



# 2024 Tax Return

---

Prepared by TaxSlayer

## IRS e-file Signature Authorization

OMB No. 1545-0074

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID)

Taxpayer's name

Social security number

656-09-0727

ELIJAH A MADI

Spouse's name

Spouse's social security number

<b>Part I</b>	<b>Tax Return Information – Tax Year Ending December 31, 2024</b>	(Enter year you are authorizing.)
---------------	---	-----------------------------------

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b>	Adjusted gross income . . . . .	<b>1</b>	38140
<b>2</b>	Total tax . . . . .	<b>2</b>	2456
<b>3</b>	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	3398
<b>4</b>	Amount you want refunded to you . . . . .	<b>4</b>	942
<b>5</b>	Amount you owe . . . . .	<b>5</b>	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

☐ I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_ as my  
 signature on the income tax return (original or amended) I am now authorizing.

☒ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► Date ►

**Spouse's PIN: check one box only**

☐ I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_ as my  
**ERO firm name**  
 signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Date ►

**Practitioner PIN Method Returns Only—continue below**

### Part III Certification and Authentication – Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► TAXSLAYER

Date ► 04/15/2025

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning \_\_\_\_\_, 2024, ending \_\_\_\_\_, 20\_\_\_\_

See separate instructions.

Your first name and middle initial  
**ELIJAH A**

Last name  
**MADI**

Your social security number  
**656-09-0727**

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.  
**6771A NASHVILLE AVENUE**

Apt. no.

Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below.  
**SAINT LOUIS**

State  
**MO**

ZIP code  
**63139**

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You ☐ Spouse

Filing Status

☒ Single ☐ Head of household (HOH)

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): \_\_\_\_\_

Digital Assets

At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: ☐ Were born before January 2, 1960 ☐ Are blind

Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents

(see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):
				Child tax credit
				Credit for other dependents
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	38140
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	38140
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	9	38140
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	11	38140
12	<b>Standard deduction or itemized deductions</b> (from Schedule A)	12	14600
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	14600
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	15	23540

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under Standard Deduction, see instructions.

Go to [www.irs.gov/Form1040](https://www.irs.gov/Form1040) for instructions and the latest information.

Form **1040** (2024)

QNA-FFF

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ELIJAH MADI

Your social security number

656-09-0727

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	135
<b>5a</b>	Residential clean energy credit from Form 5695, line 15 . . . . .	<b>5a</b>	
<b>b</b>	Energy efficient home improvement credit from Form 5695, line 32 . . . . .	<b>5b</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Reserved for future use . . . . .	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936 . . . . .	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	135

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>12</b>	
<b>13</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>13a</b>	
<b>b</b>	Section 1341 credit for repayment of amounts included in income from earlier years . . . . .	<b>13b</b>	
<b>c</b>	Net elective payment election amount from Form 3800, Part III, line 6, column (j) . . . . .	<b>13c</b>	
<b>d</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13d</b>	
<b>z</b>	Other refundable credits (see instructions): _____	<b>13z</b>	
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .	<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .	<b>15</b>	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2024

QNA

# Credit for Qualified Retirement Savings Contributions

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8880](http://www.irs.gov/Form8880) for the latest information.

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **54**

Name(s) shown on return

ELIJAH MADI

Your social security number

656-09-0727



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$38,250 (\$57,375 if head of household; \$76,500 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2007; (b) is claimed as a dependent on someone else's 2024 tax return; or (c) was a **student** (see instructions).

- 1 Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2024. **Do not** include rollover contributions . . . . .
- 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2024 (see instructions) . . . . .
- 3 Add lines 1 and 2 . . . . .
- 4 Certain distributions received **after** 2021 and **before** the due date (including extensions) of your 2024 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . . . .
- 5 Subtract line 4 from line 3. If zero or less, enter -0- . . . . .
- 6 In each column, enter the **smaller** of line 5 or \$2,000 . . . . .
- 7 Add the amounts on line 6. If zero, **stop**; you can't take this credit . . . . .
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11\* . . . . .
- 9 Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
1		
2	1346	
3	1346	
4		
5	1346	
6	1346	
7		1346

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
Enter on line 9—				
---	\$23,000	0.5	0.5	0.5
\$23,000	\$25,000	0.5	0.5	0.2
\$25,000	\$34,500	0.5	0.5	0.1
\$34,500	\$37,500	0.5	0.2	0.1
\$37,500	\$38,250	0.5	0.1	0.1
\$38,250	\$46,000	0.5	0.1	0.0
\$46,000	\$50,000	0.2	0.1	0.0
\$50,000	\$57,375	0.1	0.1	0.0
\$57,375	\$76,500	0.1	0.0	0.0
\$76,500	---	0.0	0.0	0.0

**Note:** If line 9 is zero, **stop**; you can't take this credit.

- 10 Multiply line 7 by line 9 . . . . .
- 11 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .
- 12 **Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 . . . . .

