryback/Carryforward)                            |  |                                |                           |               |  |  |  |
|  | 3.   | Other (description)  Nonqualified distribution received from a qualified 529 plan not used for   | 2Y                             | 28                        | . 00          |  |  |  |
| ncome  | ٥.   | qualified expenses   | 3Y                             | 00 38                     | . 00          |  |  |  |
| Modifications to Federal Adjusted Gross Income | 4.   | Food Pantry contributions included on Federal Schedule A   | 4Y                             | 00 48                     | . 00          |  |  |  |
|  | <ul><li>5. Nonresident Property Tax.</li><li>6. Nonqualified distribution received from a qualified Achieving a Better</li></ul> |  |                                | 00 5S                     | . 00          |  |  |  |
|  | 7.   | Life Experience Program (ABLE) not used for qualified expenses Total Additions - Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2 |                                | 00 6S 00 7S               | . 00          |  |  |  |
| to Fec   | Su   | btractions   |                                | 00 [ 70 ]                 | [00]          |  |  |  |
| fications                                      | 8.   | Interest from exempt federal obligations included in federal adjusted gross income - Attach a detailed list or all Federal Form(s) 1099        | 8Y .                           | 00 88                     | . 00          |  |  |  |
|  | 9.   | Any state income tax refund included in federal adjusted gross income.   | 9Y .                           | 9S                        | . 00          |  |  |  |
| issour   | 10.  | Military Retirement Benefits (see instructions on page 14)   | OY .                           | 108                       | . 00          |  |  |  |
| Part 1 - Missouri                              | 11.  | Partnership Fiduciary S Corporation  | Railroad Retirement Be         | nefits Military (r        | nonresident)  |  |  |  |
| Pa   |  | Combat Pay Build America and Recovery Zone Bond  | terest MO Public-P             | rivate Transportation Act |               |  |  |  |
|  |  | Net Operating Loss Business Interest   |                                |                           |               |  |  |  |
|  |  | Other (description)  | 1Y                             | 00 118                    | . 00          |  |  |  |
|  | 12.<br>13.   | Exempt contributions made to a qualified 529 plan  | 2Y .                           | 00 128                    | . 00          |  |  |  |
|  |  | Insurance Premiums Worksheet (Form 5695) and supporting documentation  | 3Y .                           | 00 138                    | . 00          |  |  |  |

|                                       | 14. | Missouri depreciation adjustment (Section 143.121, RSMo.)  |   |               |              |                       |   |
|---------------------------------------|-----|--|---|---------------|--------------|-----------------------|---|
|                                       |     | Sold or disposed property previously taken as addition modification  | 14Y   | . 00          | 148          | . 00                  |   |
| eq                                    | 15. | Exempt contributions made to a qualified Achieving a Better Life   |   |               |              |                       |   |
| ıtinu                                 |     | Experience Program (ABLE)  | 15Y   | . 00          | 158          | . 00                  |   |
| ပိ                                    | 16. | Agriculture Disaster Relief  | 16Y   | . 00          | 16S          | . 00                  |   |
| Part 1 Continued                      |     | 9  |   |               | 1-0          |                       |   |
| а.                                    | 17. | Business Income Deduction – see worksheet on page 16   | 17Y   | . 00          | 17S          | . 00                  |   |
|                                       | 18. | Total Subtractions - Add Lines 8 through 17. Enter here and on   |   |               |              |                       | l |
|                                       |     | Form MO-1040, Line 4   | 18Y   | 00            | 18S          | 00                    |   |
|                                       | Cor | mplete this section only if you itemize deductions on your federal return. At  | ttach your Federal Forn   | n 1040 (pages | 1 and 2) and | d Federal Schedule A. |   |
|                                       |     |  | 1   |               |              |                       |   |
|                                       | 1.  | Total federal itemized deductions from Federal Form 1040 or Federal F  |   | [00]          |              |                       |   |
|                                       | 2.  | 2024 Social security tax - (Yourself)  |   |               | 2            | . 00                  |   |
| (0                                    | 3.  | 2024 Social security tax - (Spouse)  | 3   | . 00          |              |                       |   |
| tion                                  | O.  |  |   |               |              |                       |   |
| educ                                  | 4.  | 2024 Railroad retirement tax - Tier I and Tier II (Yourself)   |   | 4             | . [00]       |                       |   |
| Missouri Itemized Deductions          | 5.  | 2024 Railroad retirement tax - Tier I and Tier II (Spouse)   | 5   | . 00          |              |                       |   |
| temi                                  | 6.  | 2024 Medicare tax - Yourself and Spouse (see instructions on page 16)  | 6   | . 00          |              |                       |   |
| ouri I                                | 0.  |  |   |               |              |                       |   |
| Misso                                 | 7.  | 2024 Self-employment tax (see instructions on page 16)   |   |               | 7            | . [00]                |   |
| 2 -                                   | 8.  | Total - Add Lines 1 through 7  |   |               | 8            | . 00                  |   |
| Part                                  | 9.  | State and local income taxes from Federal Schedule A, Line 5 or enter  | local income taxes from Federal Schedule A, Line 5 or enter oleting worksheet below |               |              |                       |   |
|                                       |     | 50 ii completing worksneet below.  |   |               |              |                       |   |
|                                       | 10. | Earnings taxes included in Line 9  |   |               |              |                       |   |
|                                       | 11. | Net state income taxes - Subtract Line 10 from Line 9 or enter Line 7 from Line 9 or enter Lin | 11  | . 00          |              |                       |   |
|                                       | 40  | Microsovi Manning of Daductions - Cubtonet Line 44 from Line 9. Enter how  | NO 100  | 10 Line 44    | 12           | . 00                  |   |
|                                       | 12. | Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here  | e and on Form MO-104  | +U, LINE 14   |              | ].[00]                |   |
| 7                                     |     | mplete this worksheet only if your total state and local taxes ederal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for m  | •   |               | ized dedu    | ctions                |   |
| Line                                  | (10 | (e) \$6,600 (e)  | iarrioa illing copare   |               |              |                       |   |
| axes, Line 11                         | 1.  | Enter the sum of your state and local taxes on Federal Form 1040 or Fede Schedule A. Line 5d.  |   |               | 1            | . 00                  |   |
| e Ta                                  |     | Schedule A, Line 5d.   |   |               |              |                       |   |
| Com                                   | 2.  | State and local income taxes from Federal Form 1040 or Federal Form 104  | 10-SR, Schedule A, Line   | 5a            | 2            | . 00                  |   |
| ate Ir                                | 3.  | Earnings taxes included on Federal Form 1040 or Federal Form 1040-S  | SR, Schedule A, Line 5  | a             | 3            | . 00                  |   |
| et St                                 |     | Subtract Line 2 from Line 2  |   |               |              |                       |   |
| Z - #                                 | 4.  | Subtract Line 3 from Line 2  |   |               | 4            | . [00]                | l |
| kshe                                  | 5.  | Divide Line 4 by Line 1  |   |               |              | %                     |   |
| Part 2 Worksheet - Net State Income T | 6.  | Enter \$10,000 (\$5,000 if married filing separately).   |   |               | 6            | . 00                  |   |
| art 2                                 | _   | Matter Character 11 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | oriend Dollari  |               |              |                       |   |
| Д.                                    | 7.  | Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itel Line 11, above  |   |               | 7            | . 00                  |   |



