



**Form  
MO-1040  
2024 Individual Income  
Tax Return - Long Form**

Department Use Only

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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)

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**Vendor Code**

**Department Use Only**

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**Filing Status**

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

Age 62 through 64

Yourself  Spouse

Age 65 or Older

Yourself  Spouse

Blind

Yourself  Spouse

100% Disabled

Yourself  Spouse

Non-Obligated Spouse

Yourself  Spouse

**Name**

Social Security Number

	-		-	
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Deceased

in 2024

Spouse's Social Security Number

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

Deceased

in 2024

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M.I.

Last Name

First Name

--	--

--

--	--	--

Suffix

Spouse's First Name

M.I.

Spouse's Last Name

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

--

**Address**

Present Address (Include Apartment Number or Rural Route)

--

State

ZIP Code

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City, Town, or Post Office

--

State

ZIP Code

County of Residence

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Missouri Medal of Honor Fund	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	Kansas City Regional Law Enforcement Memorial Foundation Fund	Soldiers Memorial Military Museum in St. Louis Fund



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## Income

	Yourself (Y)	Spouse (S)
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) .....	1Y .00	1S .00
2. Total additions (from <b>Form MO-A</b> , 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 18) .....	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 %
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 .00	
10. Other tax from federal return.....	10 .00	
11. Total tax from federal return. Do not enter federal income tax withheld.	11 .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	%

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%



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## Exemptions and Deductions

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 .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 .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

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 <input type="text"/> .00
26. Subtotal - Subtract Line 25 from Line 6.....			26 <input type="text"/> .00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S .....	27Y <input type="text"/> .00	27S <input type="text"/> .00	
28. Enterprise zone or rural empowerment zone income modification .....	28Y <input type="text"/> .00	28S <input type="text"/> .00	
29. Taxable income - Subtract Line 28 from Line 27.....	29Y <input type="text"/> .00	29S <input type="text"/> .00	
30. Tax (see tax chart on page 26 of the instructions).....	30Y <input type="text"/> .00	30S <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"/> .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 <input type="text"/> %	32S <input type="text"/> %	
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 .....	33Y <input type="text"/> .00	33S <input type="text"/> .00	
34. Other taxes - Select box and attach federal form indicated.	 24322030006		
<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"/> .00	
35. Subtotal - Add Lines 33 and 34 .....	35Y <input type="text"/> .00	35S <input type="text"/> .00	
36. Total Tax - Add Lines 35Y and 35S.....		36 <input type="text"/> .00	
37. MISSOURI tax withheld - Attach Forms W-2 and 1099.....		37 <input type="text"/> .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 <input type="text"/> .00	

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

46. Amount paid on original return. .... 46  .   
47. Overpayment as shown (or adjusted) on original return. .... 47  .

**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)

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

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

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

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

Refund

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  .

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  .

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

a. Routing Number

c.  Checking  Savings

b. Account Number



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54. If Line 36 is larger than Line 45 or Line 48, enter the difference.  
 Amount of UNDERPAYMENT ..... 54  00
55. 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	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/> <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"/> <input type="text"/> <input type="text"/>
E-mail Address	Daytime Telephone
<input type="text"/>	<input type="text"/>
Preparer's Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone
<input type="text"/>	<input type="text"/>
Preparer's Address	State <input type="text"/> ZIP Code <input type="text"/>
<input type="text"/>	

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



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**Department Use Only**

<input type="checkbox"/> A	<input type="checkbox"/> FA	<input type="checkbox"/> E10	<input type="checkbox"/> DE	<input type="checkbox"/> F	<input type="text"/> . <input type="text"/>
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**Mail to:** **Balance Due:**  
 Missouri Department of Revenue  
 P.O. Box 3370  
 Jefferson City, MO 65105-3370  
**Phone:** (573) 751-7200

**Refund or No Amount Due:**  
 Missouri Department of Revenue  
 P.O. Box 3222  
 Jefferson City, MO 65105-322  
**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

**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/).



## 2024 Tax Chart

To identify your tax, use your Missouri taxable income from **Form MO-1040**, Line 29Y and 29S 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 [dor.mo.gov/personal/individual/](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 30Y and 30S.

### Section A

### Tax Rate Chart

**If the Missouri taxable income is:**      **The tax is:**

\$0 to \$1,273 .....	\$0
Over \$1,273 but not over \$2,546 .....	2.00% of excess over \$1,273
Over \$2,546 but not over \$3,819 .....	\$25 plus 2.50% of excess over \$2,546
Over \$3,819 but not over \$5,092 .....	\$57 plus 3.00% of excess over \$3,819
Over \$5,092 but not over \$6,365 .....	\$95 plus 3.50% of excess over \$5,092
Over \$6,365 but not over \$7,638 .....	\$140 plus 4.00% of excess over \$6,365
Over \$7,638 but not over \$8,911 .....	\$191 plus 4.50% of excess over \$7,638
Over \$8,911 .....	\$248 plus 4.80% of excess over \$8,911

### Section B

### Tax Calculation Worksheet

	Yourself	Spouse	Example A	Example B
1. Missouri taxable income (Form MO-1040, Lines 29Y and 29S) .....	\$ _____	\$ _____	\$ 3,090	\$ 12,000
2. Enter the minimum taxable income for your tax bracket (see Section A above). If below \$1,273 enter \$0 .....	- \$ _____	- \$ _____	- \$ 2,546	\$ 8,911
3. Difference - Subtract Line 2 from Line 1 .....	= \$ _____	= \$ _____	= \$ 544	\$ 3,089
4. Enter the percent for your tax bracket (see Section A above)..... X _____ %	% X _____	2.5%	4.8%	
5. Multiply Line 3 by the percent on Line 4 .....	= \$ _____	= \$ 13.60	\$ 148.28	
6. Enter the tax from your tax bracket - before applying the percent (see Section A above) .....	+ \$ _____	+ \$ 25	\$ 248	
7. Total Missouri Tax - Add Line 5 and 6. Enter here and on Form MO-1040, Lines 30Y and 30S .....	= \$ _____	= \$ 39	\$ 396	
		(\$38.60 rounded to the nearest dollar)	(\$396.28 rounded to the nearest dollar)	

### Diagram 1: Form W-2

a Control number	22222	OMB No. 1545-0008		
b Employer identification number (EIN)	1 Wages, tips, other compensation    2 Federal income tax withheld 3 Social security wages    4 Social security tax withheld 5 Medicare wages and tips    6 Medicare tax withheld 7 Social security tips    8 Allocated tips 9 Advance EIC payment    10 Dependent care benefits 11 Nonqualified plans    12a 12b 12c 12d 13 Statutory employees    Retirement plans    Third-party plan key 14 Other			
c Employer's name, address, and ZIP code				
d Employee's social security number				
e Employee's first name and initial	Last name	Suff.		
f Employee's address and ZIP code				
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name			
<b>Missouri Taxes Withheld</b> <b>Earnings Tax</b>				
Form <b>W-2</b> Wage and Tax Statement Copy 1—For State, City, or Local Tax Department				
2024      Department of the Treasury—Internal Revenue Service				



MISSOURI DEPARTMENT OF

**REVENUE****2024 Individual Income Tax Adjustments**Department Use Only  
(MM/DD/YY)

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Attach to Form MO-1040. Attach your federal return. See information beginning on page 13 to assist you in completing this form.