8	38140	
9		x 0.1
10		135
11		2591
12		135

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8880** (2024)

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about developments related to Form 8880 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form8880](http://www.irs.gov/Form8880).

## Reminder

**Contributions by a designated beneficiary to an Achieving a Better Life Experience (ABLE) account.** A retirement savings contribution credit may be claimed for the amount of contributions you, as the designated beneficiary of an ABLE account, make before January 1, 2026, to the ABLE account. See Pub. 907, Tax Highlights for Persons With Disabilities, for more information.

## General Instructions

### Purpose of Form

Use Form 8880 to figure the amount, if any, of your retirement savings contributions credit (also known as the saver's credit). The maximum amount of the credit is \$1,000 (\$2,000 if married filing jointly).



*This credit can be claimed in addition to any IRA deduction claimed on Schedule 1 (Form 1040), line 20.*

### Who Can Take This Credit

You may be able to take this credit if you, or your spouse if filing jointly, made (a) contributions (other than rollover contributions) to a traditional or Roth IRA; (b) elective deferrals to a 401(k), 403(b), governmental 457(b), SEP, SIMPLE, or to the federal Thrift Savings Plan (TSP); (c) voluntary employee contributions to a qualified retirement plan, as defined in section 4974(c) (including the federal TSP); (d) contributions to a 501(c)(18)(D) plan; or (e) contributions, as a designated beneficiary of an ABLE account, to the ABLE account, as defined in section 529A.

However, you can't take the credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a student.



*You'll need to refigure the amount on Form 1040 or 1040-SR, line 11, if you're filing Form 2555 or Form 4563 or you're excluding income from Puerto Rico. See Pub. 590-A at [www.irs.gov/Pub590A](http://www.irs.gov/Pub590A) for details.*

You were a student if during any part of 5 calendar months of 2023 you:

- Were enrolled as a full-time student at a school; or
- Took a full-time, on-farm training course given by a school or a state, county, or local government agency.

A school includes technical, trade, and mechanical schools. It doesn't include on-the-job training courses, correspondence schools, or schools offering courses only through the Internet.

## Specific Instructions

### Column (b)

Complete column (b) only if you're filing a joint return.

### Line 2

Include on line 2 any of the following amounts.

- Elective deferrals (including designated Roth contributions under section 402A, if applicable) to a 401(k), 403(b), governmental 457(b), SEP, SIMPLE, or to the federal TSP.
- Voluntary employee contributions to a qualified retirement plan, as defined in section 4974(c) (including the federal TSP).
- Contributions to a 501(c)(18)(D) plan.

These amounts may be shown in box 12 of your Form(s) W-2 for 2023.

**Note:** Contributions designated under section 414(h)(2) are treated as employer contributions and, as such, they aren't voluntary contributions made by the employee. They don't qualify for the credit and shouldn't be included on line 2.

### Line 4

Enter the total amount of distributions you, and your spouse if filing jointly, received after 2020 and before the due date of your 2023 return (including extensions) from any of the following types of plans.

- Traditional or Roth IRAs, or ABLE accounts.
- 401(k), 403(b), governmental 457(b), 501(c)(18)(D), SEP, SIMPLE, or the federal TSP.
- Qualified retirement plans, as defined in section 4974(c).

#### Don't include any of the following.

- Distributions not taxable as the result of a rollover or a trustee-to-trustee transfer.
- Distributions that are taxable as the result of an in-plan rollover to your designated Roth account.
- Distributions from your eligible retirement plan (other than a Roth IRA) rolled over or converted to your Roth IRA.
- Loans from a qualified employer plan treated as a distribution.
- Distributions of excess contributions or deferrals (and income allocable to such contributions or deferrals).
- Distributions of contributions made to an IRA during a tax year and returned (with any income allocable to such contributions) on or before the due date (including extensions) for that tax year.
- Distributions of dividends paid on stock held by an employee stock ownership plan under section 404(k).
- Distributions from a military retirement plan (other than the federal TSP).
- Distributions from an inherited IRA by a nonspousal beneficiary.

