



Missouri Department of Revenue
**2017 Individual Income
 Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2017

Print in BLACK ink only and DO NOT STAPLE.

Select Here for **Amended** Return

Select Here for **Composite** Return
 (For use by S corporations or Partnerships)

Vendor Code

Department Use Only

0 0 6

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)

Fiscal Year Ending (MM/DD/YY)

Select the appropriate boxes that apply, as of December 31, 2017.

Age 62 through 64

Age 65 or Older

Blind

100% Disabled

Non-Obligated Spouse

Yourself Spouse

Yourself Spouse

Yourself Spouse

Yourself Spouse

Yourself Spouse

Name

Social Security Number - - Deceased in 2017 Spouse's Social Security Number - - Deceased in 2017

First Name M.I. Last Name Suffix

Spouse's First Name M.I. Spouse's Last Name Suffix

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address

Present Address (Include Apartment Number or Rural Route)

City, Town, or Post Office State ZIP Code -

County of Residence

You may contribute to any one or all of the trust funds on Line 48. See pages 10-11 of the instructions for more trust fund information.

| | | | | | | | | |
|-----------------------|---------------------|---|------------------------------------|------------------------|-----------------------------|--------------------------------------|----------------------|--------------------------|
| 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 | Organ Donor Program Fund |
|-----------------------|---------------------|---|------------------------------------|------------------------|-----------------------------|--------------------------------------|----------------------|--------------------------|



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For Privacy Notice, see Instructions.

Income

| | Yourself (Y) | | Spouse (S) | |
|--|--------------|--|------------|--|
| 1. Federal adjusted gross income from your 2017 federal return (see worksheet on page 7 of the instructions) | 1Y | | 1S | |
| 2. Total additions (from Form MO-A , Part 1, Line 7) | 2Y | | 2S | |
| 3. Total income - Add Lines 1 and 2. | 3Y | | 3S | |
| 4. Total subtractions (from Form MO-A, Part 1, Line 17) | 4Y | | 4S | |
| 5. Missouri adjusted gross income - Subtract Line 4 from Line 3. | 5Y | | 5S | |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S | 6 | | | |
| 7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) | 7Y | | % | |

Exemptions and Deductions

| | | | | |
|--|---|-------------|-----|--|
| 8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E) | | | 8 | |
| 9. Select your filing status box below. Enter the appropriate exemption amount on Line 9 | | | 9 | |
| <input type="checkbox"/> A. Single - \$2,100 (see Box B before selecting.) | <input type="checkbox"/> E. Married Filing Separate (spouse NOT filing) - \$4,200 | | | |
| <input type="checkbox"/> B. Claimed as a Dependent on Another Person's Federal Tax Return - \$0.00 | <input type="checkbox"/> F. Head of Household - \$3,500 | | | |
| <input type="checkbox"/> C. Married Filing Combined (joint federal) - \$4,200 | <input type="checkbox"/> G. Qualifying Widow(er) with Dependent Child - \$3,500 | | | |
| <input type="checkbox"/> D. Married Filing Separate - \$2,100 | | | | |
| 10. Additional personal exemption (see instructions on page 7) | | | 10 | |
| 11. Tax from federal return - Do not enter federal income tax withheld (see instructions on page 7 and 8) | 11 | | .00 | |
| 12. Other tax from federal return - Attach a copy of your federal return (pages 1 and 2) | 12 | | .00 | |
| 13. Total tax from federal return - Add Lines 11 and 12 | 13 | | .00 | |
| 14. Federal tax deduction - Enter the amount from Line 13, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers | 14 | | .00 | |
| 15. Missouri standard deduction or itemized deductions. <ul style="list-style-type: none"> • Single or Married Filing Separate - \$6,350 • Head of Household - \$9,350 • Married Filing Combined or Qualifying Widow(er) - \$12,700 If age 65 or older, blind, claimed as a dependent, see page 8. If itemizing, see Form MO-A, Part 2. | 15 | | .00 | |
| 16. Number of dependents (from Federal Form 1040 or 1040A, Line 6c). Do not include yourself or spouse. | <input type="checkbox"/> | X \$1,200 = | 16 | |
| <input type="checkbox"/> Select box if claiming a stillborn child (see instructions on page 8). | | | | |
| 17. Number of dependents on Line 16 who are 65 years of age or older and do not receive Medicaid or state funding. Do not include yourself or spouse | <input type="checkbox"/> | X \$1,000 = | 17 | |



Exemptions and Deductions (cont.)

| | | | |
|--|----|--|-----|
| 18. Long-term care insurance deduction | 18 | | .00 |
| 19. Health care sharing ministry deduction | 19 | | .00 |
| 20. Military income deduction | 20 | | .00 |
| 21. Bring jobs home deduction | 21 | | .00 |
| 22. Transportation facilities deduction | 22 | | .00 |

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities

| | | | | | | |
|---|-----|--|-----|-----|--|-----|
| 23. Total deductions - Add Lines 8, 9, 10, and 14 through 22. | 23 | | .00 | | | |
| 24. Subtotal - Subtract Line 23 from Line 6. | 24 | | .00 | | | |
| 25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S | 25Y | | .00 | 25S | | .00 |
| 26. Enterprise zone or rural empowerment zone income modification | 26Y | | .00 | 26S | | .00 |

Tax

| | | | | | | |
|--|-----|--|-----|-----|--|-----|
| 27. Taxable income - Subtract Line 26 from Line 25. | 27Y | | .00 | 27S | | .00 |
| 28. Tax (see tax chart on page 20 of the instructions). | 28Y | | .00 | 28S | | .00 |
| 29. Resident credit - Attach Form MO-CR and other states' income tax return(s). | 29Y | | .00 | 29S | | .00 |
| 30. 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% | 30Y | | % | 30S | | % |
| 31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30 | 31Y | | .00 | 31S | | .00 |
| 32. Other taxes - Select box and attach federal form indicated. | | | | | | |
| <input type="checkbox"/> Lump sum distribution (Form 4972) | | | | | | |
| <input type="checkbox"/> Recapture of low income housing credit (Form 8611) | 32Y | | .00 | 32S | | .00 |
| 33. Subtotal - Add Lines 31 and 32 | 33Y | | .00 | 33S | | .00 |
| 34. Total Tax - Add Lines 33Y and 33S. | 34 | | .00 | | | |

Payments and Credits

| | | | |
|--|----|--|-----|
| 35. MISSOURI tax withheld - Attach Forms W-2 and 1099. | 35 | | .00 |
| 36. 2017 Missouri estimated tax payments - Include overpayment from 2016 applied to 2017 | 36 | | .00 |
| 37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP | 37 | | .00 |



Payments and Credits

- 38. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT 38 .00
- 39. Amount paid with Missouri extension of time to file ([Form MO-60](#)) 39 .00
- 40. Miscellaneous tax credits (from [Form MO-TC](#), Line 13) - Attach Form MO-TC 40 .00
- 41. Property tax credit - Attach [Form MO-PTS](#) 41 .00
- 42. Total payments and credits - Add Lines 35 through 41 42 .00

Skip Lines 43 through 45 if you are not filing an amended return.

- 43. Amount paid on original return. 43 .00
- 44. Overpayment as shown (or adjusted) on original return 44 .00

Indicate Reason for Amending

Amended Return

- A. Federal audit Enter date of IRS report (MM/DD/YY)
- B. Net operating loss carryback Enter year of loss (YY)
- C. Investment tax credit carryback Enter year of credit (YY)
- D. Correction other than A, B, or C Enter date of federal amended return, if filed. (MM/DD/YY)

- 45. Amended return total payments and credits - Add Line 43 to Line 42 or subtract Line 44 from Line 42. 45 .00

- 46. If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference. Amount of OVERPAYMENT 46 .00

- 47. Amount of Line 46 to be applied to your 2018 estimated tax 47 .00

48. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

Refund

- | | | |
|--|--|---|
| 48a. Children's Trust Fund <input type="text"/> .00 | 48b. Veterans Trust Fund <input type="text"/> .00 | 48c. Elderly Home Delivered Meals Trust Fund <input type="text"/> .00 |
| 48d. Missouri National Guard Trust Fund <input type="text"/> .00 | 48e. Workers' Memorial Fund <input type="text"/> .00 | 48f. Childhood Lead Testing Fund <input type="text"/> .00 |
| 48g. Missouri Military Family Relief Fund <input type="text"/> .00 | 48h. General Revenue Fund <input type="text"/> .00 | 48i. Organ Donor Program Fund <input type="text"/> .00 |
| 48j. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00 | 48k. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00 | |

- Total Donation - Add amounts from Boxes 48a through 48k and enter here. 48 .00

- 49. Amount of Line 46 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from Line E of [Form 5632](#) 49 .00



Refund (cont.)

50. **REFUND** - Subtract Lines 47, 48, and 49 from Line 46 and enter here

If you would like your refund deposited directly into your checking or savings account, complete boxes a, b, and c below.

a. Routing Number

c. Checking Savings

b. Account Number

Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.
Amount of UNDERPAYMENT (see the instructions for Line 52)

52. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here ...

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53. **AMOUNT DUE** - Add Lines 51 and 52.
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check 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 an individual who files a frivolous 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.