<b>Name</b>	Social Security Number	Spouse's Social Security Number		
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		
	First Name	M.I.	Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's First Name	M.I.	Spouse's Last Name	Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

<b>Additions</b>  Part 1 - Missouri Modifications to Federal Adjusted Gross Income	<b>Youself (Y)</b>		<b>Spouse (S)</b>		
	1. Interest on state and local obligations other than Missouri source.....	1Y	.00	1S	.00
	2. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> S Corporation <input type="checkbox"/> Business Interest	 24340010001			
	<input type="checkbox"/> Net Operating Loss (Carryback/Carryforward)				
	<input type="checkbox"/> Other (description) <input type="text"/>	2Y	.00	2S	.00
	3. Nonqualified distribution received from a qualified 529 plan not used for qualified expenses.....	3Y	.00	3S	.00
	4. Food Pantry contributions included on Federal Schedule A.....	4Y	.00	4S	.00
	5. Nonresident Property Tax.....	5Y	.00	5S	.00
	6. Nonqualified distribution received from a qualified Achieving a Better Life Experience Program (ABLE) not used for qualified expenses.....	6Y	.00	6S	.00
	7. Total Additions - Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2.....	7Y	.00	7S	.00
	<b>Subtractions</b>				
	8. Interest from exempt federal obligations included in federal adjusted gross income - Attach a detailed list or all Federal Form(s) 1099 .....	8Y	.00	8S	.00
	9. Any state income tax refund included in federal adjusted gross income.	9Y	.00	9S	.00
	10. Military Retirement Benefits (see Instructions on page 14).....	10Y	.00	10S	.00
11. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> S Corporation <input type="checkbox"/> Railroad Retirement Benefits <input type="checkbox"/> Military (nonresident)					
<input type="checkbox"/> Combat Pay <input type="checkbox"/> Build America and Recovery Zone Bond Interest <input type="checkbox"/> MO Public-Private Transportation Act					
<input type="checkbox"/> Net Operating Loss <input type="checkbox"/> Business Interest					
<input type="checkbox"/> Other (description) <input type="text"/>	11Y	.00	11S	.00	
12. Exempt contributions made to a qualified 529 plan .....	12Y	.00	12S	.00	
13. Qualified Health Insurance Premiums - Attach the Qualified Health Insurance Premiums Worksheet ( <a href="#">Form 5695</a> ) and supporting documentation .....	13Y	.00	13S	.00	

14. Missouri depreciation adjustment ([Section 143.121, RSMo.](#))

<input type="checkbox"/> Sold or disposed property previously taken as addition modification	14Y	.00	14S	.00
15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) .....	15Y	.00	15S	.00
16. Agriculture Disaster Relief .....	16Y	.00	16S	.00
17. Business Income Deduction – see worksheet on page 16.....	17Y	.00	17S	.00
18. Total Subtractions - Add Lines 8 through 17. Enter here and on Form MO-1040, Line 4 .....	18Y	.00	18S	.00

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 or Federal Form 1040-SR, Line 12 .....	1	.00
2. 2024 Social security tax - (Yourself) .....	2	.00
3. 2024 Social security tax - (Spouse).....	3	.00
4. 2024 Railroad retirement tax - Tier I and Tier II (Yourself).....	4	.00
5. 2024 Railroad retirement tax - Tier I and Tier II (Spouse) .....	5	.00
6. 2024 Medicare tax - Yourself and Spouse (see instructions on page 16) .....	6	.00
7. 2024 Self-employment tax (see instructions on page 16) .....	7	.00
8. Total - Add Lines 1 through 7.....	8	.00
9. State and local income taxes from Federal Schedule A, Line 5 or enter \$0 if completing 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 7 from worksheet below .....	11	.00
12. Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14 ..	12	.00

Complete this worksheet only if your total state and local taxes included in your federal itemized deductions (Federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate filers).

1. Enter the sum of your state and local taxes on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5d. .....	1	.00
2. State and local income taxes from Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a. ....	2	.00
3. Earnings taxes included on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a.....	3	.00
4. Subtract Line 3 from Line 2.....	4	.00
5. Divide Line 4 by Line 1.....	5	%
6. Enter \$10,000 (\$5,000 if married filing separately). .....	6	.00
7. Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 11, above.....	7	.00



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**Part 3 - Pension and Social Security/Social Security Disability (Instructions for Part 3 begin on page 16)**

Part 3 - Section A

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

1. Taxable pension for each spouse from public sources from Federal Form 1040 or Federal Form 1040-SR, Line 5b ..... 

1Y	.	00
----	---	----

1S	.	00
----	---	----
  
2. Amount from Line 1 or \$46,381 (maximum social security benefit), whichever is less ..... 

2Y	.	00
----	---	----

2S	.	00
----	---	----
  
3. If you received taxable social security, complete Form MO-A, Lines 1 through 4 of Section C, and enter the amount(s) from Line(s) 3Y and 3S..... 

3Y	.	00
----	---	----

3S	.	00
----	---	----
  
4. Subtract Line 3 from Line 2. If Line 3 is greater than Line 2, enter \$0. 

4Y	.	00
----	---	----

4S	.	00
----	---	----
  
5. Total public pension. Add amounts on Lines 4Y and 4S..... 

5	.	00
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Part 3 - Section B

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

1. Missouri adjusted gross income from Form MO-1040, Line 6 ..... 

1	.	00
---	---	----
  
2. Taxable social security benefits from Federal Form 1040 or Federal Form 1040-SR, Line 6b ..... 

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 1040 or Federal Form 1040-SR, Line 4b and 5b ..... 

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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Part 3 - Section C

**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.

1. Taxable social security benefits for each spouse from Federal Form 1040 or Federal Form 1040-SR, Line 6b ..... 

1Y	.	00
----	---	----

1S	.	00
----	---	----
  
2. Taxable social security disability benefits for each spouse from Federal Form 1040 or 1040-SR, Line 6b ..... 

2Y	.	00
----	---	----

2S	.	00
----	---	----
  
3. Amount from Line(s) 1Y or 2Y, and 1S or 2S..... 

3Y	.	00
----	---	----

3S	.	00
----	---	----
  
4. Total social security/social security disability. Add Lines 3Y and 3S..... 

4	.	00
---	---	----

Part 3 - Section D

**Total Pension and Social Security/Social Security Disability**

Add Line 5 (Section A), Line 9 (Section B), and Line 4 (Section C) from Form MO-A.

Enter total amount here and on Form MO-1040, Line 8. .... 

.	.	00
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**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 we offer to all eligible military individuals.A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits](http://veteranbenefits.mo.gov/state-benefits).

**2024 Missouri Working Family Tax Credit**Form  
**MO-WFTC**Department Use Only  
(MM/DD/YY)      **Attach to Form MO-1040. The Federal Return must also be attached to your MO-1040 or your claim will be denied.**

To claim this credit, you must be a resident individual with a filing status of single, head of household, qualifying widow(er), or married filing combined, and who is allowed a Federal Earned Income Credit (EIC) on their federal return.

Social Security Number

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Spouse's Social Security Number

--	--	--

First Name

--

M.I.

Last Name

--

--

Spouse's First Name

--

M.I.

Spouse's Last Name

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1. Did you qualify for the Federal Earned Income Credit (EIC) on Federal Form 1040 or 1040SR?

- Yes - Continue to calculate your Missouri Working Family Tax Credit.  
 No - **STOP**. You do not qualify for the Missouri Working Family Tax Credit.