If you're filing a joint return, include both spouses' amounts in both columns.

**Exception.** Don't include your spouse's distributions with yours when entering an amount on line 4 if you and your spouse didn't file a joint return for the year the distribution was received.

**Example.** You received a distribution of \$5,000 from a qualified retirement plan in 2023. Your spouse received a distribution of \$2,000 from a Roth IRA in 2021. You and your spouse file a joint return in 2023, but didn't file a joint return in 2021. You would include \$5,000 in column (a) and \$7,000 in column (b).

### Line 7

Add the amounts from line 6, columns (a) and (b), and enter the total.

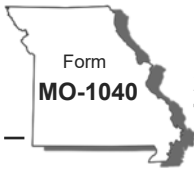
### Line 11

Before you complete the following worksheet, figure the amount of any credit for the elderly or the disabled you're claiming on Schedule 3 (Form 1040), line 6d. See Schedule R (Form 1040) to figure the credit.

### Credit Limit Worksheet

Complete this worksheet to figure the amount to enter on line 11.

1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . . . **1.** 2591
2. Enter the total of your credits from Schedule 3, lines 1 through 3, 6d, and 6l . . . . . **2.** \_\_\_\_\_
3. Subtract line 2 from line 1. Also enter this amount on Form 8880, line 11. But if zero or less, **stop**; you can't take the credit—don't file this form . . **3.** 2591



MISSOURI DEPARTMENT OF  
**REVENUE**  
2024 Individual Income  
Tax Return - Long Form



For Calendar Year January 1 - December 31, 2024

Print in BLACK ink only and DO NOT STAPLE.

☐ **Amended Return** ☐ **Composite Return** (For use by S corporations or Partnerships)

☐ Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

☐ Department of Social Services Application of Eligibility form attached. ☒ Federal return attached.

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)

Vendor Code

Department Use Only

--	--	--	--	--	--

038
-----

--	--	--

**Filing Status** ☒ Single ☐ Claimed as a Dependent ☐ Married Filing Combined ☐ Married Filing Separately ☐ Head of Household ☐ Qualifying Widow(er)

Age 62 through 64

Age 65 or Older

Blind

100% Disabled

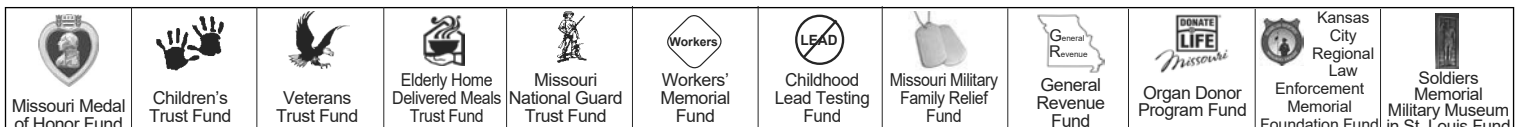
Non-Obligated Spouse

Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐

<b>Name</b>	Social Security Number		Deceased in 2024	Spouse's Social Security Number		Deceased in 2024
	6 5 6 - 0 9 - 0 7 2 7					
	First Name		M.I.	Last Name		Suffix
	ELIJAH		A	MADI		
	Spouse's First Name		M.I.	Spouse's Last Name		Suffix
In Care Of Name (Attorney, Executor, Personal Representative, etc.)						

<b>Address</b>	Present Address (Include Apartment Number or Rural Route)			
	6771A NASHVILLE AVENUE			
	City, Town, or Post Office		State	ZIP Code
	SAINT LOUIS		MO	63139 -
County of Residence				
STCT				

You may contribute to any one or all of the trust funds on Line 51. See pages 11-12 of the instructions for more trust fund information.