Signature

Signature Date (MM/DD/YY)

Spouse's Signature (If filing combined, BOTH must sign) Date (MM/DD/YY)

E-mail Address Daytime Telephone

Preparer's Signature Date (MM/DD/YY)

Preparer's FEIN, SSN, or PTIN Preparer's Telephone

Preparer's Address State ZIP Code

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Department Use Only

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(Revised 12-2017)

Mail To: **Balance Due:** Missouri Department of Revenue
P.O. Box 3370
Jefferson City, MO 65105-3370

Refund or No Amount Due: Missouri Department of Revenue
P.O. Box 3222
Jefferson City, MO 65105-3222

Phone (Balance Due): (573) 751-7200
Phone (Refund or No Amount Due): (573) 751-3505
Fax: (573) 751-2195
E-mail: income@dor.mo.gov



2017 Tax Chart

To identify your tax, use your Missouri taxable income from Form MO-1040, Line 27Y or 27S and the tax chart in Section A below. A separate tax must be computed for you and your spouse.

Calculate your Missouri tax using the online tax calculator at <http://dor.mo.gov/personal/individual> or by using the worksheet in Section B below. Round to the nearest whole dollar and enter on Form MO-1040, Line 28Y and 28S.

Tax Rate Chart

Section A

| <u>If the Missouri taxable income is:</u> | <u>The tax is:</u> |
|---|---------------------------------------|
| \$0 to \$100 | \$0 |
| At least \$101 but not over \$1,008 | 1½% of the Missouri taxable income |
| Over \$1,008 but not over \$2,016 | \$15 plus 2% of excess over \$1,008 |
| Over \$2,016 but not over \$3,024 | \$35 plus 2½% of excess over \$2,016 |
| Over \$3,024 but not over \$4,032 | \$60 plus 3% of excess over \$3,024 |
| Over \$4,032 but not over \$5,040 | \$90 plus 3½% of excess over \$4,032 |
| Over \$5,040 but not over \$6,048 | \$125 plus 4% of excess over \$5,040 |
| Over \$6,048 but not over \$7,056 | \$165 plus 4½% of excess over \$6,048 |
| Over \$7,056 but not over \$8,064 | \$210 plus 5% of excess over \$7,056 |
| Over \$8,064 but not over \$9,072 | \$260 plus 5½% of excess over \$8,064 |
| Over \$9,072 | \$315 plus 6% of excess over \$9,072 |

Tax Calculation Worksheet

Section B

| | Yourself | Spouse | Example A | Example B |
|--|------------|---------|---|--|
| 1. Missouri taxable income (Form MO-1040, Line 27Y and 27S) | \$ _____ | _____ | \$ 3,090 | \$ 12,000 |
| 2. Enter the minimum taxable income for your tax bracket (see Section A above) | - \$ _____ | _____ | - \$ 3,024 | \$ 9,072 |
| 3. Difference - Subtract Line 2 from Line 1 | = \$ _____ | _____ | = \$ 66 | \$ 2,928 |
| 4. Enter the percent for your tax bracket (see Section A above) | X _____ % | _____ % | X 3% | _____ 6% |
| 5. Multiply Line 3 by the percent on Line 4 | = \$ _____ | _____ | = \$ 1.98 | \$ 175.68 |
| 6. Enter the tax from your tax bracket - before applying the percent (see Section A above) | + \$ _____ | _____ | + \$ 60 | \$ 315 |
| 7. Total Missouri Tax - Add Line 5 and 6. Enter here and on Form MO-1040, Line 28Y and 28S | = \$ _____ | _____ | = \$ 62 | \$ 491 |
| | | | (\$61.98 rounded to the nearest dollar) | (\$490.68 rounded to the nearest dollar) |

Diagram 1: Form W-2

The diagram shows a Form W-2 Wage and Tax Statement for 2017. Two callouts with arrows point to specific boxes: 'Missouri Taxes Withheld' points to box 17 (State income tax), and 'Earnings Tax' points to box 19 (Local income tax). The form includes fields for control number, employer identification number, employer name, employee social security number, employee name, wages, taxes withheld, and state/local taxes.





Missouri Department of Revenue
2017 Individual Income Tax Adjustments

Department Use Only (MM/DD/YY) [] [] []

Attach to Form MO-1040. Attach your federal return. See information beginning on page 12 to assist you in completing this form.

Name

Form fields for Social Security Number, Spouse's Social Security Number, First Name, M.I., Last Name, Suffix, Spouse's First Name, M.I., Spouse's Last Name, Suffix.

Additions

Yourself (Y)

Spouse (S)

Table for Additions with columns for Yourself (Y) and Spouse (S) and rows 1-7 for various income adjustments.

Subtractions

Table for Subtractions with columns for Yourself (Y) and Spouse (S) and rows 8-12 for various income adjustments.

Part 1 - Missouri Modifications to Federal Adjusted Gross Income



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For Privacy Notice, see instructions.

| | | | | |
|---|-----|--|----|-----|
| 13. Missouri depreciation adjustment (Section 143.121, RSMo) | | | | |
| <input type="checkbox"/> Sold or disposed property previously taken as addition modification | 13Y | | 00 | 13S |
| 14. Home Energy Audit Expenses - Attach the Home Energy Audit Expense (Form MO-HEA) | 14Y | | 00 | 14S |
| 15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) | 15Y | | 00 | 15S |
| 16. Agriculture Disaster Relief | 16Y | | 00 | 16S |
| 17. Total Subtractions - Add Lines 8 through 16. Enter here and on Form MO-1040, Line 4 | 17Y | | 00 | 17S |

Complete this section only if you itemize deductions on your federal return. Attach your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

| | | | |
|--|----|--|----|
| 1. Total federal itemized deductions from Federal Form 1040, Line 40 | 1 | | 00 |
| 2. 2017 Social security tax - (Yourself) | 2 | | 00 |
| 3. 2017 Social security tax - (Spouse) | 3 | | 00 |
| 4. 2017 Railroad retirement tax - Tier I and Tier II (Yourself) | 4 | | 00 |
| 5. 2017 Railroad retirement tax - Tier I and Tier II (Spouse) | 5 | | 00 |
| 6. 2017 Medicare tax - Yourself and Spouse (see instructions on page 42) | 6 | | 00 |
| 7. 2017 Self-employment tax (see instructions on page 42) | 7 | | 00 |
| 8. Total - Add Lines 1 through 7 | 8 | | 00 |
| 9. State and local income taxes from Federal Schedule A, Line 5 or see the worksheet below | 9 | | 00 |
| 10. Earnings taxes included in Line 9 | 10 | | 00 |
| 11. Net state income taxes - Subtract Line 10 from Line 9 or enter Line 8 from worksheet below | 11 | | 00 |
| 12. Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 15 | 12 | | 00 |

Complete this worksheet only if your federal adjusted gross income from Federal Form 1040, Line 37 is more than \$313,800 if married filing combined or qualifying widow(er), \$287,650 if head of household, \$261,500 if single or claimed as a dependent, or \$156,900 if married filing separate. Attach your Federal Itemized Deduction Worksheet (page A-12 of Federal Schedule A instructions).

| | | | |
|---|---|--|----|
| 1. Enter amount from Federal Itemized Deduction Worksheet, Line 3 (see page A-12 of Federal Schedule A instructions). If \$0 or less, enter "0" | 1 | | 00 |
| 2. Enter amount from Federal Itemized Deduction Worksheet, Line 9 (see Federal Schedule A instructions) | 2 | | 00 |
| 3. State and local income taxes from Federal Form 1040, Schedule A, Line 5 | 3 | | 00 |
| 4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5 | 4 | | 00 |
| 5. Subtract Line 4 from Line 3 | 5 | | 00 |
| 6. Divide Line 5 by Line 1 | 6 | | % |
| 7. Multiply Line 2 by Line 6 | 7 | | 00 |
| 8. Subtract Line 7 from Line 5. Enter here and on Form MO-A, Part 2, Line 11 | 8 | | 00 |



Part 3 - Pension and Social Security/Social Security Disability/Military Exemption

Public Pension Calculation - Pensions received from any federal, state, or local government.

Section A

| | | | | | | |
|---|----|--|-----|----|--|-----|
| 1. Missouri adjusted gross income from Form MO-1040, Line 6 | 1 | | .00 | | | |
| 2. Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b | 2 | | .00 | | | |
| 3. Subtract Line 2 from Line 1 | 3 | | .00 | | | |
| 4. Select the appropriate filing status and enter amount on Line 4. • Married Filing Combined (joint federal) - \$100,000 • Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000 | 4 | | .00 | | | |
| 5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0 | 5 | | .00 | | | |
| 6. Taxable pension for each spouse from public sources from Federal Form 1040A, Line 12b or 1040, Line 16b | 6Y | | .00 | 6S | | .00 |
| 7. Amount from Line 6 or \$37,089 (maximum social security benefit), whichever is less | 7Y | | .00 | 7S | | .00 |
| 8. If you received taxable social security, complete Form MO-A, Lines 1 through 8 of Section C, and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than \$0. | 8Y | | .00 | 8S | | .00 |
| 9. Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0. | 9Y | | .00 | 9S | | .00 |
| 10. Add amounts on Lines 9Y and 9S | 10 | | .00 | | | |
| 11. Total public pension, subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0 | 11 | | .00 | | | |

Private Pension Calculation - Annuities, pensions, IRAs, and 401(k) plans funded by a private source.

Section B

| | | | | | | |
|--|----|--|-----|----|--|-----|
| 1. Missouri adjusted gross income from Form MO-1040, Line 6 | 1 | | .00 | | | |
| 2. Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b | 2 | | .00 | | | |
| 3. Subtract Line 2 from Line 1 | 3 | | .00 | | | |
| 4. Select the appropriate filing status and enter the amount on Line 4. • Married Filing Combined (joint federal) - \$32,000 • Single, Head of Household and Qualifying Widow(er) - \$25,000 • Married Filing Separate - \$16,000 | 4 | | .00 | | | |
| 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 1040A, Lines 11b and 12b, or Federal Form 1040, Lines 15b and 16b | 6Y | | .00 | 6S | | .00 |
| 7. Amounts from Line 6Y and 6S or \$6,000, whichever is less | 7Y | | .00 | 7S | | .00 |
| 8. Add Lines 7Y and 7S | 8 | | .00 | | | |
| 9. Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0. | 9 | | .00 | | | |



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Social Security or Social Security Disability Calculation - To be eligible for social security deduction you must be 62 years of age by December 31 and have selected the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to social security disability deduction.

