



## INDIVIDUAL INCOME TAX RETURN—LONG FORM

2015 FORM MO-1040

FOR CALENDAR YEAR JAN. 1–DEC. 31, 2015, OR FISCAL YEAR BEGINNING

20 , ENDING

20

AMENDED RETURN — CHECK HERE

SOFTWARE  
VENDOR CODE  
(Assigned by DOR)  
**000**

NAME AND ADDRESS

SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

M. INITIAL

SUFFIX (JR, SR, etc.)

DECEASED  
2015  
☐

SPOUSE'S LAST NAME

FIRST NAME

M. INITIAL

SUFFIX (JR, SR, etc.)

DECEASED  
2015  
☐

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

COUNTY OF RESIDENCE

PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)

CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE

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



## PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2015.

## AGE 62 THROUGH 64

☐ YOURSELF  
☐ SPOUSE

## AGE 65 OR OLDER

☐ YOURSELF  
☐ SPOUSE

## BLIND

☐ YOURSELF  
☐ SPOUSE

## 100% DISABLED

☐ YOURSELF  
☐ SPOUSE

## NON-OBLIGATED SPOUSE

☐ YOURSELF  
☐ SPOUSE

INCOME

	Yourself		Spouse	
1. Federal adjusted gross income from your 2015 federal return (See worksheet on page 6.) ...	1Y	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	00	3S	00
4. Total subtractions (from Form MO-A, Part 1, Line 16) .....	4Y	00	4S	00
5. Missouri adjusted gross income — Subtract Line 4 from Line 3 .....	5Y	00	5S	00
6. Total Missouri adjusted gross income — Add columns 5Y and 5S .....	6	00		
7. Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%.) ....	7Y	%	7S	%

EXEMPTIONS AND DEDUCTIONS

8. Pension and Social Security/Social Security Disability/Military exemption (from Form MO-A, Part 3, Section E.) ...	8	00
9. Mark your filing status box below and enter the appropriate exemption amount on Line 9. <input type="checkbox"/> A. Single — \$2,100 (See Box B before checking.) <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00 <input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200 <input type="checkbox"/> D. Married filing separate — \$2,100 <input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200 <input type="checkbox"/> F. Head of household — \$3,500 <input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500	9	00
10. Tax from federal return (Do not enter federal income tax withheld.) • Federal Form 1040, Line 56 minus Lines 45, 46, 66a, 68, 69, and any amount from Form 8885 on Line 73. • Federal Form 1040A, Line 37, minus Lines 29, 42a, 44, 45, and any alternative minimum tax included on Line 28. • Federal Form 1040EZ, Line 10 minus Line 8a.....	10	00
11. Other tax from federal return — Attach copy of your federal return (pages 1 and 2)....	11	00
12. Total tax from federal return — Add Lines 10 and 11 .....	12	00
13. Federal tax deduction — Enter amount from Line 12 not to exceed \$5,000 for individual filer; \$10,000 for combined filers.....	13	00
14. Missouri standard deduction or itemized deductions. Single or Married Filing Separate — \$6,300; Head of Household — \$9,250; Married Filing a Combined Return or Qualifying Widow(er) — \$12,600; If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you are itemizing, see Form MO-A, Part 2.....	14	00
15. Number of dependents from Federal Form 1040 or 1040A, Line 6c <input type="checkbox"/> Check box if claiming a stillborn child; see instructions on Page 7 .....	15	00
16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE.)	16	00
17. Long-term care insurance deduction.....	17	00
18. Health care sharing ministry deduction .....	18	00
19. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and 18 .....	19	00
20. Subtotal — Subtract Line 19 from Line 6 .....	20	00
21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S .....	21Y	00
22. Enterprise zone or rural empowerment zone income modification .....	22Y	00
23. Subtract Line 22 from Line 21. Enter here and on Line 24 .....	23Y	00

Do not  
include  
yourself  
or  
spouse.