2. Do you have a filing status of married filing separately or claimed as a dependent?

- Yes - **STOP**. You do not qualify for the Missouri Working Family Tax Credit.  
 No - Continue to calculate your Missouri Working Family Tax Credit.

3. Do you have investment income equal to or greater than \$4,300 (see instructions)?

- Yes - **STOP**. You do not qualify for the Missouri Working Family Tax Credit.  
 No - Continue to calculate your Missouri Working Family Tax Credit.

4. Qualifying Children listed on your Federal Schedule EIC.

Name of Qualifying Child	Child's Social Security Number	Child's Date of Birth (MM/DD/YYYY)

5. Federal Earned Income Credit (EIC) from Federal Form 1040 or 1040-SR, Line 27 . . . . .	5	.00
6. Multiply Line 5 by 20% and enter the result. . . . .	6	.00
7. Total Tax from Form MO-1040, Line 36 . . . . .	7	.00
8. Add Line 42 and Line 43 from Form MO-1040 and enter the result. . . . .	8	.00
9. Subtract Line 8 from Line 7, if less than 0, enter 0 . . . . .	9	.00
10. Enter the smaller amount of Line 6 or Line 9 here and on Form MO-1040, Line 44. . . . .	10	.00

**This form, your Federal Return, and your Federal Schedule EIC must be attached with your MO-1040.**

Form MO-WFTC (Revised 12-2024)

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

MISSOURI DEPARTMENT OF  
**REVENUE****2024 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"/>
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Spouse's Name

Spouse's Social Security Number

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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If you are claiming a resident credit as a shareholder of an S corporation with income earned in a non-taxed jurisdiction, complete MO-CR, Schedule 1 and see Instructions.

Yourself (Y)

Spouse (S)

- |  |                                |                          |                                |                          |
|--|--------------------------------|--------------------------|--------------------------------|--------------------------|
| 1. Claimant's total adjusted gross income (Form MO-1040, Line 1Y and Line 1S) . . . . .  | <input type="text"/> 1Y        | <input type="text"/> .00 | <input type="text"/> 1S        | <input type="text"/> .00 |
| 2. Claimant's Missouri income tax (Form MO-1040, Line 30Y and 30S). 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. | State of: <input type="text"/> |                          | State of: <input type="text"/> |                          |
| 3. Wages and commissions. . . . .  | <input type="text"/> 2Y        | <input type="text"/> .00 | <input type="text"/> 2S        | <input type="text"/> .00 |
| 4. Other income (Describe nature _____ )   | <input type="text"/> 3Y        | <input type="text"/> .00 | <input type="text"/> 3S        | <input type="text"/> .00 |
| 5. Total - Add Lines 3 and 4. . . . .  | <input type="text"/> 4Y        | <input type="text"/> .00 | <input type="text"/> 4S        | <input type="text"/> .00 |
|  | <input type="text"/> 5Y        | <input type="text"/> .00 | <input type="text"/> 5S        | <input type="text"/> .00 |
| 6. Minus, related adjustments (Federal Form 1040 or 1040-SR, Line 10) . . . . .  | <input type="text"/> 6Y        | <input type="text"/> .00 | <input type="text"/> 6S        | <input type="text"/> .00 |
| 7. Net amounts - Subtract Line 6 from Line 5 . . . . .   | <input type="text"/> 7Y        | <input type="text"/> .00 | <input type="text"/> 7S        | <input type="text"/> .00 |
| 8. Percentage of your income taxed - Divide Line 7 by Line 1 . . . . .   | <input type="text"/> 8Y        | <input type="text"/> %   | <input type="text"/> 8S        | <input type="text"/> %   |
| 9. Maximum credit - Multiply Line 2 by percentage on Line 8 . . . . .  | <input type="text"/> 9Y        | <input type="text"/> .00 | <input type="text"/> 9S        | <input type="text"/> .00 |
| 10. Income tax imposed by another state or political subdivision. <b>This is not income tax withheld.</b> The income tax must generally be reduced by all credits, except withholding and estimated tax. (See instructions.) . . . . .                           | <input type="text"/> 10Y       | <input type="text"/> .00 | <input type="text"/> 10S       | <input type="text"/> .00 |
| 11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 31Y or Line 31S. . . . .   | <input type="text"/> 11Y       | <input type="text"/> .00 | <input type="text"/> 11S       | <input type="text"/> .00 |

Note: If you have completed Form MO-CR for credits in multiple states, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040. The cumulative amount of credit reported on MO-1040, Line 31Y and 31S cannot exceed the Missouri tax liability.

MISSOURI DEPARTMENT OF  
**REVENUE****2024 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"/>
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Spouse's Name

Spouse's Social Security Number

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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If you are claiming a resident credit as a shareholder of an S corporation with income earned in a non-taxed jurisdiction, complete MO-CR, Schedule 1 and see Instructions.

Yourself (Y)

Spouse (S)

- |  |                                |                          |                                |                          |
|--|--------------------------------|--------------------------|--------------------------------|--------------------------|
| 1. Claimant's total adjusted gross income (Form MO-1040, Line 1Y and Line 1S) . . . . .  | <input type="text"/> 1Y        | <input type="text"/> .00 | <input type="text"/> 1S        | <input type="text"/> .00 |
| 2. Claimant's Missouri income tax (Form MO-1040, Line 30Y and 30S). 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. | State of: <input type="text"/> |                          | State of: <input type="text"/> |                          |
| 3. Wages and commissions. . . . .  | <input type="text"/> 2Y        | <input type="text"/> .00 | <input type="text"/> 2S        | <input type="text"/> .00 |
| 4. Other income (Describe nature _____ )   | <input type="text"/> 3Y        | <input type="text"/> .00 | <input type="text"/> 3S        | <input type="text"/> .00 |
| 5. Total - Add Lines 3 and 4. . . . .  | <input type="text"/> 4Y        | <input type="text"/> .00 | <input type="text"/> 4S        | <input type="text"/> .00 |
|  | <input type="text"/> 5Y        | <input type="text"/> .00 | <input type="text"/> 5S        | <input type="text"/> .00 |
| 6. Minus, related adjustments (Federal Form 1040 or 1040-SR, Line 10) . . . . .  | <input type="text"/> 6Y        | <input type="text"/> .00 | <input type="text"/> 6S        | <input type="text"/> .00 |
| 7. Net amounts - Subtract Line 6 from Line 5 . . . . .   | <input type="text"/> 7Y        | <input type="text"/> .00 | <input type="text"/> 7S        | <input type="text"/> .00 |
| 8. Percentage of your income taxed - Divide Line 7 by Line 1 . . . . .   | <input type="text"/> 8Y        | <input type="text"/> %   | <input type="text"/> 8S        | <input type="text"/> %   |
| 9. Maximum credit - Multiply Line 2 by percentage on Line 8 . . . . .  | <input type="text"/> 9Y        | <input type="text"/> .00 | <input type="text"/> 9S        | <input type="text"/> .00 |
| 10. Income tax imposed by another state or political subdivision. <b>This is not income tax withheld.</b> The income tax must generally be reduced by all credits, except withholding and estimated tax. (See instructions.) . . . . .                           | <input type="text"/> 10Y       | <input type="text"/> .00 | <input type="text"/> 10S       | <input type="text"/> .00 |
| 11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 31Y or Line 31S. . . . .   | <input type="text"/> 11Y       | <input type="text"/> .00 | <input type="text"/> 11S       | <input type="text"/> .00 |

Note: If you have completed Form MO-CR for credits in multiple states, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040. The cumulative amount of credit reported on MO-1040, Line 31Y and 31S cannot exceed the Missouri tax liability.