Section C

1. Missouri adjusted gross income from Form MO-1040, Line 6
2. Select the appropriate filing status and enter the amount on Line 2.
 - Married Filing Combined (joint federal) - \$100,000
 - Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000
3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0
4. Taxable social security benefits for each spouse from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b
5. Taxable social security disability benefits for each spouse from Federal Form 1040A, Line 14b or 1040, Line 20b
6. Amount from Line(s) 4Y or 5Y, and 4S or 5S
7. Add Lines 6Y and 6S
8. Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0

Military Pension Calculation

Section D

1. Military retirement benefits included on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b.
2. Taxable public pension from Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b
3. Divide Line 1 by Line 2 (Round to whole number) %
4. Multiply Line 3 by Line 11 of Section A. If you are not claiming a public pension exemption, enter \$0
5. Total military pension, subtract Line 4 from Line 1

Total Pension and Social Security/Social Security Disability/Military Exemption

Section E

Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 5 (Section D) from Form MO-A. Enter total amount here and on Form MO-1040, Line 8.

Attach to Form MO-1040. Attach your federal return.
See information beginning on page 12 to assist you in completing this form.





Missouri Department of Revenue
**2017 Credit for Income Taxes Paid To
 Other States or Political Subdivisions**

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

Attach Form MO-CR and all income tax returns for each state or political subdivision to Form MO-1040.

| | |
|---|--|
| Name | Social Security Number |
| <input style="width: 100%;" type="text"/> | <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> |

| | |
|---|--|
| Spouse's Name | Spouse's Social Security Number |
| <input style="width: 100%;" type="text"/> | <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> |

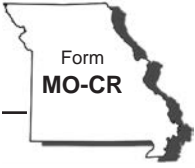
| | Yourself (Y) | Spouse (S) |
|---|--|--|
| 1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S) | 1Y <input style="width: 60%;" type="text"/> .00 | 1S <input style="width: 60%;" type="text"/> .00 |
| 2. Claimant's Missouri income tax (Form MO-1040, Line 28Y and 28S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below. _____ | 2Y <input style="width: 60%;" type="text"/> .00 | 2S <input style="width: 60%;" type="text"/> .00 |
| | State of: <input style="width: 60%;" type="text"/> | State of: <input style="width: 60%;" type="text"/> |
| 3. Wages and commissions. | 3Y <input style="width: 60%;" type="text"/> .00 | 3S <input style="width: 60%;" type="text"/> .00 |
| 4. Other income (Describe nature _____) | 4Y <input style="width: 60%;" type="text"/> .00 | 4S <input style="width: 60%;" type="text"/> .00 |
| 5. Total - Add Lines 3 and 4. | 5Y <input style="width: 60%;" type="text"/> .00 | 5S <input style="width: 60%;" type="text"/> .00 |
| 6. Less, related adjustments (from Federal Form 1040A, Line 20, or Federal Form 1040, Line 36). | 6Y <input style="width: 60%;" type="text"/> .00 | 6S <input style="width: 60%;" type="text"/> .00 |
| 7. Net amounts - Subtract Line 6 from Line 5 | 7Y <input style="width: 60%;" type="text"/> .00 | 7S <input style="width: 60%;" type="text"/> .00 |
| 8. Percentage of your income taxed - Divide Line 7 by Line 1 | 8Y <input style="width: 60%;" type="text"/> % | 8S <input style="width: 60%;" type="text"/> % |
| 9. Maximum credit - Multiply Line 2 by percentage on Line 8 | 9Y <input style="width: 60%;" type="text"/> .00 | 9S <input style="width: 60%;" type="text"/> .00 |
| 10. Income tax you paid to another state or political subdivision. This is not income tax withheld. The income tax is reduced by all credits, except withholding and estimated tax. | 10Y <input style="width: 60%;" type="text"/> .00 | 10S <input style="width: 60%;" type="text"/> .00 |
| 11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 29Y or Line 29S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040 | 11Y <input style="width: 60%;" type="text"/> .00 | 11S <input style="width: 60%;" type="text"/> .00 |



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For Privacy Notice, see Instructions.

Form MO-CR (Revised 12-2017)



Missouri Department of Revenue
**2017 Credit for Income Taxes Paid To
 Other States or Political Subdivisions**

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

Attach Form MO-CR and all income tax returns for each state or political subdivision to Form MO-1040.

| | |
|----------------------|--|
| Name | Social Security Number |
| <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> |

| | |
|----------------------|--|
| Spouse's Name | Spouse's Social Security Number |
| <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> |

| | Yourself (Y) | Spouse (S) |
|---|--------------------------------|--------------------------------|
| 1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S) | 1Y <input type="text"/> .00 | 1S <input type="text"/> .00 |
| 2. Claimant's Missouri income tax (Form MO-1040, Line 28Y and 28S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below. _____ | 2Y <input type="text"/> .00 | 2S <input type="text"/> .00 |
| | State of: <input type="text"/> | State of: <input type="text"/> |
| 3. Wages and commissions. | 3Y <input type="text"/> .00 | 3S <input type="text"/> .00 |
| 4. Other income (Describe nature _____) | 4Y <input type="text"/> .00 | 4S <input type="text"/> .00 |
| 5. Total - Add Lines 3 and 4. | 5Y <input type="text"/> .00 | 5S <input type="text"/> .00 |
| 6. Less, related adjustments (from Federal Form 1040A, Line 20, or Federal Form 1040, Line 36). | 6Y <input type="text"/> .00 | 6S <input type="text"/> .00 |
| 7. Net amounts - Subtract Line 6 from Line 5 | 7Y <input type="text"/> .00 | 7S <input type="text"/> .00 |
| 8. Percentage of your income taxed - Divide Line 7 by Line 1 | 8Y <input type="text"/> % | 8S <input type="text"/> % |
| 9. Maximum credit - Multiply Line 2 by percentage on Line 8 | 9Y <input type="text"/> .00 | 9S <input type="text"/> .00 |
| 10. Income tax you paid to another state or political subdivision. This is not income tax withheld. The income tax is reduced by all credits, except withholding and estimated tax. | 10Y <input type="text"/> .00 | 10S <input type="text"/> .00 |
| 11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 29Y or Line 29S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040 | 11Y <input type="text"/> .00 | 11S <input type="text"/> .00 |



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For Privacy Notice, see Instructions.

Form MO-CR (Revised 12-2017)

Complete this form if you are a Missouri resident, resident estate, or resident trust with income from another state(s). A part-year resident may elect to use this form to determine his or her tax as if he or she were a resident for the entire taxable year. If you pay tax to more than one state, you must complete a separate Form MO-CR for each state.

Before you begin:

- Complete your Missouri return, Form MO-1040 (Lines 1 through 28).
- Complete the other state's return(s) to determine the amount of income tax you paid to the other state(s).

Line 1 - Enter the amount from Form MO-1040, Line 5Y and 5S.

Line 2 - Enter the amount from Form MO-1040, Line 28Y and 28S.

Lines 3 and 4 - Enter the total amount of wages, commissions, and other income you or your spouse received from the other state(s), as reported on the other state(s) return.

Line 5 - Add Lines 3 and 4; enter the total on Line 5.

Line 6 - Enter any federal adjustments from:

- Federal Form 1040, Line 36
- Federal Form 1040A, Line 20

Line 7 - Subtract Line 6 from Line 5. Enter the difference on Line 7.

Line 8 - Divide Line 7 by Line 1. If greater than 100 percent, enter 100 percent. Round in whole percent, such as 91 percent instead of 90.5 percent. If percentage is less than 0.5 percent, use exact percentage. Enter percentage on Line 8.

Line 9 - Multiply Line 2 by percentage on Line 8. Enter amount on Line 9.

Line 10 - Enter your income tax liability as reported on the other state(s) income tax return. **This is not income tax withheld.** The income tax entered must be reduced by all credits, except withholding and estimated tax. If both you and your spouse paid income tax to the other state(s), each must claim his or her own portion of the tax liability.

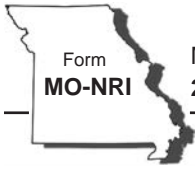
Line 11 - Enter the smaller amount from Form MO-CR, Line 9 or Line 10. This is your Missouri resident credit. Enter the amount on Form MO-1040, Line 29Y and 29S. (If you have multiple credits, add the amounts on Line 11 from each MO-CR). Your total credit cannot exceed the tax paid or the percent of tax due to Missouri on that part of your income.

Two Letter Abbreviations for States

| | | | | |
|---------------------------|----------------|--------------------|---------------------|--------------------|
| AL - Alabama | GA - Georgia | MD - Maryland | NM - New Mexico | SD - South Dakota |
| AK - Alaska | HI - Hawaii | MA - Massachusetts | NY - New York | TN - Tennessee |
| AZ - Arizona | ID - Idaho | MI - Michigan | NC - North Carolina | TX - Texas |
| AR - Arkansas | IL - Illinois | MN - Minnesota | ND - North Dakota | UT - Utah |
| CA - California | IN - Indiana | MS - Mississippi | OH - Ohio | VT - Vermont |
| CO - Colorado | IA - Iowa | MT - Montana | OK - Oklahoma | VA - Virginia |
| CT - Connecticut | KS - Kansas | NE - Nebraska | OR - Oregon | WA - Washington |
| DC - District of Columbia | KY - Kentucky | NV - Nevada | PA - Pennsylvania | WV - West Virginia |
| DE - Delaware | LA - Louisiana | NH - New Hampshire | RI - Rhode Island | WI - Wisconsin |
| FL - Florida | ME - Maine | NJ - New Jersey | SC - South Carolina | WY - Wyoming |



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Resident/Nonresident Status - Select your status in the appropriate box below.

