

MISSOURI DEPARTMENT OF REVENUE 2012 FORM MO-1040 INDIVIDUAL INCOME TAX RETURN—LONG FORM

-1000	WW000-					•											
F	OR C	ALENDAR YEAR JAN. 1-DEC. 3		R FISCAL YEAF													
		20, El				20											
		NDED RETURN — CHECK H E AND ADDRESS	IERE	SOFTWARE VENDOR CODE													
		SECURITY NUMBER	SPOUSE'S S	SOCIAL SECURITY I	NUMBER	?											
						1	_										
NA	ME (L	AST) (FIRST)		M.I.	JR, SR	EASED											
SP	OUSE	'S (LAST) (FIRST)		M.I.	JR, SR												
IN	CARE	OF NAME (ATTORNEY, EXECUTOR, PI	ERSONAL RE	PRESENTATIVE, E	TC.)									CC	OUNTY (OF RESIDE	NCE
PR	ESEN	T ADDRESS (INCLUDE APARTMENT NI	I IMBER OR R	IIRAI ROLITE)				CITY TO	WN OR I	POST OFFIC	^E			СТ	ATE	ZIP CODE	
ΓN	ILOLIN	T ADDRESS (INCLUDE AFARTMENT N	OWIDER OR R	IONAL NOOTL)				OIII, IO	WIN, OH I	-031 01110	JL				AIL	ZIF CODI	-
tru for	st fun a des	scription of each trust fund, as well Ch	nildren's Veter ust Fund		ed A	Missouri National Guard Trust Fund	(Workers)	Workers' Memorial Fund	(LEAD)	Childhood Lead Testing Fund		souri litary Relief	General y F	neral Revenue Fund	9	After School Retreat Fund	DONATE LIFE Missowhi Organ Donor Program Fund
F	PLE	ASE CHECK THE APPRO	PRIATE	BOXES THA	T AP	PLY T	O YOU	RSELI	F OR `	YOUR S	SPOL	JSE	AS O	F DE	CEM	BER 3	1, 2012.
Α	GE 6	2 THROUGH 64 AGE	65 OR OLD	<u>ER</u>	BLINE)		1	00% DIS	ABLED			NON-	OBLIC	GATED	SPOUSE	
] yo	URSELF Y	OURSELF			DURSELF			YOURSELF				□ Y0	OURSELF			
	SP	OUSE S	POUSE		☐ SP	POUSE			SPOU	SE				POUSE			
										Y	ourse	lf				Spouse	
	1.	Federal adjusted gross income f	from your 20	012 federal retur	n (See	workshe	et on pag	ge 6.)	1Y				00	1S			00
INCOME	2.	Total additions (from Form MO-	-A, Part 1, L	Line 6)	` 				2Y				00	2S			00
	3.	Total income — Add Lines 1 an	nd 2						3Y				00	3S			00
ပ္သ	4.	Total subtractions (from Form N	ИО-A, Part	1, Line 14)									00	4S			00
=	5.	Missouri adjusted gross income	e — Subtrac	ct Line 4 from Li	ne 3				5Y				00	5S			00
	6.	Total Missouri adjusted gross in	come — Ac	dd columns 5Y a	nd 5S							6				00	
	7.	Income percentages — Divide of	columns 5Y	and 5S by total	on Line	6. (Mus	st equal 1	00%)	7Y				%	7S			%
	8.	Pension and Social Security/Soc	ial Security	Disability/Militar	v exem	ntion (fr	om Form	MO-A. F	Part 3. 9	Section F.)	8				00	
		Mark your filing status box below		-	•						/··· -						-
		☐ A. Single — \$2,100 (See E	Box B before	re checking.)			. Married		eparate	(spouse							
		☐ B. Claimed as a dependen	t on anothe	er person's feder	al			ing) — \$									
		tax return — \$0.00	8. combine	d Missouri — \$4	200		 Head of G. Qualify 										
		D. Married filing separate –		α IVII330uII — ψ -1 ,	200			dent chil				9				00	
	10.	Tax from federal return (Do not e	enter federa				'										
		• Federal Form 1040, Line 55 minus Lines 45, 64a, 66, 67, and amounts from Forms 8801, 8839 and 8885 on Line 71															
		Federal Form 1040A, Line 35 minus Lines 38a and 40 and any alternative minimum tax included on Line 28 Federal Form 1040EZ, Line 10 minus Line 8a								00							
욁	11	Other tax from federal return — A									00						
띩		Total tax from federal return —		•					1		00						
딁		Federal tax deduction — Ente									00						
EXEMPTIONS AND DEDUCTIONS	13.	\$10,000 for combined filers										13				00	
읟	14.	Missouri standard deduction OF	R itemized	deductions. Sin	gle or N	Married F	Filing Sepa	arate —	\$5,950;	Head of							
Z		Household— \$8,700; Married Fili								e age 65 d	or						
ž		older, blind, or claimed as a dep										4.4				00	
ĭ	15	see Form MO-A, Part 2 Number of dependents from Fe									-	14				00	
Ħ	15.	(DO NOT INCLUDE YOURSEL	F OR SPO	USE.)	A, LINE				X S	S1,200 = .		15				00	Do not include
Ä	16.	Number of dependents on Line	15 who are	e 65 years of age	e or old	er and c	do not			S1,000 = .		16				00	yourself
	17	receive Medicaid or state fundin Long-term care insurance dedu										16 17				00	y spouse.
		A. Health care sharing ministry										18					
		Total deductions — Add Lines 8				-					-	19				00	
		Subtotal — Subtract Line 19 fro									_	20				00	
													00			00	
		Multiply Line 20 by appropriate		, ,									00				00
		Enterprise zone or rural empow											00	22S			00
	23.	Subtract Line 22 from Line 21.	Enter here	and on Line 24.					23	Y			00	235			00