		Yourself		Spouse		
<b>TAX</b>	24. Taxable income amount from Lines 23Y and 23S .....	24Y	00	24S	00	
	25. Tax (See tax chart on page 25 of the instructions.) .....	25Y	00	25S	00	
	26. Resident credit — Attach Form MO-CR and other states' income tax return(s). ....	26Y	00	26S	00	
	27. 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%.....	27Y	%	27S	%	
	28. Balance — Subtract Line 26 from Line 25; OR Multiply Line 25 by percentage on Line 27. ....	28Y	00	28S	00	
	29. Other taxes (Check 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) .....	29Y	00	29S	00	
	30. Subtotal — Add Lines 28 and 29. ....	30Y	00	30S	00	
	31. Total Tax — Add Lines 30Y and 30S.....	31			00	
	<b>PAYMENTS / CREDITS</b>	32. MISSOURI tax withheld — Attach Forms W-2 and 1099.....	32			00
		33. 2015 Missouri estimated tax payments (include overpayment from 2014 applied to 2015) .....	33			00
34. Missouri tax payments for nonresident partners or S corporation shareholders — Attach Forms MO-2NR and MO-NRP..		34			00	
35. Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT. ....		35			00	
36. Amount paid with Missouri extension of time to file (Form MO-60).....		36			00	
37. Miscellaneous tax credits (from Form MO-TC, Line 13) — Attach Form MO-TC.....		37			00	
38. Property tax credit — Attach Form MO-PTS.....		38			00	
39. Total payments and credits — Add Lines 32 through 38. ....		39			00	
<b>Skip Lines 40–42 if you are not filing an amended return.</b>						
<b>AMENDED RETURN</b>	40. Amount paid on original return .....	40			00	
	41. Overpayment as shown (or adjusted) on original return .....	41			00	
	<b>INDICATE REASON FOR AMENDING.</b>		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> A. Federal audit ..... Enter date of IRS report.  <input type="checkbox"/> B. Net operating loss carryback..... Enter year of loss.  <input type="checkbox"/> C. Investment tax credit carryback..... Enter year of credit.  <input type="checkbox"/> D. Correction other than A, B, or C..... Enter date of federal amended return, if filed. </div> <div style="border: 1px solid black; padding: 2px;"> M   M   D   D   Y   Y  </div> </div>			
	42. Amended Return — total payments and credits. Add Line 40 to Line 39 or subtract Line 41 from Line 39.....	42			00	
	43. If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference (amount of OVERPAYMENT) here. ....	43			00	
44. Amount of Line 43 to be applied to your 2016 estimated tax .....	44			00		
<b>REFUND</b>	45. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes.....	45	<div style="display: flex; justify-content: space-between; font-size: 8px;"> <div>Children's Trust Fund</div> <div>Veterans Trust Fund</div> <div>Elderly Home Delivered Meals Trust Fund</div> <div>Missouri National Guard Trust Fund</div> <div>Workers' Memorial Fund</div> <div>Childhood Lead Testing Fund</div> <div>Missouri Military Family Relief Fund</div> <div>General Revenue Fund</div> <div>Organ Donor Program Fund</div> <div>Additional Fund Code (See Instr.)</div> <div>Additional Fund Code (See Instr.)</div> </div>	00	00	00
	46. Amount of Line 43 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from Line E of Form 5632 .....	46			00	
	47. <b>REFUND</b> - Subtract Lines 44, 45, and 46 from Line 43 and enter here. Sign below and mail return to: Department of Revenue, PO Box 500, Jefferson City, MO 65106-0500.....	47			00	
<b>AMOUNT DUE</b>	48. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here and go to instructions for Line 49. ....	48			00	
	49. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here. ....	49			00	
	50. <b>AMOUNT DUE</b> - Add Lines 48 and 49 and enter here. Sign below and mail return and payment to: Department of Revenue, PO Box 329, Jefferson City, MO 65107-0329. See instructions for Line 50.....	50			00	
<p>If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.</p>						
<b>SIGNATURE</b>	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 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 authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO		E-MAIL ADDRESS		PREPARER'S TELEPHONE ( ) - - - -	
	SIGNATURE	DATE (MMDDYYYY) _ / _ / _ _	PREPARER'S SIGNATURE		FEIN, SSN, OR PTIN	
	SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)		DAYTIME TELEPHONE ( ) - - - -	PREPARER'S ADDRESS AND ZIP CODE		DATE (MMDDYYYY) _ / _ / _ _