Part A

Social Security Number

- -

Name

Address

City, State, ZIP Code

1. Nonresident of Missouri
State of residence during 2017 _____

2. Part-Year Missouri Resident
Indicate the dates you were a Missouri Resident in 2017.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence
and dates you resided there _____

Date From: _____ Date To: _____

Spouse's Social Security Number

- -

Spouse's Name

Address

City, State, ZIP Code

1. Nonresident of Missouri
State of residence during 2017 _____

2. Part-Year Missouri Resident
Indicate the dates you were a Missouri Resident in 2017.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence
and dates you resided there _____

Date From: _____ Date To: _____

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 30 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the 2017 tax year maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2017 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the 2017 tax year maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2017 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.



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For Privacy Notice, see Instructions.

Worksheet for Missouri Source Income

Part B

| Adjusted Gross Income Computations | Federal Form 1040A, Line No. | Federal Form 1040, Line No. | Yourself or One Income Filer | | Spouse (On A Combined Return) | | |
|---|------------------------------|-----------------------------|------------------------------|----------------------|-------------------------------|------------------------|-----|
| | | | Missouri Sources | | Missouri Sources | | |
| A. Wages, salaries, tips, etc. | 7 | 7 | A | <input type="text"/> | .00 | A <input type="text"/> | .00 |
| B. Taxable interest income. | 8a | 8a | B | <input type="text"/> | .00 | B <input type="text"/> | .00 |
| C. Dividend income | 9a | 9a | C | <input type="text"/> | .00 | C <input type="text"/> | .00 |
| D. State and local income tax refunds | NONE | 10 | D | <input type="text"/> | .00 | D <input type="text"/> | .00 |
| E. Alimony received | NONE | 11 | E | <input type="text"/> | .00 | E <input type="text"/> | .00 |
| F. Business income or (loss) | NONE | 12 | F | <input type="text"/> | .00 | F <input type="text"/> | .00 |
| G. Capital gain or (loss) | 10 | 13 | G | <input type="text"/> | .00 | G <input type="text"/> | .00 |
| H. Other gains or (losses). | NONE | 14 | H | <input type="text"/> | .00 | H <input type="text"/> | .00 |
| I. Taxable IRA distributions. | 11b | 15b | I | <input type="text"/> | .00 | I <input type="text"/> | .00 |
| J. Taxable pensions and annuities | 12b | 16b | J | <input type="text"/> | .00 | J <input type="text"/> | .00 |
| K. Rents, royalties, partnerships, S corporations, etc. | NONE | 17 | K | <input type="text"/> | .00 | K <input type="text"/> | .00 |
| L. Farm income or (loss) | NONE | 18 | L | <input type="text"/> | .00 | L <input type="text"/> | .00 |
| M. Unemployment compensation | 13 | 19 | M | <input type="text"/> | .00 | M <input type="text"/> | .00 |
| N. Taxable social security benefits. | 14b | 20b | N | <input type="text"/> | .00 | N <input type="text"/> | .00 |
| O. Other income | NONE | 21 | O | <input type="text"/> | .00 | O <input type="text"/> | .00 |
| P. Total - Add Lines A through O | 15 | 22 | P | <input type="text"/> | .00 | P <input type="text"/> | .00 |
| Q. Less: federal adjustments to income | 20 | 36 | Q | <input type="text"/> | .00 | Q <input type="text"/> | .00 |
| R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1 | 21 | 37 | R | <input type="text"/> | .00 | R <input type="text"/> | .00 |
| S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) | | | S | <input type="text"/> | .00 | S <input type="text"/> | .00 |
| T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) | | | T | <input type="text"/> | .00 | T <input type="text"/> | .00 |
| U. MISSOURI INCOME (Missouri sources). Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1 | | | U | <input type="text"/> | .00 | U <input type="text"/> | .00 |

Missouri Income Percentage

Part C

| | Yourself or One Income Filer | Spouse (On A Combined Return) |
|--|------------------------------|-------------------------------|
| 1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) | 1Y <input type="text"/> .00 | 1S <input type="text"/> .00 |
| 2. Taxpayer's total adjusted gross income (From Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return). | 2Y <input type="text"/> .00 | 2S <input type="text"/> .00 |
| 3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 30Y and 30S | 3Y <input type="text"/> % | 3S <input type="text"/> % |

Under penalties of perjury, I declare that I have examined this form 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 frivolous return.

Signature

| | |
|---|----------------------|
| Signature | Date (MM/DD/YY) |
| <input type="text"/> | <input type="text"/> |
| Spouse's Signature (if filing combined, BOTH must sign) | Date (MM/DD/YY) |
| <input type="text"/> | <input type="text"/> |



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Part A, Line 1: Nonresidents of Missouri

If you are a Missouri nonresident and had Missouri source income, complete Part A, Line 1, Part B, and Part C. Attach a copy of your federal return and this form to your Missouri return.

Part A, Line 2: Part-Year Resident

If you were a Missouri part-year resident with Missouri source income and income from another state; you may use Form MO-NRI or Form MO-CR, whichever is to your benefit. When using Form MO-NRI, complete Part A, Line 2, Part B, and Part C. Missouri source income includes any income (pensions, annuities, etc.) that you received while living in Missouri. Attach a copy of your federal return and this form to your Missouri return.

Part A, Line 3: Military Nonresident Tax Status

Missouri Home of Record - If you have a Missouri home of record and you:

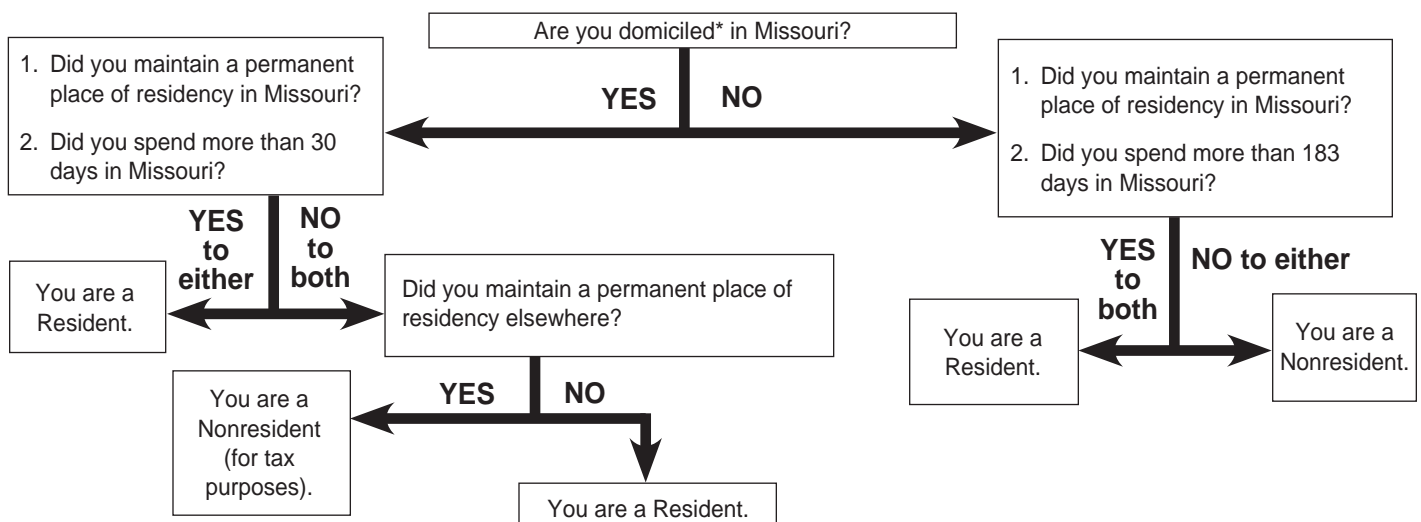
- a) Did not have any Missouri income other than military income, were not in Missouri for more than 30 days, did not maintain a home in Missouri during the year, but did maintain living quarters elsewhere, you qualify as a nonresident for tax purposes. Complete Part A, Line 3 and enter "0" on Part C, Line 1.
- b) Did have Missouri income other than military income, were in Missouri for more than 30 days or maintained a home in Missouri during the year, you cannot use this form. You must file Form MO-1040 because 100 percent of your income is taxable, including your military income. **Do not complete this form.**
- c) Did not have Missouri income other than military income but spent more than 30 days in Missouri or maintained a home in Missouri during the year, you must file Form MO-1040 because 100 percent of your income is taxable, including your military income. **Do not complete this form.**
- d) Are married to a Missouri resident, who is not in the military, but lives with you outside of Missouri on military orders, you may use Form MO-NRI to calculate your Missouri income percentage. However, any income earned by your spouse is taxable to Missouri. Your spouse is not eligible to complete Form MO-NRI.

