



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

FOR CALENDAR YEAR JAN. 1—DEC. 31, 2012, OR FISCAL YEAR BEGINNING
 20 __, ENDING 20 __

AMENDED RETURN — CHECK HERE SOFTWARE VENDOR CODE _____
NAME AND ADDRESS

SOCIAL SECURITY NUMBER _____ SPOUSE'S SOCIAL SECURITY NUMBER _____

NAME (LAST) (FIRST) M.I. JR, SR DECEASED IN 2012
 SPOUSE'S (LAST) (FIRST) M.I. JR, SR

IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) _____ COUNTY OF RESIDENCE _____

PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE) _____ CITY, TOWN, OR POST OFFICE _____ STATE _____ ZIP CODE _____

You may contribute to any one or all of the trust funds on Line 45. See pages 9–10 for a description of each trust fund, as well as trust fund codes to enter on Line 45.

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	After School Retreat Fund	DONATE LIFE Missouri Organ Donor Program Fund
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PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2012.

AGE 62 THROUGH 64 <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	AGE 65 OR OLDER <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	BLIND <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	100% DISABLED <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	NON-OBLIGATED SPOUSE <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE
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INCOME		Yourself		Spouse	
	1. Federal adjusted gross income from your 2012 federal return (See worksheet on page 6.)	1Y	00	1S	00
	2. Total additions (from Form MO-A, Part 1, Line 6)	2Y	00	2S	00
	3. Total income — Add Lines 1 and 2.	3Y	00	3S	00
	4. Total subtractions (from Form MO-A, Part 1, Line 14)	4Y	00	4S	00
	5. Missouri adjusted gross income — Subtract Line 4 from Line 3.	5Y	00	5S	00
	6. Total Missouri adjusted gross income — Add columns 5Y and 5S.	6		00	
	7. Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	%	7S	%

EXEMPTIONS AND DEDUCTIONS	8. Pension and Social Security/Social Security Disability/Military exemption (from Form MO-A, Part 3, Section E.)...	8		00	
	9. Mark your filing status box below and enter the appropriate exemption amount on Line 9. <input type="checkbox"/> A. Single — \$2,100 (See Box B before checking.) <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00 <input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200 <input type="checkbox"/> D. Married filing separate — \$2,100 <input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200 <input type="checkbox"/> F. Head of household — \$3,500 <input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500	9		00	
	10. Tax from federal return (Do not enter federal income tax withheld.) • 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	10		00	
	11. Other tax from federal return — Attach copy of your federal return (pages 1 and 2).	11		00	
	12. Total tax from federal return — Add Lines 10 and 11.	12		00	
	13. Federal tax deduction — Enter amount from Line 12 not to exceed \$5,000 for individual filer; \$10,000 for combined filers.	13		00	
	14. Missouri standard deduction OR itemized deductions. Single or Married Filing Separate — \$5,950 ; Head of Household— \$8,700 ; Married Filing a Combined Return or Qualifying Widow(er) — \$11,900 ; If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you are itemizing, see Form MO-A, Part 2.	14		00	
	15. Number of dependents from Federal Form 1040 OR 1040A, Line 6c (DO NOT INCLUDE YOURSELF OR SPOUSE.)	15		00	
	16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE.)	16		00	
	17. Long-term care insurance deduction.....	17		00	
	18. A. Health care sharing ministry deduction \$ _____ B. New jobs deduction \$ _____	18		00	
	19. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and 18	19		00	
	20. Subtotal — Subtract Line 19 from Line 6.	20		00	
	21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S.	21Y	00	21S	00
	22. Enterprise zone or rural empowerment zone income modification	22Y	00	22S	00
	23. Subtract Line 22 from Line 21. Enter here and on Line 24.	23Y	00	23S	00