Form  
**MO-CR**  
Schedule 1

**Resident Credit For Tax on Pro Rata Share of  
S Corporation Income Earned From a Non-Taxed Jurisdiction**

Name  Social Security Number  -  -   
Spouse's Name  Spouse's Social Security Number  -  -

Complete Form MO-CR, Schedule 1, if you are a Missouri resident S corporation shareholder who has S corporation income from sources in another state(s) or the District of Columbia that is not subject to an income tax imposed in that jurisdiction.

State abbreviation - List the state from which the non-taxed S corporation income is sourced:

	Yourself (Y)	Spouse (S)
1. Claimant's federal adjusted gross income (Form MO-1040, Line 1Y and Line 1S) .....	1Y <input type="text"/> .00	1S <input type="text"/> .00
2. Income earned from an S corporation in a non-taxed jurisdiction .....	2Y <input type="text"/> .00	2S <input type="text"/> .00
3. Divide Line 2 by Line 1. Enter as a percent. If greater than 100%, enter 100% .....	3Y <input type="text"/> %	3S <input type="text"/> %
4. Claimant's Missouri income tax (Form MO-1040, Line 30Y and 30S) .....	4Y <input type="text"/> .00	4S <input type="text"/> .00
5. Multiply Line 4 by the percentage on Line 3. Enter here and include on Form MO-CR, Line 10 .....	5Y <input type="text"/> .00	5S <input type="text"/> .00

## Information to Complete Form MO-CR

Complete this form if you are a:

- Missouri resident, resident estate, or resident trust with income from another state(s) within the United States, political subdivision therein, or District of Columbia, or
- Missouri resident who is a direct or indirect member in a partnership or S corporation (pass-through entity), which voluntarily elected to be subject to and pay an income tax at the pass-through entity level in another state through a program substantially similar to the Missouri SALT Parity Act ([Section 143.436](#) of the Missouri Revised Statutes). A pass-through entity level tax program of another state or the District of Columbia is substantially similar to the Missouri SALT Parity Act if:
  - The partnership or S corporation only pays the tax if it voluntarily elects to be subject to that pass-through entity level tax;
  - The tax is imposed directly on the income of the partnership or S corporation;
  - The partner or shareholder receives an individual income tax credit for all or part of the partner or shareholder's pro rata share of the tax paid by the partnership or S corporation; and
  - The tax is not the mere payment, withholding, or composite payment of an income tax imposed on the partners or shareholders of the partnership or S corporation.

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 or your S corporation or partnership referenced above 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 30).
- Complete the other state's return(s) to determine the amount of income tax you paid to the other state(s).

### **Line-By-Line Instructions**

Note: If you are claiming a resident credit as a shareholder of an S corporation with income earned in a non-taxed jurisdiction, complete Form MO-CR, Schedule 1 and see Instructions.

Compute the Missouri Resident Credit as follows:

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

Line 2 - Enter the amount from Form MO-1040, Line 30Y and 30S.

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

**Note:** The computation completed using MO-CR Lines 1, 3 and 4 assumes that the ratio of the taxpayer's federal adjusted gross income derived from the other state over total federal adjusted gross income equals the ratio of the taxpayer's Missouri adjusted gross income derived from the other state over the taxpayer's Missouri adjusted gross income derived from all sources. If this is not the case for this taxpayer, attach a schedule(s) containing the information that would be found on Form MO-1040 Lines 1-5 and Form MO-A, completed as though the taxpayer's federal adjusted gross income only includes federal adjusted gross income derived from the other state. (Pro forma Forms MO-1040 and MO-A may also be submitted for this purpose.)"

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

Line 6 - Enter any federal adjustments from:

- Federal Form 1040 or 1040-SR, Line 10

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. Your income tax liability must be reduced by all credits, except withholding and estimated tax. If the other state allows Missouri residents to take a credit against that state's income tax for the amount of Missouri income tax prior to the application of all tax credits, then you do not need to reduce your tax liability by all credits for that state. If both you and your spouse paid income tax to the other state(s) or District of Columbia, each must claim his or her own portion of the tax liability. Also add on this line the following item:

- You and your spouse's pro rata share of pass-through entity level income tax actually paid to another state of the United States or the District of Columbia through a program substantially similar to the Missouri SALT Parity Act.
- If you or your spouse are a resident S corporation shareholder, you or your spouse's pro rata share of net income tax actually paid by your S corporation to the other state, but only if that other state does not measure the income of S corporation shareholders by reference to the income of the S corporation. Note: If an amount or share of the S corporation's income is included in the shareholder's taxable income in that state, then that state measures the income of S corporation shareholders by reference to the S corporation's income.
- If you or your spouse are a resident S corporation shareholder and your S corporation is an out-of-state bank, see [Section 143.081.4](#) of the Missouri Revised Statutes to determine the pro rata share of the net tax actually paid by the bank to include on Line 10.

See Form MO-CR, Schedule 1 if you are a Missouri resident S corporation shareholder who has S corporation income from sources in another state(s) or the District of Columbia not subject to an income tax imposed on you or the S corporation in that jurisdiction or the political subdivision of that jurisdiction from which the income was derived. If you complete Form MO-CR, Schedule 1; enter the amount from Line 5 on Form MO-CR, Line 10.

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 31Y and 31S. (If you have multiple credits, add the amounts on Line 11 from each MO-CR). Your imposed by the other jurisdiction(s).

#### **Information to Complete Form MO-CR, Schedule 1**

Complete Form MO-CR, Schedule 1, if you are a Missouri resident S corporation shareholder who has S corporation income from sources in another state(s) or the District of Columbia not subject to an income tax imposed on you or the S corporation in that jurisdiction or the political subdivision of that jurisdiction from which the income was derived. If you received S corporation income, which meets this description, from multiple non-taxing states, you generally must file one MO-CR and MO-CR Schedule 1 for each non-taxing statue for which a credit is being claimed.

Attach Form MO-CR, Schedule 1 and supporting documentation, including Federal K-1 and a statement detailing the calculation of your share of the income earned in each state (or D.C.) that are non-taxing jurisdictions, to Form MO-1040.

State abbreviation - Use the two letter abbreviation for each state or the District of Columbia. See the table below for the two letter abbreviations.

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

Line 2 – Enter pro rata share of S corporation income that was derived from the non-taxed jurisdiction.

Line 3 – Enter the amount from Line 2 divided by the amount from Line 1. Enter as a percentage. Round in whole percent, such as 91 percent instead of 90.5 percent. If percentage is less than 0.5 percent, use exact percentage.

Line 4 – Enter your and your spouse's Missouri income tax from Form MO-1040, Line 30Y and 30S.

Line 5 – Multiply Line 4 by the percentage on Line 3; enter the amount on Line 5. Include the amount from Line 5 on Form MO-CR, Line 10.

#### **State Abbreviations**

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



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

Social Security Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Name

Address

City, State, ZIP Code

1. Nonresident of Missouri

State of residence during 2024 \_\_\_\_\_

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2024.

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

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Spouse's Name

Address

City, State, ZIP Code

1. Nonresident of Missouri

State of residence during 2024 \_\_\_\_\_

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2024.

