

## **2010** FORM MO-1040

FO		LENDAR YEAR JAN. 1-DEC. 31, 2010, OR FISCAL YEAR I	BEGINNIN			20	, E	NDING			20		
AMENDED RETURN — CHECK HERE  SOFTWARE VENDOR CODE (Assigned by DOR) 002													
S	SOC	AL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER										
NAME AND ADDRESS	LAST NAME			FIRST NAME M. INI					ITIAL SUFFIX (JR, SR, etc.) DECEAS				
ND AD	SPO	JSE'S LAST NAME	FIRST NAME M. INIT					TIAL SUFFIX (JR, SR, etc.) DECEASED 2010					
IE AI	IN C	ARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE	TIVE, ETC.)					NTY OF RESIDENCE					
NAN	PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)  CITY, TOWN, OR POST OFFICE, S								ZIP CO	DE			
tru a c	st fun Iescri	y contribute to any one or all of the ds on Line 45. See pages 9–10 for ption of each trust fund, as well as d codes to enter on Line 45.	Hom	vered National	ri Workers	7 Trust	Childhood Lead Testing Trust Fund	M F	ssouri lilitary amily lelief Fund	General Revenue Revenue Fund	After School Retreat Trust Fund		
	Р	LEASE CHECK THE APPROPRIATE BOXES THA	T APPL	Y TO YOUR	SELF O	R YOUR S	POUSE	E AS O	F DE	CEMBER 31	, 2010.		
		THROUGH 64 AGE 65 OR OLDER	BLIND			6 DISABLED		=	_	LIGATED SPOU	<u>USE</u>		
Ļ		RSELF YOURSELF	YOURS			☐ YOURSELF ☐ SPOUSE		_	YOUR				
L	SPO	USE SPOUSE	SPOUS	SE .					SPOU				
			(0				ourself/		0 4	Spou			
		Federal adjusted gross income from your 2010 federal retu	•		,	1Y			0 19		00		
ш		Total additions (from Form MO-A, Part 1, Line 6)				2Y							
		Total income — Add Lines 1 and 2.				3Y 4Y					00		
INCOME		Total subtractions (from Form MO-A, Part 1, Line 14)				5Y			_		00		
		Missouri adjusted gross income — Subtract Line 4 from Lin							0   58		00		
		Total Missouri adjusted gross income — Add columns 5Y ar						- 1	.	<u> </u>			
	7.	Income percentages — Divide columns 5Y and 5S by total of	n Line 6.	(Must equal 10	0%.)	/Y		<u>, 9</u>	6 75	5	%		
		Pension and Social Security/Social Security Disability exen				Section E.) .		8		(	00		
	9.	Mark your filing status box below and enter the appropriate	exemptio										
		A. Single — \$2,100 (See Box B before checking.)											
		☐ B. Claimed as a dependent on another person's federal tax return — \$0.00  ☐ F. Head of household — \$3,500											
		C. Married filing joint federal & combined Missouri — \$4,	200	<ul><li>☐ F. ⊓ead o</li><li>☐ G. Qualifyi</li></ul>						,	00		
		☐ D. Married filing separate — \$2,100				— \$3,500	-	9		- 10	00		
	10.	Tax from federal return (Do not enter federal income tax with											
	• Federal Form 1040, Line 55 minus Lines 45, 63, 64a, 66, 67, and amounts from Forms 8801, 8839 and 8885 on Line 71 • Federal Form 1040A, Line 35 minus Lines 40, 41a, 43 and any alternative minimum tax included on Line 28												
10		• Federal Form 1040A, Line 35 minus Lines 40, 41a, 43 and any  • Federal Form 1040EZ, Line 11 minus Line 8 and 9a	allemative	minimum tax ir		Line 20	00						
SIC	11	Other tax from federal return — <b>Attach copy of your federal re</b>			1		00						
<b>EXEMPTIONS AND DEDUCTIONS</b>							00						
		Total tax from federal return — Add Lines 10 and 11 Federal tax deduction — Enter amount from Line 12 no				l filor	100	<u> </u>		- :			
DE	13.	\$10,000 for combined filers.						13		(	00		
밁	14.	Missouri standard deduction OR itemized deductions. Sing									-		
SA		Household— \$8,400; Married Filing a Combined Return or Q	ualifying W	/idow(er) — \$11	,400; If y	ou are age 6	5 or						
Ň		older, blind, or claimed as a dependent, see your federal retu								,	00		
Ĕ		deduction or you are itemizing, see Form MO-A, Part 2, or Fo					• • • • •	14		- '	00		
	15.	Number of dependents from Federal Form 1040 OR 1040A (DO NOT INCLUDE YOURSELF OR SPOUSE.)				X \$1,200 =	_	15		(	00 P Do not include		
EX	16	Number of dependents on Line 15 who are 65 years of age				_ Λ ψ1,200 <b>-</b> ¬	-				yourself		
		receive Medicaid or state funding (DO NOT INCLUDE YOU				X \$1,000 =	= 🔼	16		(	00 spouse		
	17.	Long-term care insurance deduction				_ 	1	17			00		
	18.	Health care sharing ministry 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				<u></u>	2	20		(	00		
	21.	Multiply Line 20 by appropriate percentages (%) on Lines 7	Y and 7S			21Y		C	0 21	S	00		
	22.	Enterprise zone or rural empowerment zone income modifi	cation			22Y		C	0 22	S	00		
	23.	Subtract Line 22 from Line 21. Enter here and on Line 24.				23Y		C	0 23	S	00		