## Part 3 - Pension and Social Security/Social Security Disability (Instructions for Part 3 begin on page 17)

|   | Pu  | Public Pension Calculation - Pensions received from any federal, state, or local government.  |         |                      |           |     |    |              |    |
|---|-----|---|---------|----------------------|-----------|-----|----|--------------|----|
|   | 1.  | Taxable pension for each spouse from public sources from Federal Form 1040 or Federal Form 1040-SR, Line 5b   | 1Y      |                      | . 00      | 18  |    | . [          | 00 |
| ction A   | 2.  | Amount from Line 1 or \$46,381 (maximum social security benefit), whichever is less   | 2Y      |                      | . 00      | 2\$ |    | . [          | 00 |
| 2 - Ve  | 3.  | If you received taxable social security, complete Form MO-A, Part 3,  |         |                      |           |     |    |              |    |
| Far   |     | Section C, Lines 1 - 3, and enter the amount(s) from Line(s) 3Y and 3S.   | 3Y      |                      | . 00      | 3S  |    | . [          | 00 |
|   | 4.  | Subtract Line 3 from Line 2. If Line 3 is greater than Line 2, enter \$0.   | 4Y      |                      | . 00      | 48  |    | .[           | 00 |
|   | 5.  | Total public pension. Add amounts on Lines 4Y and 4S  |         |                      |           | 5   |    | . [          | 00 |
|   | Pri | ivate Pension Calculation - Annuities, pensions, IRAs, and 401(   | k) plan | s funded by a privat | e source. |     |    |              |    |
|   | 1.  | Missouri adjusted gross income from Form MO-1040, Line 6  | . 1     |                      | . [       | 00  |    |              |    |
|   | 2.  | 2. Taxable social security benefits from Federal Form 1040 or Federal Form 1040-SR, Line 6b   |         |                      |           |     |    | . [          | 00 |
|   | 3.  | 8. Subtract Line 2 from Line 1  |         |                      |           |     |    | . [          | 00 |
| - section B   | 4.  | <ul> <li>Select the appropriate filing status and enter the amount on Line 4.</li> <li>Married Filing Combined (joint federal) - \$32,000</li> <li>Single, Head of Household, and Qualifying Widow(er) - \$25,000</li> <li>Married Filing Separate - \$16,000.</li> </ul> |         |                      |           |     |    | ].[          | 00 |
| Fart 3  | 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 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  |    | ן. [<br>ו ר  | 00 |
|   | 8.  | Add Lines 7Y and 7S   |         |                      |           |     |    | . [<br>  . [ | 00 |
|   | 9.  | Total private pension, subtract Line 5 from Line 8. If Line 5 is greater th   | an Lin  | e 8, enter \$0       |           | 9   |    | . [          | 00 |
|   |     | cial Security or Social Security Disability Calculation - To<br>cember 31 and have selected the 62 and older box on page 1 of Form MC   |         | •                    | •         | -   | ,  | _            | Эy |
| Part 3 - Section C  | 1.  | Taxable social security benefits for each spouse from Federal Form1040 or Federal Form 1040-SR, Line 6b   | 1Y      |                      | . 00      | 18  |    | ].[          | 00 |
| Se  | 2.  | Taxable social security disability benefits for each spouse from  | 2Y      |                      |           | 200 |    | ] [          | 20 |
| Part  |     | Federal Form 1040 or 1040-SR, Line 6b   |         |                      | [00]      | 2\$ |    | 1 Г          | 00 |
|   | 3.  | Amount from Line(s) 1Y or 2Y, and 1S or 2S  |         |                      |           | 3S  |    | ].[          | 00 |
|   |     | Total social security/social security disability. Add Lines 3Y and 3S   |         |                      |           | . 4 |    | ].[          | 00 |
| on o  | То  | tal Pension and Social Security/Social Security Disab   | ility   |                      |           |     |    |              |    |
| Add Line 5 (Section A), Line 9 (Section B), and Line 4 (Section C) from Form MO-A.  Enter total amount here and on Form MO-1040, Line 8 |     |   |         |                      |           | .[  | 00 |              |    |

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

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