A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

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

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Part A

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 32 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 tax year 2024 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 2024 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 tax year 2024 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 2024 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

## **Worksheet for Missouri Source Income**

	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)	
		Missouri Sources		Missouri Sources	
A. Wages, salaries, tips, etc.	1z	A	00	A	00
B. Taxable interest income.	2b	B	00	B	00
C. Dividend income .	3b	C	00	C	00
D. State and local income tax refunds (from schedule 1, part 1) .	1	D	00	D	00
E. Alimony received (from schedule 1, part 1) .	2a	E	00	E	00
F. Business income or (loss) (from schedule 1, part 1) .	3	F	00	F	00
G. Capital gain or (loss) .	7	G	00	G	00
H. Other gains or (losses) (from schedule 1, part 1) .	4	H	00	H	00
I. Taxable IRA distributions .	4b	I	00	I	00
J. Taxable pensions and annuities .	5b	J	00	J	00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	K	00	K	00
L. Farm income or (loss) (from schedule 1, part 1) .	6	L	00	L	00
M. Unemployment compensation (from schedule 1, part 1) .	7	M	00	M	00
N. Taxable social security benefits .	6b	N	00	N	00
O. Other income (from schedule 1, part 1) .	9	O	00	O	00
P. Total - Add Lines A through O .		P	00	P	00
Q. Minus: federal adjustments to income .	10	Q	00	Q	00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1 .	11	R	00	R	00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) .		S	00	S	00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) .		T	00	T	00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1 .		U	00	U	00

## Missouri Income Percentage

<p><b>Part C</b></p> <ol style="list-style-type: none"> <li><b>Missouri Income</b> - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) . . . . .</li> <li>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) . . . . .</li> <li><b>Missouri Income Percentage</b> - 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 32Y and 32S . . . . .</li> </ol>	<p>Yourself or One Income Filer</p> <p>Spouse (On A Combined Return)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1Y</td> <td style="width: 80%; text-align: right;">.00</td> <td style="width: 10%;">1S</td> <td style="width: 80%; text-align: right;">.00</td> </tr> <tr> <td>2Y</td> <td style="text-align: right;">.00</td> <td>2S</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>3Y</td> <td style="text-align: right;">%</td> <td>3S</td> <td style="text-align: right;">%</td> </tr> </table>	1Y	.00	1S	.00	2Y	.00	2S	.00	3Y	%	3S	%
1Y	.00	1S	.00											
2Y	.00	2S	.00											
3Y	%	3S	%											

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe 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**

Date (MM/DD/YY)

[View Details](#) [Edit](#) [Delete](#)

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

Date (MM/DD/YY)

## **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 we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).

MO-NRI Page 2

## **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, Form(s) W-2 and 1099 and this form to your Missouri return.

If you performed 'remote work' for a Missouri employer outside of Missouri during 2024, this income is not taxable to Missouri. Check the Remote Work box under Part A, Line 1, and complete Part B and C.

## **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, Form(s) W-2 and 1099 and this form to your Missouri return.

If you performed 'remote work' for a Missouri employer outside of Missouri during 2024, the portion of income earned while working outside Missouri is not taxable to Missouri. Check the Remote Work box under Part A, Line 2, and complete Part B and C.

## **Part A, Line 3: Military Nonresident Tax Status**

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

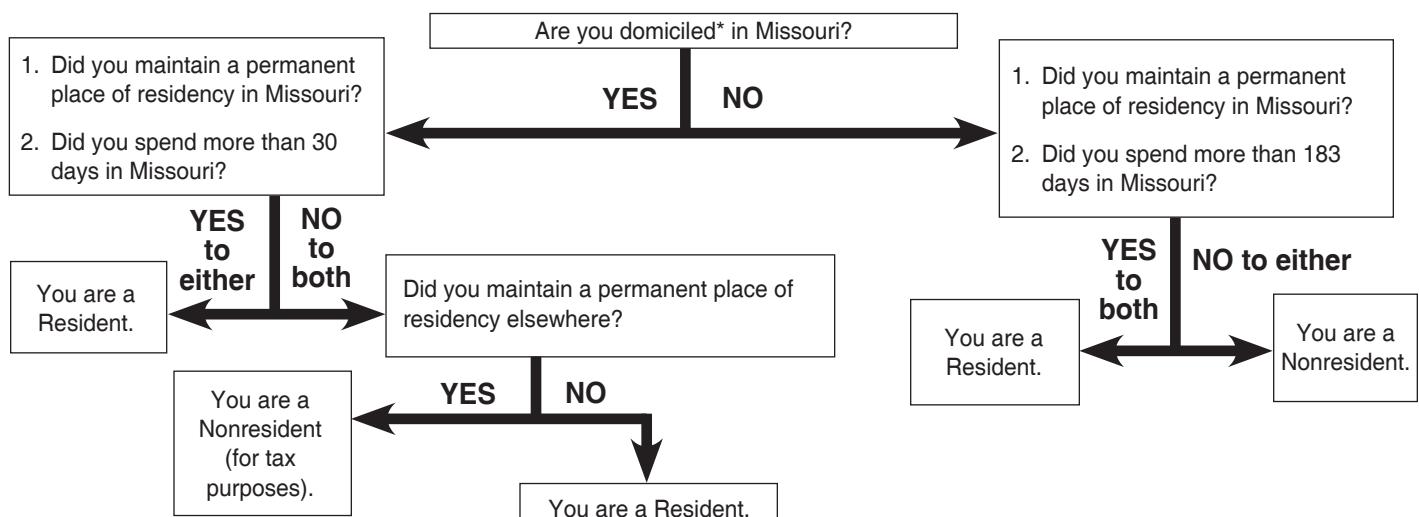
- Did not have any Missouri income other than military income, were not in Missouri for more than 30 days, did not maintain a home in Missouri during the year, but did maintain living quarters elsewhere, you qualify as a nonresident for tax purposes. Complete Part A, Line 3 and enter "0" on Part C, Line 1.
- 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.**
- 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.**
- 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:***

- 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 11, as a "Military (nonresident)" subtraction.
- Only had military income while in Missouri - You may complete a Military - No Return Required Form online at [mytax.mo.gov/rtp/portal/business/military-noreturn](http://mytax.mo.gov/rtp/portal/business/military-noreturn).

**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.



MISSOURI DEPARTMENT OF

**REVENUE****2024 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 next page

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)
- The sum of the tax credits claimed in Column 1 or Column 2 cannot exceed the applicable tax liability, unless the credit is refundable.

Benefit Number (See example above)	Alpha Code (3 characters) from the next page	Credit Name Each credit will apply against your tax liability in the order they appear below.	• Yourself		• Spouse (on a combined return)	
			Column 1		Column 2	
			1.	00	1.	00
1.			2.	00	2.	00
2.			3.	00	3.	00
3.			4.	00	4.	00
4.			5.	00	5.	00
5.			6.	00	6.	00
6.			7.	00	7.	00
7.			8.	00	8.	00
8.			9.	00	9.	00
9.			10.	00	10.	00
10.			11.	00	11.	00
11. Subtotals - add Lines 1 through 10. ....			12.	00	12.	00
12. Enter the amount of the tax liability from Form MO-1040, Line 35Y for yourself and Line 35S for your spouse, or Form MO-1120, Line 16, Form MO-1041, Line 15 or Form MO-PTE, Line 10. ....						
13. Total Credits - add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 17; Form MO-1040, Line 42; or Form MO-1041, Line 16; or Form MO-PTE, Line 11.) Line 13 cannot exceed the amount on Line 12, unless the credit is refundable. ....			13.	00	13.	00

I 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 also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services. I am aware of any applicable reporting requirements of <b>Section 135.805 RSMo</b> and the penalty provisions of <b>Section 135.810 RSMo</b> .		
Taxpayer's Signature	Printed Name	Date (MM/DD/YYYY)
Spouse's Signature	Printed Name	Date (MM/DD/YYYY)

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.