Military Nonresident Stationed in Missouri - If you are a military nonresident, stationed in Missouri and you:

- a) Earned non-military income while in Missouri - You must file Form MO-1040. Complete Part A, Line 3, Part B and Part C. The nonresident military pay should be subtracted from your federal adjusted gross income using Form MO-A, Part 1, Line 10, as a "Military (nonresident) Subtraction".
- b) Only had military income while in Missouri - You may complete a Military - No Return Required Form online at <https://sa.dor.mo.gov/nri/>.

Note: If you file a joint federal return, you **must** file a combined Missouri return (regardless of whom earned the income). Complete each column of Part B and Part C of this form. Do not combine incomes for you and your spouse.

Use this diagram to determine if you or your spouse are a RESIDENT OR NONRESIDENT



*Domicile (Home of Record) - The place an individual intends to be his or her permanent home; a place that he or she intends to return whenever absent. A domicile, once established, continues until the individual moves to a new location with the true intention of making his or her permanent home there. An individual can only have one domicile at a time.



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Missouri Department of Revenue
2017 Home Energy Audit Expense

Department Use Only
 (MM/DD/YY)

| | | |
|--|--|--|
| | | |
|--|--|--|

Social Security Number

| | | | | |
|--|---|--|---|--|
| | - | | - | |
|--|---|--|---|--|

Spouse's Social Security Number

| | | | | |
|--|---|--|---|--|
| | - | | - | |
|--|---|--|---|--|

Taxpayer Name

Spouse's Name

Street Address

City

State

ZIP Code

| | | |
|--|---|--|
| | - | |
|--|---|--|

Qualifications

Any taxpayer who paid an individual certified by the Division of Energy to complete a home energy audit may deduct 100 percent of the costs incurred for the audit and the implementation of any energy efficiency recommendations made by the auditor. The subtraction may not exceed \$1,000, for a single taxpayer or \$2,000 for taxpayers filing combined returns. To qualify for the subtraction, you must have incurred expenses in the taxable year you are filing a claim, and the expenses incurred must not have been excluded from your federal adjusted gross income or reimbursed through any other state or federal program.

Instructions

In the spaces provided below:

- Report the name of the auditor who conducted the audit
- Report the auditor's certification number
- Summarize each of the auditor's recommendations
- Enter the amount paid for the audit on Line A
- Enter the total amount paid to implement the energy efficiency recommendations on Line B
- Enter the total amount paid for the audit and any implemented recommendations on Line C
- Attach applicable receipts
- Attach completed MO-HEA and receipts to Form MO-1040

Auditor Summary

Auditor Name

Auditor Certification Number

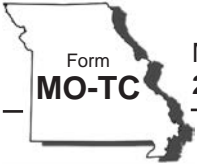
Summary of Recommendations

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

| | | | | |
|---|---|--|---|---|
| A. Amount paid for audit. | A | <input style="width: 90%; height: 20px;" type="text"/> | . | <input style="width: 40px; height: 20px;" type="text"/> |
| B. Amount paid to implement recommendations | B | <input style="width: 90%; height: 20px;" type="text"/> | . | <input style="width: 40px; height: 20px;" type="text"/> |
| C. Total Paid - Add Lines A and B and enter here | C | <input style="width: 90%; height: 20px;" type="text"/> | . | <input style="width: 40px; height: 20px;" type="text"/> |
| D. Enter \$1,000 if a single filer or \$2,000 if filing a combined return | D | <input style="width: 90%; height: 20px;" type="text"/> | . | <input style="width: 40px; height: 20px;" type="text"/> |
| E. Amount from Line C or Line D, whichever is less. Enter here and on Form MO-A, Line 14. If you are filing a combined return, you may split the amount reported on Line 14 between both spouses. | E | <input style="width: 90%; height: 20px;" type="text"/> | . | <input style="width: 40px; height: 20px;" type="text"/> |



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Missouri Department of Revenue
2017 Miscellaneous Income Tax Credits

Department Use Only (MM/DD/YY) [] [] [] [] [] [] [] [] [] []

Name (Last, First) [] [] [] [] [] []
Spouse's Name (Last, First) [] [] [] [] [] []
Corporation Name [] [] [] [] [] [] [] [] [] [] [] []
Missouri Tax I.D. Number [] [] [] [] [] [] [] [] [] [] [] []

Social Security Number [] [] [] [] [] [] [] [] [] [] [] []
Spouse's Social Security Number [] [] [] [] [] [] [] [] [] [] [] []
Charter Number []
Federal Employer I.D. Number []

- Benefit Number - The number is the last six (6) digits of the number located on your Certificate of Eligibility. Example: For benefit, ABC-2018-12345-123456, enter 123456, on Form MO-TC.
Alpha code - The three (3) character code located on the back of this form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.
If you are claiming more than 10 credits, attach additional MO-TC(s).

Table with 4 main columns: Benefit Number, Alpha Code, Credit Name, and Amount. Sub-columns for Amount include 'Yourself', 'Spouse', 'Corporation Income', and 'Fiduciary'. Rows 1-10 for individual credits, followed by subtotals and total credits.

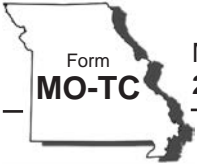
Instructions section containing filing guidelines, declaration text, and a vertical 'Instructions' label on the left side.

Use this form to claim income tax credits on Form MO-1040, MO-1120, or MO-1041. Attach to Form MO-1040, MO-1120, or MO-1041.



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For Privacy Notice, see instructions.



Missouri Department of Revenue
2017 Miscellaneous Income Tax Credits

Department Use Only (MM/DD/YY) [] [] [] [] [] [] [] [] [] []

Name (Last, First) [] [] [] [] [] []
Spouse's Name (Last, First) [] [] [] [] [] []
Corporation Name [] [] [] [] [] [] [] [] [] [] [] []
Missouri Tax I.D. Number [] [] [] [] [] [] [] [] [] [] [] []

Social Security Number [] [] [] [] [] [] [] [] [] [] [] []
Spouse's Social Security Number [] [] [] [] [] [] [] [] [] [] [] []
Charter Number []
Federal Employer I.D. Number []

- Benefit Number - The number is the last six (6) digits of the number located on your Certificate of Eligibility. Example: For benefit, ABC-2018-12345-123456, enter 123456, on Form MO-TC.
Alpha code - The three (3) character code located on the back of this form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.
If you are claiming more than 10 credits, attach additional MO-TC(s).

Table with 4 main columns: Benefit Number, Alpha Code, Credit Name, and two columns for tax liability (Column 1 and Column 2). Rows 1-10 for individual credits, Row 11 for subtotals, Row 12 for tax liability, and Row 13 for total credits.

Instructions section containing filing guidelines, a declaration statement, and a vertical 'Instructions' label on the left side.

Use this form to claim income tax credits on Form MO-1040, MO-1120, or MO-1041. Attach to Form MO-1040, MO-1120, or MO-1041.



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Miscellaneous tax credits are administered by various agencies. For more information, forms, and approval to claim these credits, contact the following Departments. Visit <http://dor.mo.gov/taxcredit/> for a description of each credit and more contact information for agencies administering each credit.

Missouri Department of Economic Development

P.O. Box 118, Jefferson City, MO 65102-0118
<http://www.ded.mo.gov>

| Alpha Code | Name of Credit and Phone Number | Attach to Form MO-TC |
|------------|---|-----------------------------------|
| AFI | Alternative Fuel Infrastructure - (573) 751-2254 | Certificate* |
| BFC | New or Expanded Business Facility - (573) 526-5417 | Schedule 150, Fed. K-1, Form 4354 |
| BJI | Brownfield "Jobs and Investment" - (573) 522-8004 | Certificate* |
| DAL | Distressed Area Land Assemblage - (573) 522-8004 | Certificate* |
| DFH | Dry Fire Hydrant - (573) 751-9048 | Certificate* |
| DPC | Development Tax Credit - (573) 526-3285 | Certificate* |
| EZC | Enterprise Zone - (573) 522-2790 | Schedule 250, Fed. K-1, Form 4354 |
| FDA | Family Development Account - (573) 751-4539 | Certificate* |
| FPC | Film Production - (573) 751-9048 | Certificate* |
| HPC | Historic Preservation - (573) 522-8004 | Certificate* |
| ISB | Small Business Investment (Capital) - (573) 526-5417 | Certificate* |
| ICT | Innovation Campus Tax Credit - (573) 751-4539 | Certificate* |
| MQJ | Missouri Quality Jobs - (573) 751-4539 | Certificate* |
| MWC | Missouri Works Credit - (573) 522-9062 | Certificate* |
| NAC | Neighborhood Assistance - (573) 522-2629 | Certificate* |
| NEC | New Enterprise Creation - (573) 522-2790 | Certificate* |
| NEZ | New Enhanced Enterprise Zone - (573) 751-4539 | Certificate* |
| NMC | New Market Tax Credit - (573) 522-8004 | Certificate* |
| RCC | Rebuilding Communities - (573) 526-3285 | Certificate* |
| RCN | Rebuilding Communities and Neighborhood Preservation Act - (573) 522-8004 | Certificate* |
| REC | Qualified Research Expense - (573) 526-0124 | Certificate* |
| RTC | Remediation - (573) 522-8004 | Certificate* |
| SBG | Small Business Guaranty Fees - (573) 751-9048 | Certificate* |
| SBI | Small Business Incubator - (573) 751-4539 | Certificate* |
| SEC | Sporting Event Credit - (573) 522-8006 | Certificate* |
| SPC | Sporting Contribution Credit - (573) 522-8006 | Certificate* |
| TDC | Transportation Development - (573) 751-4539 | Certificate* |
| WEC | Processed Wood Energy - (573) 526-1723 | Certificate* |
| WGC | Wine and Grape Production - (573) 751-9048 | Certificate* |
| YOC | Youth Opportunities - (573) 751-4539 | Certificate* |