24322011038



Yourself (Y)

Spouse (S)

1. Federal adjusted gross income from federal return  
(see worksheet on page 7 of the instructions) . . . . . 1Y 38140 .00 1S .00
2. Total additions (from **Form MO-A**, Part 1, Line 7) . . . . . 2Y .00 2S .00
3. Total income - Add Lines 1 and 2. . . . . 3Y 38140 .00 3S .00
4. Total subtractions (from Form MO-A, Part 1, Line 18) . . . . . 4Y .00 4S .00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3. . . . . 5Y 38140 .00 5S .00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . . 6 38140 .00
7. Income percentages - Divide columns 5Y and 5S by total on  
Line 6. (Must equal 100%) . . . . . 7Y 100 % 7S %

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3,  
Section D) . . . . . 8 .00
9. Tax from federal return . . . . . 9 2456 .00
10. Other tax from federal return. . . . . 10 .00
11. Total tax from federal return. Do not enter federal income tax withheld. 11 2456 .00
12. Federal tax percentage – Enter the percentage based on your  
Missouri Adjusted Gross Income, Line 6. Use the chart below to  
find your percentage . . . . . 12 25.0 %

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less . . . . . 35%

\$25,001 to \$50,000 . . . . . 25%

\$50,001 to \$100,000 . . . . . 15%

\$100,001 to \$125,000 . . . . . 5%

\$125,001 or more . . . . . 0%



24322021038

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this  
amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. . . . . 13 614 .00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2)  
• Single or Married Filing Separate-\$14,600 • Head of Household-\$21,900  
• Married Filing Combined or Qualifying Widow(er)-\$29,200 . . . . . 14 14600 .00
15. Additional Exemption for Head of Household and Qualifying Widow(er) . . . . . 15 .00
16. Long-term care insurance deduction . . . . . 16 .00
17. Health care sharing ministry deduction. . . . . 17 .00
18. Active Duty Military income deduction . . . . . 18 .00
19. Inactive Duty Military income deduction . . . . . 19 .00
20. **Reserved** . . . . . 20 .00
21. Farmland sold, rented, leased, or crop-shared to a beginning farmer deduction. Enter the sum  
of Lines 21A, 21B, and 21C on Line 21 . . . . . 21 .00

21A. Sold \$ .00 21B. Rented/  
Leased \$ .00 21C. Crop-  
Shared \$ .00

## Deductions Continued

22.	First time home buyers deduction.	A.	<input type="text"/>	B.	<input type="text"/>	22	<input type="text"/>	.00
23.	Long term dignity savings account deduction . . . . .					23	<input type="text"/>	.00
24.	Foster parent tax deduction . . . . .					24	<input type="text"/>	.00
25.	Total deductions - Add Lines 8 and 13 through 24 . . . . .					25	15214	.00
26.	Subtotal - Subtract Line 25 from Line 6 . . . . .					26	22926	.00
27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	27Y	22926	.00	27S	<input type="text"/>	<input type="text"/>	.00
28.	Enterprise zone or rural empowerment zone income modification . . . . .	28Y	<input type="text"/>	.00	28S	<input type="text"/>	<input type="text"/>	.00

## Tax

29.	Taxable income - Subtract Line 28 from Line 27 . . . . .	29Y	22926	.00	29S	<input type="text"/>	<input type="text"/>	.00
30.	Tax (see tax chart on page 26 of the instructions). . . . .	30Y	921	.00	30S	<input type="text"/>	<input type="text"/>	.00
31.	Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s). . . . .	31Y	<input type="text"/>	.00	31S	<input type="text"/>	<input type="text"/>	.00
32.	Missouri income percentage - Enter 100% if not completing <b>Form MO-NRI</b> . Attach Form MO-NRI and federal return if applicable. . . . .	32Y	100	%	32S	100	%	
33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 . . . . .	33Y	921	.00	33S	<input type="text"/>	<input type="text"/>	.00
34.	Other taxes - Select box and attach federal form indicated.							
	<input type="checkbox"/> Lump sum distribution ( <b>Form 4972</b> )							
	<input type="checkbox"/> Recapture of low income housing credit ( <b>Form 8611</b> )	34Y	<input type="text"/>	.00	34S	<input type="text"/>	<input type="text"/>	.00
35.	Subtotal - Add Lines 33 and 34 . . . . .	35Y	921	.00	35S	<input type="text"/>	<input type="text"/>	.00
36.	Total Tax - Add Lines 35Y and 35S. . . . .				36	921	.00	