**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 we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).



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For Privacy Notice, see instructions.

Form MO-TC (Revised 12-2024)

**Instructions**

Use Column 1 if you are filing:

- An individual income tax return with a single type filing status; or
- A corporation income tax or fiduciary return.

If you are a shareholder or partner claiming a credit, attach a copy of the shareholder listing or Federal Schedule K-1, specifying your percentage and the corporation's percentage of ownership.

If you are filing a combined return and both you and your spouse have income:

- Use Column 1 for yourself and Column 2 for spouse.
- Both names must be on the credit certificate.

Miscellaneous tax credits are administered by various agencies. For more information, forms, and approval to claim these credits, contact the following Departments. Visit [dor.mo.gov/tax-credits/](http://dor.mo.gov/tax-credits/) 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  
[ded.mo.gov](http://ded.mo.gov)

**Alpha Attach to****Code Name of Credit and Phone Number****Form MO-TC**

BFC	New or Expanded Business Facility - (573) 526-0308	Certificate*
BJI	Brownfield "Jobs and Investment" - (573) 522-8004	Certificate*
CCA	Capitol Complex - Artifact Donation - (573) 526-5417	Certificate*
CCM	Capitol Complex - Monetary Donation - (573) 526-5417	Certificate*
EIJ	Entertainment Industry Jobs - (573) 526-2102	Certificate*
FDA	Family Development Account - (573) 522-9062	Certificate*
FPC	Show-Mo Act/Motion Media - (573) 526-2102	Certificate*
HPC	Historic Preservation - (573) 522-8004	Certificate*
MQJ	Missouri Quality Jobs - (573) 526-0308	Certificate*
MWC	Missouri Works Credit - (573) 526-0308	Certificate*
NAC	Neighborhood Assistance - (573) 522-2629	Certificate*
NEZ	New Enhanced Enterprise Zone - (573) 751-4539	Certificate*
RCN	Rebuilding Communities and Neighborhood Preservation Act - (573) 522-8004	Certificate*
REC	Qualified Research Expense - (573) 522-3654	Certificate*
RTC	Remediation - (573) 522-8004	Certificate*
SBI	Small Business Incubator - (573) 526-6708	Certificate*
SEC	Sporting Event Credit - (573) 522-8004	Certificate*
SPC	Sporting Contribution Credit - (573) 522-8004	Certificate*
YOC	Youth Opportunities - (573) 522-4216	Certificate*

**Missouri Department of Revenue**

P.O. Box 2200, Jefferson City, MO 65105-2200  
[taxcredit@dor.mo.gov](mailto:taxcredit@dor.mo.gov) • (573) 751-3220

**Alpha Attach to****Code Name of Credit****Form MO-TC**

ATC	Adoption Tax Credit Federal Form 8839	Form ATC, and
BFT	Bank Franchise Tax	Form INT-2, INT-2-1
BPT	Biodiesel Producer	Form 5875
BRD	Biodiesel Retailer and Distributor	Form 5879
BTC	Bank Tax Credit for S Corporation	Form BTC, INT-3, 2823, INT-2, Fed. K-1
CFC	Champion for Children	Form CFC
DAC	Disabled Access	Federal Form 8826 and Form MO-8826
DAT	Residential Dwelling Accessibility	Form MO-DAT
ERD	Ethanol Retailer and Distributor	Form 5885
FPT	Food Pantry Tax	Form MO-FPT
RAC	Refundable Adoption Tax Credit	Form MO-RAC
SHC	Self-Employed Health Insurance	Form MO-SHC
SSC	Public Safety Officer Surviving Spouse	Form MO-SSC
SPA	SALT Parity Report	Pass Through Entity

**Missouri Development Finance Board**

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

**Alpha Attach to****Code Name of Credit****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 Agricultural and Small Business Development Authority**

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

**Alpha Attach to****Code Name of Credit****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*
SAC	Specialty Agriculture Crops Loan	Certificate*
UFT	Urban Farms	Certificate*

**Missouri Housing Development Commission**

1201 Walnut St. Suite 1800, Kansas City, MO 64106  
[mhdc.com](http://mhdc.com)

**Alpha Attach to****Code Name of Credit and Phone Number****Form MO-TC**

AHC	Affordable Housing Assistance - (816) 759-7265
LHC	Missouri Low Income Housing - (816) 759-7265

**Missouri Department of Natural Resources**

P.O. Box 176, Jefferson City, MO 65102-0176  
[dnr.mo.gov](http://dnr.mo.gov)

**Alpha Attach to****Code Name of Credit and Phone Number****Form MO-TC**

WEC	Processed Wood Energy - (573) 751-2254
-----	--

**Missouri Department of Health - Division of Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570  
[health.mo.gov](http://health.mo.gov)

**Missouri Department of Social Services**

P.O. Box 1082, Jefferson City, MO 65102-1082  
[dss.mo.gov/dfas/taxcredit/index.htm](http://dss.mo.gov/dfas/taxcredit/index.htm) • (573) 751-7533

**Alpha Attach to****Code Name of Credit****Form MO-TC**

DBC	Diaper Bank	Certificate*
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*
SCH	School Children Health and Hunger	Certificate*

**Missouri State Treasurer's Office**

P.O. Box 210, Jefferson City, MO 65101  
[mo.scholars@treasurer.mo.gov](mailto:mo.scholars@treasurer.mo.gov) • (573) 751-8533

**Alpha****Code Name of Credit****Attach to****Form MO-TC**

MES	MO Scholars
-----	-------------

\* Must be approved by the issuing agency

Individuals with speech or hearing impairments may call

TTY (800) 735-2966 or fax (573) 522-1762.

Form MO-TC (Revised 12-2024)

Pursuant to [Section 105.1500, RSMo](#), the Department of Revenue is prohibited from requiring any entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code, or any individual, to provide the Department with any list, record, register, registry, roll, roster, or other compilation of data of any kind that directly or indirectly identifies a person as a member, supporter, volunteer of, or donor of financial or nonfinancial support to, any entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code. Nothing in this form should be read or understood as a requirement that you provide any such information. Notwithstanding any publication, webpage, form, instruction, regulation, or statement shared by the Department, you are not required to include such information on this form. If you encounter any technical difficulty in submitting this form without including information that you believe is protected by Section 105.1500, RSMo, feel free to contact the Department by email at [corporate@dor.mo.gov](mailto:corporate@dor.mo.gov) or by phone at 573-751-4541.

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

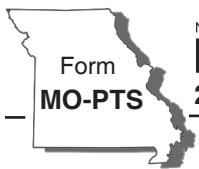
Missouri law requires a combined return for married couples filing together. A combined return means taxpayers are required to split their total federal adjusted gross income (including other state income) between spouses when beginning the Missouri return.