Missouri Department of Revenue

P.O. Box 2200, Jefferson City, MO 65105-2200
<http://dor.mo.gov/> • (573) 751-3220 or (573) 751-4541

| Alpha Code | Name of Credit | Attach to Form MO-TC |
|------------|--|--|
| ATC | Special Needs Adoption | Form ATC, and Federal Form 8839 |
| BFT | Bank Franchise Tax | Form INT-2, INT-2-1 |
| BTC | Bank Tax Credit for S Corporation | Form BTC, and Form Shareholders INT-3, 2823, INT-2, Fed. K-1 |
| CIC | Children in Crisis | Contribution Verification from Issuing Agency |
| CFC | Champion for Children | Contribution Verification from Issuing Agency |
| DAC | Disabled Access | Federal Form 8826 and Form MO-8826 |
| DAT | Residential Dwelling Accessibility | Form MO-DAT |
| FPT | Food Pantry Tax | Form MO-FPT |
| SHC | Self-Employed Health Insurance | Form MO-SHC |
| SSC | Public Safety Officer Surviving Spouse | Form MO-SSC |

Missouri Agricultural and Small Business Development Authority

P.O. Box 630, Jefferson City, MO 65102-0630
<http://www.agriculture.mo.gov> • (573) 751-2129

| Alpha Code | Name of Credit | Attach to Form MO-TC |
|------------|--|----------------------|
| APU | Agricultural Product Utilization Contributor | Certificate* |
| FFC | Family Farms Act | Certificate* |
| MPF | Meat Processing Facility Investment Tax Credit | Certificate* |
| NGC | New Generation Cooperative Incentive | Certificate* |
| QBC | Qualified Beef | Certificate* |

Missouri Development Finance Board

P.O. Box 567, Jefferson City, MO 65102-0567
<http://www.mdfb.org> • (573) 751-8479

| Alpha Code | Name of Credit | Attach to Form MO-TC |
|------------|--|----------------------|
| BEC | Bond Enhancement | Certificate* |
| BUC | Missouri Business Use Incentives for Large Scale Development (BUILD) | Certificate* |
| DRC | Development Reserve Contribution Credit | Certificate* |
| EFC | Export Finance | Certificate* |
| IDC | Infrastructure Development | Certificate* |

Missouri Department of Natural Resources

Jefferson City, MO 65105
<http://www.dnr.mo.gov>

| Alpha Code | Name of Credit and Phone Number | Attach to Form MO-TC |
|------------|-------------------------------------|----------------------|
| CPC | Charcoal Producers - (573) 751-4817 | Certificate* |

Missouri Department of Social Services

Jefferson City, MO 65109
<http://www.dss.mo.gov/dfas/taxcredit/index.htm> • (573) 751-7533

| Alpha Code | Name of Credit | Attach to Form MO-TC |
|------------|--|----------------------|
| DDC | Developmental Disability Care Provider | Certificate* |
| DVC | Shelter for Victims of Domestic Violence | Certificate* |
| MHC | Maternity Home | Certificate* |
| PRC | Pregnancy Resource | Certificate* |
| RTA | Residential Treatment Agency | Certificate* |

Missouri Housing Development Commission

3435 Broadway, Kansas City, MO 64111
<http://www.mhdc.com>

| Alpha Code | Name of Credit and Phone Number | Attach to Form MO-TC |
|------------|--|---|
| AHC | Affordable Housing Assistance - (816) 759-6600 | Certificate* |
| LHC | Missouri Low Income Housing - (816) 759-6668 | Eligibility Statement, Fed. K-1, 8609A, 8609 (first year) |

Missouri Department of Health Division of Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570
<http://www.dhss.mo.gov>

| Alpha Code | Name of Credit and Phone Number | Attach to Form MO-TC |
|------------|---------------------------------|--|
| SCT | Shared Care - (573) 751-4842 | Must Register Each Year With Division of Senior and Disability Services - Attach Form MO-SCC |

* Must be approved by the issuing agency

Individuals with speech or hearing impairments may call TTY (800) 735-2966 or fax (573) 526-1881.



Worksheet for Line 1 - Instructions for Completing the Adjusted Gross Income Worksheet

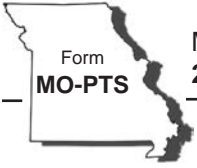
Missouri law requires a combined return for married couples filing together. A combined return means taxpayers are required to split their total federal adjusted gross income (including other state income) between spouses when beginning the Missouri return.

Splitting the income can be as easy as adding up your separate Forms W-2 and 1099. Or it may require allocating to each spouse the percentage of ownership in jointly held property, such as businesses, farm operations, dividends, interest, rent, and capital gains or losses. State refunds should be split based on each spouse's 2016 Missouri tax withheld, less each spouse's 2016 tax liability. The result should be each spouse's portion of the 2016 refund. Taxable social security benefits must be allocated by each spouse's share of the benefits received for the year.

The worksheet below lists income that is included on your federal return, along with federal line references. Find the lines that apply to your federal return, split the income between you and your spouse, and enter the amounts on the worksheet. When you have completed the worksheet, transfer the amounts from Line 18 to Form MO-1040, Lines 1Y and 1S.

Note: Remember, the incomes listed separately on Line 18 of this worksheet must equal your total federal adjusted gross income when added together.

| Adjusted Gross Income Worksheet for Combined Return | Federal Form 1040EZ Line No. | Federal Form 1040A Line No. | Federal Form 1040 Line No. | Y - Yourself | | S - Spouse | |
|--|---------------------------------|--------------------------------|-------------------------------|--------------|----|------------|--|
| 1. Wages, salaries, tips, etc. | 1 | 7 | 7 | 00 | 1 | 00 | |
| 2. Taxable interest income. | 2 | 8a | 8a | 00 | 2 | 00 | |
| 3. Dividend income. | none | 9a | 9a | 00 | 3 | 00 | |
| 4. State and local income tax refunds | none | none | 10 | 00 | 4 | 00 | |
| 5. Alimony received | none | none | 11 | 00 | 5 | 00 | |
| 6. Business income or (loss). | none | none | 12 | 00 | 6 | 00 | |
| 7. Capital gain or (loss) | none | 10 | 13 | 00 | 7 | 00 | |
| 8. Other gains or (losses) | none | none | 14 | 00 | 8 | 00 | |
| 9. Taxable IRA distributions. | none | 11b | 15b | 00 | 9 | 00 | |
| 10. Taxable pensions and annuities. | none | 12b | 16b | 00 | 10 | 00 | |
| 11. Rents, royalties, partnerships, S corporations, trusts, etc. | none | none | 17 | 00 | 11 | 00 | |
| 12. Farm income or (loss) | none | none | 18 | 00 | 12 | 00 | |
| 13. Unemployment compensation. | 3 | 13 | 19 | 00 | 13 | 00 | |
| 14. Taxable social security benefits | none | 14b | 20b | 00 | 14 | 00 | |
| 15. Other income | none | none | 21 | 00 | 15 | 00 | |
| 16. Total (add Lines 1 through 15). | 4 | 15 | 22 | 00 | 16 | 00 | |
| 17. Less: federal adjustments to income. | none | 20 | 36 | 00 | 17 | 00 | |
| 18. Federal adjusted gross income (Line 16 less Line 17) Enter amounts here and on Lines 1Y and 1S, Form MO-1040. | 4 | 21 | 37 | 00 | 18 | 00 | |



Missouri Department of Revenue
2017 Property Tax Credit Schedule

Department Use Only (MM/DD/YY)

This form must be attached to Form MO-1040 or MO-1040P.

Social Security Number
 - -

Date of Birth (MM/DD/YYYY)

First Name

M.I. Last Name

Spouse's Social Security Number
 - -

Spouse's Date of Birth (MM/DD/YYYY)

Spouse's First Name

M.I. Last Name

Qualifications

Select only one qualification. Copies of letters, forms, etc., must be included with claim.

- A. 65 years of age or older - You must be a full year resident. (Attach Form SSA-1099.)
- B. 100% Disabled Veteran as a result of military service (Attach letter from Department of Veterans Affairs - see instructions.)
- C. 100% Disabled (Attach letter from Social Security Administration or Form SSA-1099.)
- D. 60 years of age or older and received surviving spouse benefits (Attach Form SSA-1099.)

Filing Status

Select only one filing status. **If married filing combined, you must report both incomes.**

- Single
- Married - Filing Combined
- Married - Living Separate for Entire Year

Failure to provide the following attachments will result in denial or delay of your claim:
 rent receipt(s), Verification of Rent Paid (Form 5674) or a **signed** landlord statement, Form(s) 1099, W-2, etc.

Income

1. Enter the amount of income from **Form MO-1040**, Line 6 or **Form MO-1040P**, Line 4 1 . 00
2. Enter the amount of nontaxable social security benefits received by you, your spouse, and your **minor children** before any deductions and the amount of social security equivalent railroad retirement benefits. **Attach** Form(s) SSA-1099 or RRB-1099 (TIER I) 2 . 00
3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from MO-A, Part 1, Line 8 (if filing Form MO-1040). **Attach** Forms W-2, 1099, 1099-R, 1099-MISC, 1099-INT, 1099-DIV, etc 3 . 00
4. Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. **Attach** Form RRB-1099-R (Tier II). If filing Form MO-1040, refer to **MO-A**, Part 1, Line 10 4 . 00
5. Enter the amount of veterans payments or benefits before any deductions. **Attach** letter from Veterans Affairs (see instructions) 5 . 00



For Privacy Notice, see Instructions.