					Yourself			Spouse			
	24.	Taxable income amount from Lines 23Y and 23	S		24Y		(00 248			00
	25.	Tax. (See tax table on page 25 of the instruction	25Y		00 25S			00			
		Resident credit — Attach Form MO-CR and other			26Y		(00 26S			00
		27. Missouri income percentage — Enter 100% unless you are completing Form MO-NRI.									
×		Attach Form MO-NRI and a copy of your federal return if less than 100%									%
TAX	28.	28. Balance — Subtract Line 26 from Line 25; OR									
		Multiply Line 25 by percentage on Line 27						00 288			00
	29.	Other taxes (Check box and attach federal form Lump sum distribution (Form 4972)	indicated.)								
		Recapture of low income housing credit (Fo	rm 8611)		29Y		(00 298			00
	30.	Subtotal — Add Lines 28 and 29.	·				(00 308			00
	31.	Total Tax — Add Lines 30Y and 30S					31		!	00	-
	32. MISSOURI tax withheld — Attach Forms W-2 and 1099.									00	
PAYMENTS / CREDITS		2012 Missouri estimated tax payments (include ov	33			00					
Ä	34.	Missouri tax payments for nonresident partners or S	34			00					
3/0	35. Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT									00	
N	 36. Amount paid with Missouri extension of time to file (Form MO-60) 37. Miscellaneous tax credits (from Form MO-TC, Line 13) — Attach Form MO-TC 									00	
YME		Property tax credit — Attach Form MO-PTS		37 38			00				
ΡA		• •					39			00	
	39. Total payments and credits — Add Lines 32 through 38									, 00	
٧		Amount paid on original return					40			00	
	41.	41. Overpayment as shown (or adjusted) on original return								00	
) RE		INDICATE REASON FOR AMENDING.	Enter	date of IRS report		/ D,D Y,Y					
	☐ B. Net operating loss carrybackEnter year of loss.										
AMENDED RETURN	C. Investment tax credit carryback Enter year of credit.										
A	40	D. Correction other than A, B, or C E				00	40			00	
		Amended Return — total payments and credits.					42				
		If Line 39, or if amended return, Line 42, is larger the	•	•		<i>'</i>	43			00	
		Amount of Line 43 to be applied to your 2013 estimated tax Enter the amount of your donation in the								00	
	75.		gest, IVIISSOUIT	Missour	ri R	evenue	1 1	L ife j. F	und Code Fu	dditioinal ind Code ee Instr.)	
Ģ		trust fund boxes to the right. See Children's Trust Fund Trust Fund Children's Trust Fun	als Trust Fund Memorial	Childhood Military Lead Testing Fund Fund Fund		eral After School renue Retreat und Fund	Orga	in Donor am Fund			
REFUND		instructions for trust	00 00 00	00 00		00 00	1 -	00	00	00	
2	46.	REFUND - Subtract Lines 44 and 45 from Line	Department of								
		Revenue, PO Box 3222, Jefferson City, MO 65 Check the box if you want your refund issued or	Dobit Card	46			00				
	lf y	ou would like your refund deposited directly to		- 1	W.		100				
		a. Routing Number b. Account Number b. Acc							Checking	☐ Sav	/ings
				f IINDEDDAVMEN	T) har	e and go to		c	Offecking	Jak	/iiigs
픠	' ''.	 If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here and go to instructions for Line 48. 								00	
AMOUNT DUE	48.	48. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here								00	
N	49.	49. AMOUNT DUE - Add Lines 47 and 48 and enter here. Sign below and mail return and payment to:									
AMC										00	
_	If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid 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 Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous										
URE	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 authorize the Director of Revenue or delegate to discuss my return and attachments E-MAIL ADDRESS PREPARER'S TELEPHONE										
SIGNATURE		the preparer or any member of the preparer's firm.		CIIIS			(_)			
SIGI	SIGN	DATE (MMDDYYYY) PREPARER'S SIGNATURE						F	EIN, SSN, OR PT	TIN	
	SPOL	POUSE'S SIGNATURE (If filing combined, BOTH must sign) DAYTIME TELEPHONE PREPARER'S ADDRESS AND ZIP CODE							DAT	E (MMDDYY	YY)
			()							<u></u>	