							Yoursel	f			Spouse	
	24.	Taxable income amount from Lines 23Y and 23S				2	4Y		00	24S		00
	25.	Tax (See tax table on page 26 of the instructions.	)			2	5Y		-	25S		00
	26.	$\label{eq:Resident credit} \textbf{Attach Form MO-CR and other}$	states' incor	ne tax ret	urn(s)	2	16Y	(	00	26S		00
٨X	27.	Missouri income percentage — Enter 100% unless Attach Form MO-NRI and a copy of your federa if you or your spouse is a professional entertainer of YOURSELF SPOUSE	I return if less or a member o	than 100 f a profess	%. Check the sional athletic t	eam.	17V		%	270		%
ř	00					2	7Y		/0	27S		/0
		Balance — Subtract Line 26 from Line 25; OR Multiply Line 25 by percentage on Line				2	8Y	(	00	28S		00
	29.	Other taxes (Check box and attach federal form in	ndicated.)									
		Lump sum distribution (Form 4972)	Carres 0011)				101/	- 1	00	000		00
	20	Recapture of low income housing credit (	•			_	9Y 80Y		00			00
_		Subtotal — Add Lines 28 and 29.					* -	31	00	305	00	100
		Total Tax — Add Lines 30Y and 30S						32			00	
-4								33			00	
		2010 Missouri estimated tax payments (include over						-			00	
- 1		Missouri tax payments for nonresident partners or S c Missouri tax payments for nonresident entertaine	•					34			00	
Z a TI								36			00	
		Amount paid with Missouri extension of time to file						37			00	
_		Miscellaneous tax credits (from Form MO-TC, Lin	•					-			00	
		Property tax credit — <b>Attach Form MO-PTS.</b> Total payments and credits — Add Lines 32 through						38			00	
								39			; 00	
		p Lines 40–42 if you are not filing an amer Amount paid on original return						40			00	
		Overpayment as shown (or adjusted) on original						41			00	
	41.	INDICATE REASON FOR AMENDING.	Cluiii				и, М, D, D, Y, Y	411			; 00	
五 円 円		A. Federal audit		Entor	data of IDS ra		<u></u>	-				
핅								-				
콤		☐ B. Net operating loss carryback ☐ C. Investment tax credit carryback						-				
喜		D. Correction other than A, B, or C En			•			-				
	42.	Amended Return — total payments and credits.					m Line 39	42			00	
	43.	If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference (amount of <b>OVERPAYMENT</b> ) here.									00	
	44.	Amount of Line 43 to be applied to your 2011 esti	mated tax					44			00	
물	45.	Enter the amount of your donation in the	Elderly Home	Missouri National	Workers' Memorial	Child	lhood Missouri Military	Genera Reven		After School	Addl. Trust Add Fund Code Fur	II. Trust
포		your donation in the trust fund boxes to the		Guard Trust Fund	Trust Fund	Test Trust F	III   Hevenu	Trust Fund	7	Retreat Trust Fund	(See Instr.) (Se	e Instr.)
		right. See instructions for trust fund codes. 45 00	00	00	00		00 00	0	0	00	00	00
	46.			rom Line		nere. Si			'	1		
		<ol> <li>Overpayment to be refunded to you. Subtract Lines 44 and 45 from Line 43 and enter here. Sign below and mail return to: Department of Revenue, PO Box 500, Jefferson City, MO 65106-0500</li></ol>									00	
	47.	If Line 31 is larger than Line 39 or Line 42, enter	ne difference	(amount o	of UNDERPAY	(MENT)	here	47			00	
当	48.	Underpayment of estimated tax penalty — ${\bf Attack}$	Form MO-2	210. Ente	r penalty amo	unt here		48			00	
≦	49.	Total amount due — Add Lines 47 and 48 and en	ter here. Sign	n below a	nd mail return	and pay	yment to:					
割		Department of Revenue, PO Box 329, Jefferson City, MO 65107-0329.										
ខ្នី		Please write your social security number(s) and day	• •			oney ord	er (U.S. funds only).					
₹		Make payable to Missouri Department of Revenu						49			00	
	lf v	you pay by check, you authorize the Department of							v be	presented a	gain electror	nically
							•					
	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/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 frivolou 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.									rivolous		
TURE		orize the Director of Revenue or delegate to discuss my return and attachments he preparer or any member of the preparer's firm.  YES NO							ER'S T	ELEPHONE		
₹ Z	SIGN	ATURE	DATE		PREPARER'S SIG	NATURE			•	FEIN, SSN,	, OR PTIN	
SIG			DAVET	0115	DDED	DECC :::	710 0005				Tp	
	5401	JSE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPH	OINE	PREPARER'S ADI	JHE99 AND	ZIP CODE				DATE	
		_									1	