Splitting the income can be as easy as adding up your separate Form(s) W-2 and Form 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 2023 Missouri tax withheld, minus each spouse's 2023 tax liability. The result should be each spouse's portion of the 2023 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 1040 or Federal Form 1040-SR	Y - Yourself	S - Spouse
1. Wages, salaries, tips, etc.	1z	00 1	00
2. Taxable interest income	2b	00 2	00
3. Dividend income	3b	00 3	00
4. State and local income tax refunds (from Schedule 1, Part 1)	1	00 4	00
5. Alimony received (from Schedule 1, Part 1)	2a	00 5	00
6. Business income or loss (from Schedule 1, Part 1)	3	00 6	00
7. Capital gain or loss	7	00 7	00
8. Other gains or losses (from Schedule 1, Part 1)	4	00 8	00
9. Taxable IRA distributions	4b	00 9	00
10. Taxable pensions and annuities	5b	00 10	00
11. Rents, royalties, partnerships, S corporations, trusts, etc. (from Schedule 1, Part 1)	5	00 11	00
12. Farm income or loss (from Schedule 1, Part 1)	6	00 12	00
13. Unemployment compensation (from Schedule 1, Part 1)	7	00 13	00
14. Taxable social security benefits	6b	00 14	00
15. Other income (from Schedule 1, Part 1)	9	00 15	00
16. Total (add Lines 1 through 15)		00 16	00
17. Subtract: federal adjustments to income	10	00 17	00
18. Federal adjusted gross income (Line 16 minus Line 17) Enter amounts here and on Lines 1Y and 1S, Form MO-1040	11	00 18	00



MISSOURI DEPARTMENT OF  
**REVENUE**  
**2024 Property Tax Credit Schedule**

Department Use Only  
(MM/DD/YY)

This form must be attached to Form MO-1040.

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

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

**Qualifications**

- 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 your filing status on Form MO-1040 is head of household, you will select single filing status below. If married filing combined, you must report both incomes.

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

Failure to provide the required attachment(s) will result in the delay or denial of your return.

**Income**

1. Enter the amount of income from [Form MO-1040](#), Line 6. .... 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, unemployment compensation, or interest income not included in Line 1. Include tax exempt interest from MO-A, Part 1, Line 8. **Attach** Form(s) W-2, 1099, 1099-G, 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). Refer to [MO-A](#), Part 1, Line 11 .... 4  .00
5. Enter the amount of veterans payments or benefits before any deductions. **Attach** letter from Veterans Affairs. See instructions, MO-1040. .... 5  .00



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For Privacy Notice, see Instructions.

MO-PTS Page 1

6. Enter the total amount received by you, your spouse, and your **minor children** from: public assistance, Supplemental Security Income (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 if applicable ..... 6  .  00
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 or 1040-SR) ..... 7  .  00
8. Total household income - Add Lines 1 through 7 and enter the total here ..... 8  .  00
9. Enter the appropriate amount from the options below ..... 9  .  00
- **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 ..... 10  .  00
- If you rented or did not own and occupy your home for the entire year and Line 10 is greater than \$27,200, 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.
11. If you owned your home, enter the total amount of property tax paid for your home, minus 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](#)) ..... 11  .  00
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** a completed Verification of Rent Paid ([Form 5674](#)).  
**Note:** If you rent from a facility that does not pay property tax, you are **not eligible** for a Property Tax Credit ..... 12  .  00
13. Enter the total of Lines 11 and 12, or \$1,100, whichever is less ..... 13  .  00
14. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 49-51 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 43. ..... 14  .  00

**Department Use Only**

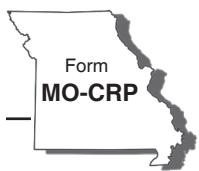
A       K       R       U

This form must be attached to Form MO-1040.



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**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 we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).



MISSOURI DEPARTMENT OF  
**REVENUE**

**2024 Certification of Rent Paid**

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

1. Social Security Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------	---	----------------------

Spouse's Social Security Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------	---	----------------------

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

		<input type="text"/>
--	--	----------------------

City

State

ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

3. Landlord's Name (First, Last)

--	--	--

Landlord's Street Address (Must be completed)

Apartment Number

		<input type="text"/>
--	--	----------------------

City

State

ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

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

From:

<input type="text"/>
----------------------

<input type="text"/>
----------------------

<input type="text"/>
----------------------

To:

(MM/DD/YY)

<input type="text"/>
----------------------

<input type="text"/>
----------------------

<input type="text"/>
----------------------

6. Enter your gross rent paid. Attach a completed Verification of Rent Paid ([Form 5674](#)). 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  %

- |   |  |
|---|--|
| <input type="checkbox"/> A. Apartment, House, Mobile Home, or Duplex - 100% | <input type="checkbox"/> F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)  |
| <input type="checkbox"/> B. Mobile Home Lot - 100%                          | <input type="checkbox"/> 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 person(s) sharing rent: |
| <input type="checkbox"/> C. Boarding Home or Residential Care - 50%         | <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%)   |
| <input type="checkbox"/> D. Skilled or Intermediate Care Nursing Home - 45% |  |
| <input type="checkbox"/> 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



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For Privacy Notice, see instructions.

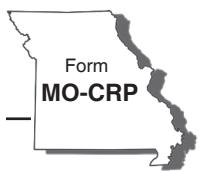
Form MO-CRP (Revised 12-2024)

Taxation Division

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

**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 we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).



MISSOURI DEPARTMENT OF  
**REVENUE**

## **2024 Certification of Rent Paid**

**Failure to provide landlord information may result in denial or delay of your claim.**



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For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2024)

## Taxation Division

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

## **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 we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).



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

1. Social Security Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------	---	----------------------

Spouse's Social Security Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------	---	----------------------

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

		<input type="text"/>
--	--	----------------------

City

State

ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

3. Landlord's Name (First, Last)

--	--	--

Landlord's Street Address (Must be completed)

Apartment Number

		<input type="text"/>
--	--	----------------------

City

State

ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

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

From:

<input type="text"/>
----------------------

<input type="text"/>
----------------------

<input type="text"/>
----------------------

To:

(MM/DD/YY)

<input type="text"/>
----------------------

<input type="text"/>
----------------------

<input type="text"/>
----------------------

6. Enter your gross rent paid. Attach a completed Verification of Rent Paid ([Form 5674](#)). 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 person(s) 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



24315010001

For Privacy Notice, see instructions.