Income (continued)

- 6. Enter the total amount received by you, your spouse, and your **minor children** from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). **Attach** a letter from the Social Security Administration that includes the total amount of assistance received and Form 1099 from Employment Security, if applicable
- 7. Enter the amount of nonbusiness loss(es). You must include nonbusiness loss(es) in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.)
- 8. Total household income - Add Lines 1 through 7 and enter the total here
- 9. Enter the appropriate amount from the options below.
 - **Single or Married Living Separate** - Enter \$0
 - Married and Filing Combined - **rented** or **did not** own your home for the entire year - Enter \$2,000
 - Married and Filing Combined - **owned** and **occupied** your home for the entire year - Enter \$4,000
- 10. Net household income - Subtract Line 9 from Line 8 and enter the amount here
 - If you rented or did not own and occupy your home for the entire year and Line 10 is greater than \$27,500, you are **not eligible** to file this claim.
 - If you owned and occupied your home for the entire year and Line 10 is greater than \$30,000, you are **not eligible** to file this claim.

Real Estate or Rent

- 11. If you owned your home, enter the total amount of property tax paid for your home, less special assessments, or \$1,100, whichever is less. **Attach** a copy of **paid** real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, **attach** the Assessor's Certification (**Form 948**)
- 12. If you rented, enter the total amount from Certification of Rent Paid (Form(s) MO-CRP), Line 9 or \$750, whichever is less. **Attach** rent receipts or a signed statement from your landlord. **Note:** If you rent from a facility that does not pay property tax, you are **not eligible** for a Property Tax Credit

Credit

- 13. Enter the total of Lines 11 and 12, or \$1,100, whichever is less
- 14. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 49-51 or MO-1040P, pages 29-31 to figure your Property Tax Credit. You **must** use the chart to see how much credit you are allowed. Enter this amount on Form MO-1040, Line 41 or Form MO-1040P, Line 20

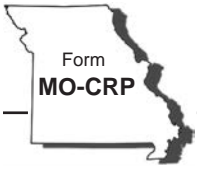
Department Use Only

A K R U

This form must be attached to Form MO-1040 or Form MO-1040P.



17323020001



Missouri Department of Revenue
2017 Certification of Rent Paid

One Form MO-CRP must be provided for each rental location in which you resided.
Failure to provide landlord information will result in denial or delay of your claim.

1. Social Security Number

[] - [] - []

Spouse's Social Security Number

[] - [] - []

Select this box if related to your landlord. If so, explain.

[]

2. Name (First, Last)

[]

Physical Address of Rental Unit (P.O. Box Not Allowed)

[]

Apartment Number

[]

City

[]

State

[]

ZIP Code

[]

3. Landlord's Name (First, Last)

[]

Landlord's Last 4 Digits of Social Security Number

[]

Landlord's Federal Employee Identification Number (FEIN) - if applicable

[]

Landlord's Street Address (Must be completed)

[]

Apartment Number

[]

City

[]

State

[]

ZIP Code

[]

4. Landlord's Phone Number (Must be completed)

[]

From:

[] [] []

To:

[] [] []

5. Rental Period During Year (MM/DD/YY)

[] [] []

(MM/DD/YY)

[] [] []

6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of canceled checks (front and back). If you received housing assistance, enter the amount of rent you paid. **Note: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit**

6 [] . 00

7. Select the appropriate box below and enter the corresponding percentage on Line 7

7 [] %

- A. Apartment, House, Mobile Home, or Duplex - 100%
- B. Mobile Home Lot - 100%
- C. Boarding Home or Residential Care - 50%
- D. Skilled or Intermediate Care Nursing Home - 45%
- E. Hotel - 100%; if meals are included - 50%

- F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)
- G. Shared Residence – If you shared your rent with relatives or friends (other than your spouse or children under 18), select the appropriate box based on the additional persons sharing rent:
 - 1 (50%) 2 (33%) 3 (25%)

8. Net rent paid - Multiply Line 6 by the percentage on Line 7.

8 [] . 00

9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.

9 [] . 00

For Privacy Notice, see instructions.

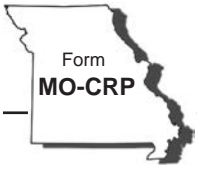
Form MO-CRP (Revised 12-2017)

Taxation Division

Attach to Form MO-PTC or MO-PTS and mail to the Missouri Department of Revenue.



17315010001



Missouri Department of Revenue
2017 Certification of Rent Paid

One Form MO-CRP must be provided for each rental location in which you resided.
Failure to provide landlord information will result in denial or delay of your claim.

1. Social Security Number

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Spouse's Social Security Number

[] - [] - []

Select this box if related to your landlord. If so, explain.

[]

2. Name (First, Last)

[]

Physical Address of Rental Unit (P.O. Box Not Allowed)

[]

Apartment Number

[]

City

[]

State

[]

ZIP Code

[]

3. Landlord's Name (First, Last)

[]

Landlord's Last 4 Digits of Social Security Number

[]

Landlord's Federal Employee Identification Number (FEIN) - if applicable

[]

Landlord's Street Address (Must be completed)

[]

Apartment Number

[]

City

[]

State

[]

ZIP Code

[]

4. Landlord's Phone Number (Must be completed)

[]

From:

[] [] []

To:

[] [] []

5. Rental Period During Year (MM/DD/YY)

6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of canceled checks (front and back). If you received housing assistance, enter the amount of rent you paid. **Note: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit**

6 [] .00

7. Select the appropriate box below and enter the corresponding percentage on Line 7 %

7 [] %

A. Apartment, House, Mobile Home, or Duplex - 100%

F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)

B. Mobile Home Lot - 100%

G. Shared Residence - If you shared your rent with relatives or friends (other than your spouse or children under 18), select the appropriate box based on the additional persons sharing rent:

C. Boarding Home or Residential Care - 50%

D. Skilled or Intermediate Care Nursing Home - 45%

1 (50%) 2 (33%) 3 (25%)

E. Hotel - 100%; if meals are included - 50%

8. Net rent paid - Multiply Line 6 by the percentage on Line 7

8 [] .00

9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS

9 [] .00

For Privacy Notice, see instructions.

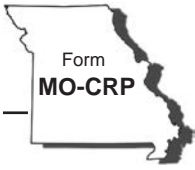
Form MO-CRP (Revised 12-2017)

Taxation Division

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Missouri Department of Revenue
2017 Certification of Rent Paid

One Form MO-CRP must be provided for each rental location in which you resided.
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1. Social Security Number

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Spouse's Social Security Number

[] - [] - []

Select this box if related to your landlord. If so, explain.

[]

2. Name (First, Last)

[]

Physical Address of Rental Unit (P.O. Box Not Allowed)

Apartment Number

[]

[]

City

State

ZIP Code

[]

[]

[]

3. Landlord's Name (First, Last)

[]

Landlord's Last 4 Digits of Social Security Number

Landlord's Federal Employee Identification Number (FEIN) - if applicable

[]

[]

Landlord's Street Address (Must be completed)

Apartment Number

[]

[]

City

State

ZIP Code

[]

[]

[]

4. Landlord's Phone Number (Must be completed)

[]

From:

[] [] []

To:

[] [] []

5. Rental Period During Year (MM/DD/YY)

6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of canceled checks (front and back). If you received housing assistance, enter the amount of rent you paid. **Note: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit**

6 [] .00

7. Select the appropriate box below and enter the corresponding percentage on Line 7

7 [] %

A. Apartment, House, Mobile Home, or Duplex - 100%

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B. Mobile Home Lot - 100%

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C. Boarding Home or Residential Care - 50%

D. Skilled or Intermediate Care Nursing Home - 45%

1 (50%) 2 (33%) 3 (25%)

E. Hotel - 100%; if meals are included - 50%

8. Net rent paid - Multiply Line 6 by the percentage on Line 7.

8 [] .00

9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.

9 [] .00

For Privacy Notice, see instructions.

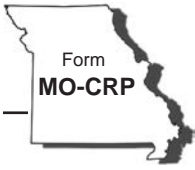
Form MO-CRP (Revised 12-2017)

Taxation Division

Attach to Form MO-PTC or MO-PTS and mail to the Missouri Department of Revenue.



17315010001



Missouri Department of Revenue
2017 Certification of Rent Paid

One Form MO-CRP must be provided for each rental location in which you resided. Failure to provide landlord information will result in denial or delay of your claim.

1. Social Security Number [] - [] - []

Spouse's Social Security Number [] - [] - []

Select this box if related to your landlord. If so, explain.

2. Name (First, Last) []

Physical Address of Rental Unit (P.O. Box Not Allowed) [] Apartment Number []

City [] State [] ZIP Code []

3. Landlord's Name (First, Last) []

Landlord's Last 4 Digits of Social Security Number [] Landlord's Federal Employee Identification Number (FEIN) - if applicable []

Landlord's Street Address (Must be completed) [] Apartment Number []

City [] State [] ZIP Code []

4. Landlord's Phone Number (Must be completed) []

5. Rental Period During Year (MM/DD/YY) From: [] [] [] To: [] [] []

6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of canceled checks (front and back). If you received housing assistance, enter the amount of rent you paid. Note: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit. [6] [] [] [] . [00]

7. Select the appropriate box below and enter the corresponding percentage on Line 7 [7] [] [] %

- A. Apartment, House, Mobile Home, or Duplex - 100%
B. Mobile Home Lot - 100%
C. Boarding Home or Residential Care - 50%
D. Skilled or Intermediate Care Nursing Home - 45%
E. Hotel - 100%; if meals are included - 50%
F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)
G. Shared Residence - If you shared your rent with relatives or friends (other than your spouse or children under 18), select the appropriate box based on the additional persons sharing rent:
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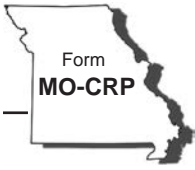
8. Net rent paid - Multiply Line 6 by the percentage on Line 7. [8] [] [] [] . [00]

9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS. [9] [] [] [] . [00]

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2017)





Form **MO-CRP**
Missouri Department of Revenue
2017 Certification of Rent Paid

One Form MO-CRP must be provided for each rental location in which you resided. Failure to provide landlord information will result in denial or delay of your claim.

