

## **2011** FORM MO-1040

Think	D.C.	MENDAD VEAD IAM 1 DEC 21 2011 OD EICCAL VEAD B			X I V I	2	^	ENDI	NG		<u> </u>	20
FU	K U	ALENDAR YEAR JAN. 1-DEC. 31, 2011, OR FISCAL YEAR B	EGINNIN	IG .			U	, ENDI	NG			SOFTWARE
AMENDED RETURN — CHECK HERE												/ENDOR CODE ssigned by DOR)
												000
S	SOC	IAL SECURITY NUMBER		SPOUSE'S SOC	IAL SECI	JRITY NUMBER						
ES	1 / 6		FIRST NA				 M. INI				FIX (JR, SR, etc	\ DECEASED
DR	LAST NAME			FIRST NAIVE			IVI. IIVI	n. INITIAL			I IX (UN, ON, EIC	2011
AD	SPOUSE'S LAST NAME			FIRST NAME M. IN			M. INI	INITIAL SUFFIX (JR, SR				) DECEASED
NAME AND ADDRESS										, , ,	2011	
Ψ	IN C	N CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)						ITY OF F	RESIDENC	E		'
M												
Ž	PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)  CITY, TOWN, OR POST OFFICE, S						STATE,	AND ZIP	CODE			
Vo	u may contribute to any one or all of the U.							. 1	After	[DONATE]		
You may contribute to any one or all of the trust funds on Line 45. See pages 9–10				ional (Workers)	Vorkers' Childhood Lead			Missouri General Re			School Retreat	DONATE LIFE Missowri
		cription of each trust fund, as well Children's Veterans Delivered und codes to enter on Line 45.	Gua Trust	Fund	und	Testing Fund		ly Relief und	Revenue	Fund	Fund	Organ Donor Program Fund
	Р	LEASE CHECK THE APPROPRIATE BOXES THA	Γ APPL	Y TO YOUR	SELF	OR YOUR	SPOU	SE AS	S OF D	ECE	MBER 31, 2	2011.
AGE 62 THROUGH 64 AGE 65 OR OLDER BLIND 100% DISABLED NO										GATED SP	OUSE	
l		RSELF YOURSELF	YOURS		_	YOURSELF			_	URSELF	=	
L	SPO	USE ☐ SPOUSE ☐	SPOUS	6E		SPOUSE	.,		☐ SP	OUSE		
	4	Fadaval adjusted aware income from 100 and 60 days well water	- (0		C V	. 1Y	Yours	elf	00	1S	Spouse	00
		Federal adjusted gross income from your 2011 federal retur Total additions (from Form MO-A, Part 1, Line 6)			-				-	2S		00
빌		Total income — Add Lines 1 and 2.							00	3S		00
NCOME		Total subtractions (from Form MO-A, Part 1, Line 14)							00	4S		00
$\frac{9}{2}$	5.	Missouri adjusted gross income — Subtract Line 4 from Line	3			5Y			00	5S		00
		Total Missouri adjusted gross income — Add columns 5Y and						6			00	
	7.	Income percentages — Divide columns 5Y and 5S by total or	Line 6.	(Must equal 1	00%.)	7Y			%	7S		%
	8.	Pension and Social Security/Social Security Disability/Military	exemptio	on (from Form	MO-A,	Part 3, Section	n E.)	8			00	
	9.	Mark your filing status box below and enter the appropriate	exemptio	n amount on I	ine 9.							
	☐ A. Single — \$2,100 (See Box B before checking.) ☐ B. Claimed as a dependent on another person's federal ☐ E. Married filing separate (spouse NOT filing) — \$4,200											
		B. Claimed as a dependent on another person's federa tax return — \$0.00	al T			\$4,200 ehold — \$3,5	00					
		C. Married filing joint federal & combined Missouri — \$4,2	00	G. Qualify	ing wid	ow(er) with	00	9			00	
	10	D. Married filing separate — \$2,100 dependent child — \$3,500  Tax from federal return (Do not enter federal income tax withheld.)									; 00	
	• Federal Form 1040, Line 55 minus Lines 45, 64a, 66, 67, and amounts from Forms 8801, 8839 and 8885 on Line 71						21					
		Federal Form 1040A, Line 35 minus Lines 38a and 40 and any alternative minimum tax included on Line 28										
SI							00					
<b>EXEMPTIONS AND DEDUCTIONS</b>		Other tax from federal return — Attach copy of your federal ret					00	-				
OC.	12. Total tax from federal return — Add Lines 10 and 11									_		
ED	13.	Federal tax deduction — Enter amount from Line 12 not to exceed \$5,000 for individual filer;     \$10,000 for combined filers									00	
ם	11	Missouri standard deduction or itemized deductions. Single						13			00	4
AP.	14.	Household—\$8,500; Married Filing a Combined Return or Qu										
SNC		older, blind, or claimed as a dependent, see your federal retu	rn or pag	e 7.		,					00	
ΣL	45	If you are itemizing, see Form MO-A, Part 2				·····		14			00	
	15.	Number of dependents from Federal Form 1040 or 1040A, I (DO NOT INCLUDE YOURSELF OR SPOUSE.)	Line 6c			X \$1,200	) =	15			00	Do not include
EX	16.	Number of dependents on Line 15 who are 65 years of age			" <u> </u>	χψι,200	, —	Н				yourself or
		receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE.). X \$1,000 =					16			00	<sup>y</sup> spouse.	
		Long-term care insurance deduction						17			00	
		A. Health care sharing ministry deduction \$ B. New jobs deduction \$					18			00	_	
		Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and						19			00	_
		Subtotal — Subtract Line 19 from Line 6						20	100	040	00	
		Multiply Line 20 by appropriate percentages (%) on Lines 7\							00			00
	22.	Enterprise zone or rural empowerment zone income modific Subtract Line 22 from Line 21. Enter here and on Line 24	alion			22Y			00			00
						201			100	_00		