## Payments and Credits

37.	MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .	37	974	.00
38.	2024 Missouri estimated tax payments - Include overpayment from 2023 applied to 2024 . . . . .	38	<input type="text"/>	.00
39.	Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b> . . . . .	39	<input type="text"/>	.00
40.	Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> . . . . .	40	<input type="text"/>	.00
41.	Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .	41	<input type="text"/>	.00
42.	Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	42	<input type="text"/>	.00
43.	Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	43	<input type="text"/>	.00
44.	Missouri Working Family Tax Credit (Attach Form <b>MO-WFTC</b> and federal return). . . . .	44	<input type="text"/>	.00
45.	Total payments and credits - Add Lines 37 through 44 . . . . .	45	974	.00

Skip Lines 46 through 48 if you are not filing an amended return.

46. Amount paid on original return. . . . . 46 . 00

47. Overpayment as shown (or adjusted) on original return . . . . . 47 . 00

Indicate Reason for Amending

☐ 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)  
. . . . .

48. Amended return total payments and credits - Add Lines 45 and 46; subtract Line 47.  
Enter on Line 48. . . . . 48 . 00

49. If Line 45, or if amended return, Line 48, is larger than Line 36, enter the difference.  
Amount of OVERPAYMENT . . . . . 49 53 . 00

50. Amount of Line 49 to be applied to your 2025 estimated tax . . . . . 50 . 00

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

51a. Children's Trust Fund . 00 51b. Veterans Trust Fund . 00 51c. Elderly Home Delivered Meals Trust Fund . 00 51d. Missouri National Guard Trust Fund . 00

51e. Workers' Memorial Fund . 00 51f. Childhood Lead Testing Fund . 00 51g. Missouri Military Family Relief Fund . 00 51h. General Revenue Fund . 00

51i. Organ Donor Program Fund . 00 51j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00 51k. Soldiers Memorial Military Museum in St. Louis Fund . 00 51l. Missouri Medal of Honor Fund . 00

51m. Additional Fund Code . Additional Fund Amount . 00 51n. Additional Fund Code . Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 51a through 51n and enter here . . . . . 51 . 00

52. Amount of Line 49 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. . . . . 52 . 00

53. **REFUND** - Subtract Lines 50, 51, and 52 from Line 49 and enter here . . . . . 53 53 . 00

a. Routing Number . . . . . c. ☐ Checking ☐ Savings

b. Account Number . . . . .



Amount Due

54. If Line 36 is larger than Line 45 or Line 48, enter the difference.

Amount of UNDERPAYMENT . . . . .

54   .0055. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . .55   .00☐ Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.56. **AMOUNT DUE** - Add Lines 54 and 55.

If you pay by check, you authorize the Department of Revenue to process the check

electronically. Any returned check may be presented again electronically . . . . .

56   .00

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. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on any 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. I am aware of any applicable reporting requirements of **Section 135.805, RSMo**, and the penalty provisions of **Section 135.810, RSMo**.

Signature

Signature

Date (MM/DD/YY)

Spouse's Signature (If filing combined, BOTH must sign)

Date (MM/DD/YY)

E-mail Address

ELIMADI701@GMAIL.COM

Daytime Telephone

636 293 1291

Preparer's Signature

Date (MM/DD/YY)

 0 4  1 5  2 5

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

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. . . . .

☐ Yes ☒ No

24322051038

Department Use Only

☐ A ☐ FA ☐ E10 ☐ DE ☐ F
 

**Mail to: Balance Due:**  
Missouri Department of Revenue  
P.O. Box 329  
Jefferson City, MO 65105-0329  
**Phone:** (573) 751-7200

**Refund or No Amount Due:**  
Missouri Department of Revenue  
P.O. Box 500  
Jefferson City, MO 65105-0500  
**Phone:** (573) 751-3505

**Fax:** (573) 522-1762  
**Email:** [incometaxprocessing@dor.mo.gov](mailto:incometaxprocessing@dor.mo.gov)  
**Submission of Individual Income Tax Returns**  
**Email:** [income@dor.mo.gov](mailto:income@dor.mo.gov)  
**Inquiry and correspondence**

Form MO-1040 (Revised 12-2024)

**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at [mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR](http://mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR) to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).

Visit [dor.mo.gov/taxation/individual/tax-types/income/](http://dor.mo.gov/taxation/individual/tax-types/income/) for additional information.

MO-1040 Page 5