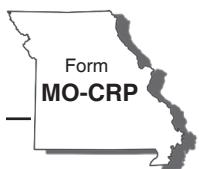
Form MO-CRP (Revised 12-2024)

Taxation Division

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

**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 we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).



MISSOURI DEPARTMENT OF  
**REVENUE**

**2024 Certification of Rent Paid**

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

1. Social Security Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------	---	----------------------

Spouse's Social Security Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------	---	----------------------

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

		<input type="text"/>
--	--	----------------------

City

State

ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

3. Landlord's Name (First, Last)

--	--	--

Landlord's Street Address (Must be completed)

Apartment Number

		<input type="text"/>
--	--	----------------------

City

State

ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

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

From:

<input type="text"/>
----------------------

<input type="text"/>
----------------------

<input type="text"/>
----------------------

To:

(MM/DD/YY)

<input type="text"/>
----------------------

<input type="text"/>
----------------------

<input type="text"/>
----------------------

6. Enter your gross rent paid. Attach a completed Verification of Rent Paid ([Form 5674](#)). 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  %

- |   |  |
|---|--|
| <input type="checkbox"/> A. Apartment, House, Mobile Home, or Duplex - 100% | <input type="checkbox"/> F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)  |
| <input type="checkbox"/> B. Mobile Home Lot - 100%                          | <input type="checkbox"/> 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 person(s) sharing rent: |
| <input type="checkbox"/> C. Boarding Home or Residential Care - 50%         | <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%)   |
| <input type="checkbox"/> D. Skilled or Intermediate Care Nursing Home - 45% |  |
| <input type="checkbox"/> 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



24315010001

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2024)

Taxation Division

Attach to Form MO-PTC or MO-PTS and  
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**Failure to provide landlord information may result in denial or delay of your claim.**

1. Social Security Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------	---	----------------------

Spouse's Social Security Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------	---	----------------------

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

		<input type="text"/>
--	--	----------------------

City

State

ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

3. Landlord's Name (First, Last)

--	--	--

Landlord's Street Address (Must be completed)

Apartment Number

		<input type="text"/>
--	--	----------------------

City

State

ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

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

From:

<input type="text"/>
----------------------

<input type="text"/>
----------------------

<input type="text"/>
----------------------

To:

(MM/DD/YY)

<input type="text"/>
----------------------

<input type="text"/>
----------------------

<input type="text"/>
----------------------

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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 person(s) 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



24315010001

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2024)

Taxation Division

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**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 the 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 16 ..... H) \$\_\_\_\_\_

Attach a copy of your Federal Form 1040 or 1040-SR (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**Form  
**5695**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 1040 or Federal Form 1040-SR, Line 6a. If \$0, skip to Line 6 and enter your total health insurance premiums paid .....
2. Enter amount from Federal Form 1040 or Federal Form 1040-SR, Line 6b .....
3. Divide Line 2 by Line 1 .....

- |   | Yourself (Y)   | Spouse (S)   |
|---|--|--|
| 4. Enter the health insurance premiums withheld from your social security income .....  | <input type="text" value="4Y"/> <input type="text" value="00"/>                                | <input type="text" value="4S"/> <input type="text" value="00"/>                                |
| 5. Multiply the amounts on Line 4Y and 4S by the percentage on Line 3 .....   | <input type="text" value="5Y"/> <input type="text" value="00"/>                                | <input type="text" value="5S"/> <input type="text" value="00"/>                                |
| 6. Enter the total of all other health insurance premiums paid, which were not included on 4Y or 4S .....   | <input type="text" value="6Y"/> <input type="text" value="00"/>                                | <input type="text" value="6S"/> <input type="text" value="00"/>                                |
| 7. Add the amounts from Lines 5 and 6 .....   | <input type="text" value="7Y"/> <input type="text" value="00"/>                                | <input type="text" value="7S"/> <input type="text" value="00"/>                                |
| 8. Add the amounts from Lines 7Y and 7S .....   |  | <input type="text" value="8"/> <input type="text" value="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 ..... | <input type="text" value="9Y"/> <input data-bbox="1142 1277 1175 1309" type="text" value="%"/> | <input type="text" value="9S"/> <input data-bbox="1493 1277 1525 1309" type="text" value="%"/> |
| 10. Enter the amount from Federal Schedule A, Line 1 .....  |  | <input type="text" value="10"/> <input type="text" value="00"/>                                |
| 11. Enter the amount from Federal Schedule A, Line 4 .....  |  | <input type="text" value="11"/> <input type="text" value="00"/>                                |
| 12. Divide Line 11 by Line 10 (round to full percent) .....   |  | <input type="text" value="12"/> <input data-bbox="1493 1467 1525 1499" type="text" value="%"/> |
| 13. Multiply Line 8 by percent on Line 12 .....   |  | <input type="text" value="13"/> <input type="text" value="00"/>                                |
| 14. Subtract Line 13 from Line 8 .....  |  | <input type="text" value="14"/> <input type="text" value="00"/>                                |
| 15. Enter your federal taxable income from Federal Form 1040 or Federal Form 1040-SR, Line 15 .....   |  | <input type="text" value="15"/> <input type="text" value="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 .....             |  | <input type="text" value="16"/> <input type="text" value="00"/>                                |
| 17. Multiply Line 16 by the percentage on Line 9Y and Line 9S.<br>Enter the amounts on Line 17Y and 17S of this worksheet on Line 13<br>of Form MO-A .....  | <input type="text" value="17Y"/> <input type="text" value="00"/>                               | <input type="text" value="17S"/> <input type="text" value="00"/>                               |

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MISSOURI DEPARTMENT OF  
**REVENUE****2024 MOST - Missouri's 529 Education Plan**  
**Direct Deposit Form - Individual Income Tax**

Form

**5632**Department Use Only  
(MM/DD/YY)

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**Taxpayer**

Social Security Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------	---	----------------------

Spouse's Social Security Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------	---	----------------------

First Name

M.I.

Last Name

Suffix

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Spouse's First Name

M.I.

Spouse's Last Name

Suffix

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

**Requirements**

If you want to deposit your refund as a contribution to one or more Missouri MOST 529 Education Plan accounts:

- You must have an open Missouri MOST 529 Education Plan account that is administered by the Missouri Education 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.

**529 Account**

A) Account Number

<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------

A) Amount

<input type="text"/>	.00
----------------------	-----

B) Account Number

<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------

B) Amount

<input type="text"/>	.00
----------------------	-----

C) Account Number

<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------

C) Amount

<input type="text"/>	.00
----------------------	-----

D) Account Number

<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------

D) Amount

<input type="text"/>	.00
----------------------	-----

Total Deposit

<input type="text"/>	.00
----------------------	-----

Add the amounts from Line A through Line D and enter the total deposit amount here and on Form MO-1040, Line 52 or Form MO-1040A, Line 17.....

**Contact Information**

MOST-Missouri's 529 Education Plan

[missourimost.org](http://missourimost.org)

Telephone: (888) 414-6678

E-mail: [most529@missourimost.org](mailto:most529@missourimost.org)**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 we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).

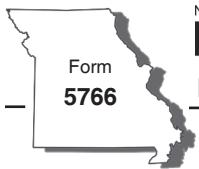
If you wish to deposit all or a portion of your refund into a Missouri MOST 529 Education Plan, you must include this form with your Missouri Individual Income Tax Return.

Taxation Division



24348010001

Form 5632 (Revised 12-2024)



MISSOURI DEPARTMENT OF  
**REVENUE**

## **First-Time Home Buyers Bank Worksheet**

Form  
**5766**

Department Use Only  
(MM/DD/YY)

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### **Account Holder Information**

Account Holder Name	Social Security Number				
Spouse Name	Spouse Social Security Number				
Account Holder's Address		City		State	ZIP Code
Address of Residence Purchased		City		State	ZIP Code

### **Beneficiary Information**

Beneficiary Name	Beneficiary Social Security Number				
Beneficiary Address		City		State	ZIP Code

### **Financial Institution**

Financial Institution Name	Account Number	
Total Account Deposits	Total Account Withdrawals	Interest Earned
Account Balance January 1	Account Balance December 31	

### **Military**

Military service member with home of record outside of Missouri

### **Expenses**

Date (MM/DD/YYYY)	Description	Amount
		.00
		.00
		.00

### **First-Time Home Buyer**

Enter this amount on Form MO-1040, Line 22

A. Contribution Deduction.....  .00

Enter this amount on Form MO-1040, Line 22

B. Accrued Interest.....  .00