1. Social Security Number

- -

Spouse's Social Security Number

- -

Select this box if related to your landlord. If so, explain.

2. Name (First, Last)

Physical Address of Rental Unit (P.O. Box Not Allowed)

Apartment Number

City

State

ZIP Code

3. Landlord's Name (First, Last)

Landlord's Last 4 Digits of Social Security Number

Landlord's Federal Employee Identification Number (FEIN) - if applicable

Landlord's Street Address (Must be completed)

Apartment Number

City

State

ZIP Code

4. Landlord's Phone Number (Must be completed)

From:

To:

5. Rental Period During Year (MM/DD/YY)

(MM/DD/YY)

6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of canceled checks (front and back). If you received housing assistance, enter the amount of rent you paid. **Note: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit**

6 . 00

7. Select the appropriate box below and enter the corresponding percentage on Line 7

7 %

- A. Apartment, House, Mobile Home, or Duplex - 100%
- B. Mobile Home Lot - 100%
- C. Boarding Home or Residential Care - 50%
- D. Skilled or Intermediate Care Nursing Home - 45%
- E. Hotel - 100%; if meals are included - 50%

- F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)
- G. Shared Residence – If you shared your rent with relatives or friends (other than your spouse or children under 18), select the appropriate box based on the additional persons sharing rent:
 - 1 (50%) 2 (33%) 3 (25%)

8. Net rent paid - Multiply Line 6 by the percentage on Line 7.

8 . 00

9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.

9 . 00

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2017)

Taxation Division

Attach to Form MO-PTC or MO-PTS and mail to the Missouri Department of Revenue.

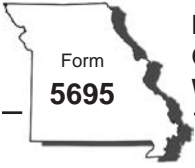


17315010001

Worksheet for Long-Term Care Insurance Deduction

- A. Enter the amount paid for qualified long-term care insurance policy. A) \$ _____
If you itemized on your federal return and your federal itemized deductions included medical expenses, go to Line B. If not, skip to H.
- B. Enter the amount from Federal Schedule A, Line 4 B) \$ _____
- C. Enter the amount from Federal Schedule A, Line 1. C) \$ _____
- D. Enter the amount of qualified long-term care included on Line C D) \$ _____
- E. Subtract Line D from Line C E) \$ _____
- F. Subtract Line E from Line B. **If amount is less than zero, enter "0"**. F) \$ _____
- G. Subtract Line F from Line A. G) \$ _____
- H. Enter Line G (or Line A if you did not have to complete Lines B through G) on Form MO-1040, Line 18.

Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A (if you itemized your deductions).



Missouri Department of Revenue
**Qualified Health Insurance Premiums
 Worksheet for MO-A, Line 12**

Social Security Number

- -

Spouse's Social Security Number

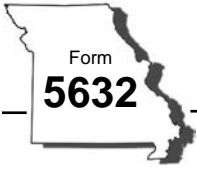
- -

Complete this worksheet and attach it, along with proof of premiums paid, to Form MO-1040 if you included health insurance premiums paid as an itemized deduction or had health insurance premiums withheld from your social security benefits.

If you had premiums withheld from your social security benefits, complete Lines 1 through 4 to determine your taxable percentage of social security income and the corresponding taxable portion of your health insurance premiums included in your taxable income.

| | | | |
|---|-----|----------------------|----------------------|
| 1. Enter the amount from Federal Form 1040A, Line 14a, or Federal Form 1040, Line 20a. If \$0, skip to Line 6 and enter your total health insurance premiums paid | 1 | <input type="text"/> | .00 |
| 2. Enter amount from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b | 2 | <input type="text"/> | .00 |
| 3. Divide Line 2 by Line 1. | 3 | <input type="text"/> | % |
| | | Yourself (Y) | Spouse (S) |
| 4. Enter the health insurance premiums withheld from your social security income | 4Y | <input type="text"/> | .00 |
| | | 4S | <input type="text"/> |
| 5. Multiply the amounts on Line 4Y and 4S by the percentage on Line 3. | 5Y | <input type="text"/> | .00 |
| | | 5S | <input type="text"/> |
| 6. Enter the total of all other health insurance premiums paid, which were not included on 4Y or 4S | 6Y | <input type="text"/> | .00 |
| | | 6S | <input type="text"/> |
| 7. Add the amounts from Lines 5 and 6 | 7Y | <input type="text"/> | .00 |
| | | 7S | <input type="text"/> |
| 8. Add the amounts from Lines 7Y and 7S | 8 | <input type="text"/> | .00 |
| 9. Divide Line 7Y and 7S by the total found on Line 8. If you itemized on your federal return and your federal itemized deductions included health insurance premiums as medical expenses, go to Line 10. If not, go to Line 15 | 9Y | <input type="text"/> | % |
| | | 9S | <input type="text"/> |
| 10. Enter the amount from Federal Schedule A, Line 1 | 10 | <input type="text"/> | .00 |
| 11. Enter the amount from Federal Schedule A, Line 4. | 11 | <input type="text"/> | .00 |
| 12. Divide Line 11 by Line 10 (round to full percent) | 12 | <input type="text"/> | % |
| 13. Multiply Line 8 by percent on Line 12 | 13 | <input type="text"/> | .00 |
| 14. Subtract Line 13 from Line 8. | 14 | <input type="text"/> | .00 |
| 15. Enter your federal taxable income from Federal Form 1040A, Line 27, or Federal Form 1040, Line 43 | 15 | <input type="text"/> | .00 |
| 16. If you itemized on your federal return and completed Lines 10 through 14 above, enter the amount from Line 14 or Line 15, whichever is less. If not, enter the amount from Line 8 or Line 15, whichever is less | 16 | <input type="text"/> | .00 |
| 17. Multiply Line 16 by the percentage on Line 9Y and Line 9S. Enter the amounts on Line 17Y and 17S of this worksheet on Line 12 of Form MO-A. | 17Y | <input type="text"/> | .00 |
| | | 17S | <input type="text"/> |





Missouri Department of Revenue
2017 MOST - Missouri's 529 College Savings Plan
Direct Deposit Form - Individual Income Tax

Department Use Only
 (MM/DD/YY)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

| | | | | |
|-----------------|--|---|--|---|
| Taxpayer | Social Security Number | | Spouse's Social Security Number | |
| | <input style="width: 100px; height: 20px;" type="text"/> | - <input style="width: 20px; height: 20px;" type="text"/> | - <input style="width: 100px; height: 20px;" type="text"/> | |
| | First Name | M.I. | Last Name | Suffix |
| | <input style="width: 250px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 400px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> |
| | Spouse's First Name | M.I. | Spouse's Last Name | Suffix |
| | <input style="width: 250px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 400px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> |

- Requirements**
- If you want to deposit your refund as a contribution to one or more Missouri MOST 529 College Savings Plan accounts:
- You must have an open Missouri MOST 529 College Savings Plan account that is administered by the Missouri Higher Education Savings Program. See the contact information below.
 - Your total deposit must be at least \$25.
 - If your overpayment is adjusted and the amount you requested to deposit exceeds your available refund, the Department will cancel your deposit and issue a refund to you.
 - If your refund is offset to pay another debt, the Department will cancel your deposit.

Enter the 11-digit MOST 529 account number and the amount you want contributed to each account. (You may contribute to a maximum of four accounts.)

| | | | | | | | | | |
|--------------------|---|--|---|---|-----------|--|--|---|---|
| 529 Account | A) Account Number | <input style="width: 400px; height: 20px;" type="text"/> | - | <input style="width: 50px; height: 20px;" type="text"/> | A) Amount | <input style="width: 150px; height: 20px;" type="text"/> | . | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> |
| | B) Account Number | <input style="width: 400px; height: 20px;" type="text"/> | - | <input style="width: 50px; height: 20px;" type="text"/> | B) Amount | <input style="width: 150px; height: 20px;" type="text"/> | . | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> |
| | C) Account Number | <input style="width: 400px; height: 20px;" type="text"/> | - | <input style="width: 50px; height: 20px;" type="text"/> | C) Amount | <input style="width: 150px; height: 20px;" type="text"/> | . | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> |
| | D) Account Number | <input style="width: 400px; height: 20px;" type="text"/> | - | <input style="width: 50px; height: 20px;" type="text"/> | D) Amount | <input style="width: 150px; height: 20px;" type="text"/> | . | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> |
| | Add the amounts from Line A through Line D and enter the total deposit amount here and on Form MO-1040, Line 49; Form MO-1040A, Line 19; or Form MO-1040P, Line 25. | | | | | Total Deposit | <input style="width: 150px; height: 20px;" type="text"/> | . | <input style="width: 20px; height: 20px;" type="text"/> |

Contact Information

MOST-Missouri's 529 College Savings Plan **Telephone:** (888) 414-6678
<https://www.missourimost.org> **E-mail:** most529@missourimost.org

If you wish to deposit all or a portion of your refund into a Missouri MOST 529 College Savings Plan, you must include this form with your Missouri Individual Income Tax Return.