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Print in BLACK ink only and DO NOT STAPLE. For Privacy Notice, see Instructions.								
	Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).  Vendor Code  Department Use Only							
	Department of Social Services Application of Eligibility form attached.							
Filing Status	Single Claimed as a Married Filing Married Filing Head of Qualifying Dependent Combined Separately Household Widow(er)							
Select the appropriate boxes that apply.  Age 65 or Older  Spouse  Blind  100% Disabled  Non-Obligated Spouse  Yourself  Spouse  Yourself  Spouse								
Name	Social Security Number  in 2023  Spouse's Social Security Number  in 2023  First Name  M.I. Last Name  Suffix  Spouse's First Name  M.I. Spouse's Last Name  Suffix  In Care Of Name (Attorney, Executor, Personal Representative, etc.) Attach form if applicable.							
Address	Present Address (Include Apartment Number or Rural Route)  City, Town, or Post Office  State  ZIP Code  County of Residence							

You may contribute to any one or all of the trust funds on Line 16. See instructions for more trust fund information.



















DONATE Misson Organ Donor Program Fund







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ē	1.	Federal adjusted gross income from federal return (see page 6 of the instructions)	1	. 00
Income	2.	Any state income tax refund included in federal adjusted gross income	2	. 00
		Total Missouri adjusted gross income		. 00
	4a.	Tax from federal return. Do not enter federal income tax withheld.	. 00	
	4b.	Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 3. Use the chart below to find your		
		percentage	%	
		Missouri Adjusted Gross Income Range, Line 3: Federal Tax Percentage:		
		\$25,000 or less		
		\$50,001 to \$100,00015%		
		\$100,001 to \$125,000		
ons		\$125,001 OF HIGHE		
Deductions	4c.	Federal income tax deduction - Multiply Line 4a by the percentage on Line 4b. Enter this		
Dec		amount not to exceed \$5,000 for an individual or \$10,000 for combined filers	4c	. 00
	5.	Missouri standard deduction or itemized deductions.		
		Single or Married Filing Separate - \$13,850		
		Head of Household - \$20,800      Married Filing Combined or Qualifying Widow(ar) \$27,700		
		<ul> <li>Married Filing Combined or Qualifying Widow(er) - \$27,700</li> <li>If age 65 or older, blind, or claimed as a dependent, see federal return or page 6.</li> </ul>		
		If itemizing, see page 14	5	. 00
	6	Additional Exemption for Head of Household and Qualified Widow(er)	6	. 00
	0.	Additional Exemption for rieda of riodseriola and Qualified Widow(er)		
	7.	Long-term care insurance deduction	7	[00
	8.	Total Deductions - Add Lines 4c through 7	8	. 00
×	9.	Missouri Taxable Income - Subtract Line 8 from Line 3	9	00
Тах	10	Tay Llog the tay chart on page 10 to figure the tay	10	. 00
	10.	Tax - Use the tax chart on page 10 to figure the tax		
	11.	Missouri tax withheld from Form(s) W-2 and 1099.  Attach copies of Form(s) W-2 and 1099	11	oc
	12	Missouri estimated tax payments made for 2023.		
	12.	Include overpayment from 2022 applied to 2023	12	oc
	13.	Total Payments - Add Lines 11 and 12	13	. 00
0	1/	If Line 13 is more than Line 10, enter the difference. This is your overpayment.		
Refund	14.	If Line 13 is less than Line 10, skip to Line 19	14	. 00
	15.	Amount from Line 14 that you want applied to your 2024 estimated tax	15	. 00
		Enter the amount of your donation in the trust fund boxes below (see instructions for trust fund co	odes )	
	٠٠.	Elderly Home	Missouri National Guard	
	16	Children's . 00 16b. Trust Fund . 00 16c. Trust Fund . 00 16c. Trust Fund . 00 16c.	od. Trust Fund	[00]