						Yourself				Spouse			
	24.	Taxable income amount from Lines 23Y and 23S			24Y				24S			00	
	25.	Tax (See tax table on page 25 of the instructions.	)		25Y				25S			00	
	26.	Resident credit — Attach Form MO-CR and other s	tates' income tax return(s	s)	26Y			00	26S			00	
AX	27.	Missouri income percentage — Enter 100% unless Attach Form MO-NRI and a copy of your federal re if you or your spouse is a professional entertainer of YOURSELF SPOUSE	turn if less than 100%. C	theck the box sional athletic team.	071/			%	076			%	
۲	28	Balance — Subtract Line 26 from Line 25; OR			27Y		- :	/0	27S			/0	
	20.	Multiply Line 25 by percentage on Line	27		28Y			00	28S			00	
	29.	Other taxes (Check box and attach federal form in Lump sum distribution (Form 4972)	ndicated.)										
		Recapture of low income housing credit (					_		29S			00	
		Subtotal — Add Lines 28 and 29.						00	30S			00	
		Total Tax — Add Lines 30Y and 30S					31				00		
ည	32.	MISSOURI tax withheld — Attach Forms W-2 and	1099				32				00		
	33.	2011 Missouri estimated tax payments (include ove	rpayment from 2010 app	lied to 2011)			33				00		
贵	34.	Missouri tax payments for nonresident partners or S co	orporation shareholders —	- Attach Forms MO-2	NR and	MO-NRP	34				00		
		Missouri tax payments for nonresident entertaine					35				00		
Ĕ		Amount paid with Missouri extension of time to file					36				00		
띨	37.	Miscellaneous tax credits (from Form MO-TC, Lin	ne 13) — Attach Form M	O-TC			37				00		
₹		Property tax credit — Attach Form MO-PTS					38				00		
₽.		Total payments and credits — Add Lines 32 throu					39				00		
		p Lines 40-42 if you are not filing an amer											
줎		Amount paid on original return					40				00		
RETU	41.	Overpayment as shown (or adjusted) on original	return				41				00		
		INDICATE REASON FOR AMENDING.				$I_1D_1D_1Y_1Y$							
品		A. Federal audit											
2		B. Net operating loss carryback											
<b>AMENDED</b>		C. Investment tax credit carryback											
◂		D. Correction other than A, B, or C En						l I					
	42.	Amended Return — total payments and credits.	Add Line 40 to Line 39 o	or subtract Line 41	from Li	ne 39	42				00		
	43.	If Line 39, or if amended return, Line 42, is larger t (amount of OVERPAYMENT) here.					43				00		
	44.	Amount of Line 43 to be applied to your 2012 esti	imated tax				44				00		
ᄝ	45.	Enter the amount of your	Missouri (wo	orkers (LEAD)	4	General		-	DONATE	Additiona		dditional	
딞	10.	donation in the trust fund		orkers' Childhood	Misso Military		fter Scl	hool	Missowri	Fund Cod (See Instr		nd Code ee Instr.)	
쮼		boxes to the right. See Trust Fund Trust Fund Delin	vered Meals   Trust Fund   Me		Family Reli Fund		Retrea	at	Organ Dono Program Fun		_ _		
		instructions for trust fund	00 00	00 00		00	Tuno	00	0(		00	00	
	16	Overpayment to be refunded to you. Subtract Line	122	11					,0,	91 1		100	
		mail return to: Department of Revenue, PO Box 5	00, Jefferson City, MO	65106-0500		REFUND	46				00		
	47.	If Line 31 is larger than Line 39 or Line 42, enter instructions for Line 48					47				00		
3	48.	Underpayment of estimated tax penalty — Attach	Form MO-2210. Enter	penalty amount he	ere		48				00		
늘	49	Total amount due — Add Lines 47 and 48 and enter here. Sign below and mail return and payment to:											
<u></u>		Department of Revenue, PO Box 329, Jefferson City, MO 65107-0329.											
₹		Please write your social security number(s) and dayt	ime phone number on yo	ur check or money o	order (U	.S. funds only).					00		
		Make payable to Missouri Department of Revenu									00		
	If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.									cally.			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge a preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 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 of						shall be imposed on any individual who files a frivolous						
	l au							PREPARER'S TELEPHONE					
¥		ATURE	DATE DATE	PREPARER'S SIGNATUR	RE	\		,	FEIN	SSN, OR PTII	N		
SIG		THE ARETO GRANTOIL							,	,			
	SPO	USE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE	PREPARER'S ADDRESS	AND ZIP (	CODE				DATE			
			( )										