	Karsas City Regional Law Enforcement Memorial Military Museum in St. Louis Fund  16i. Additional Fund  Additional Fund Fund  Additional Fund Fund Fund Fund Fund Fund Fund Fund	00 161.	Medal of Honor 00
Refund (continued)	Total Donation - Add amounts from Boxes 16a through 16n and enter here		16
Refund	17. Amount from Line 14 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter amount from Line E of Form 5632		17 . 00
	18. <b>REFUND</b> - Subtract Lines 15, 16, and 17 from Line 14 and enter here	l	18 . 00
Amount			19 . 00
	the Department of Revenue with my signature as required under <u>Section 143.561</u> , <u>RSMo</u> . Decla based on all information of which he or she has knowledge. As provided in <u>Chapter 143</u> , <u>Rimposed</u> on any individual who files a frivolous return. I also declare under penalties unauthorized aliens as defined under federal law and that I am not eligible for any tax exemptionaliens.	SMo., a poor	enalty of up to \$500 shall be that I employ no illegal o
	Signature	Date (MN	M/DD/YY)
	Signature	Date (MN	M/DD/YY)
	Signature  Spouse's Signature (If filing combined, BOTH must sign)		M/DD/YY)  M/DD/YY)
	Spouse's Signature (If filing combined, BOTH must sign)	Date (MN	M/DD/YY)
ıture		Date (MN	
Signature	Spouse's Signature (If filing combined, BOTH must sign)  E-mail Address	Date (MN Daytime	M/DD/YY) Telephone
Signature	Spouse's Signature (If filing combined, BOTH must sign)	Date (MN Daytime	M/DD/YY)
Signature	Spouse's Signature (If filing combined, BOTH must sign)  E-mail Address	Date (MM) Daytime	M/DD/YY) Telephone
Signature	Spouse's Signature (If filing combined, BOTH must sign)  E-mail Address  Preparer's Signature	Date (MM) Daytime	M/DD/YY)  Telephone  M/DD/YY)
Signature	Spouse's Signature (If filing combined, BOTH must sign)  E-mail Address  Preparer's Signature	Date (MM) Daytime	M/DD/YY)  Telephone  M/DD/YY)
Signature	Spouse's Signature (If filing combined, BOTH must sign)  E-mail Address  Preparer's Signature  Preparer's FEIN, SSN, or PTIN	Date (MM) Daytime Date (MM) Preparer	M/DD/YY) Telephone  M/DD/YY)  's Telephone
Signature	Spouse's Signature (If filing combined, BOTH must sign)  E-mail Address  Preparer's Signature  Preparer's FEIN, SSN, or PTIN	Date (MM) Daytime Date (MM) Preparer State he prepare	M/DD/YY) Telephone  M/DD/YY)  's Telephone  ZIP Code  True Yes No
Signature	Spouse's Signature (If filing combined, BOTH must sign)  E-mail Address  Preparer's Signature  Preparer's FEIN, SSN, or PTIN  Preparer's Address  I authorize the Director of Revenue or delegate to discuss my return and attachments with to rany member of the preparer's firm.  Did you pay a tax return preparer to complete your return, but the preparer failed to sign the rean Internal Revenue Service preparer tax identification number? If you marked yes, please in	Date (MM) Daytime Date (MM) Preparer State he prepare	M/DD/YY) Telephone  M/DD/YY)  's Telephone  ZIP Code  True Yes No

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		•	Complete this section only if you itemized deductions on your federal return (see the information Attach a copy of your Federal Form 1040 or 1040-SR (pages 1 and 2) and Federal Schedule A. of If you are subject to "additional Medicare tax", attach a copy of Federal Form 8959.		nd 9).
		1.	Total federal itemized deductions (from Federal Form 1040 or 1040-SR, Line 12)	1	. 00
		2.	2023 Social security tax	2	. 00
	ons	3.	2023 Railroad retirement tax (Tier I and Tier II)	3	. 00
	Missouri Itemized Deductions	4.	2023 Medicare tax (see instructions on page 8 and 9)	4	. 00
	ized D	5.	2023 Self-employment tax (see instructions on page 9)	5	. 00
	Item	6.	Total - Add Lines 1 through 5	6	. 00
	ouri		Ctate and lead income toyon from Fodoval Cabadula A		
	Miss		Line 5a or Enter \$0 if completing the worksheet below	<u>0</u>	
		8.	Earnings taxes included in Line 7 (see instructions on page 9)	0	
		9.	Net state income taxes - Subtract Line 8 from Line 7 or enter Line 7 from worksheet below	9	. 00
		10.	Missouri Itemized Deductions - Subtract Line 9 from Line 6. Enter here and on Form MO-1040A, Line 5	10	. 00
			Note: If Line 10 is less than your federal standard deduction, see information or	n page 6.	
	tions		omplete this worksheet only if your total state and local taxes included in your federal itemiederal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate taxpayer		
	Jeduci	(F	ederal Schedule A, Line 3d) exceeds \$10,000 (or \$3,000 for married ming separate taxpayer	5).	
į	uri Itemized Deductions				
	<u>Ite</u>	1	Enter the sum of your state and local taxes on Federal Form 1040 or 1040-SR,		
Missouri	Sour	١.	Schedule A, Line 5d	1	. 00
	T MISS	2.	State and local income taxes from Federal Form 1040 or 1040-SR, Schedule A, Line 5a	2	. 00
	ine 9 c	3.	Earnings taxes included on Federal Form 1040 or 1040-SR, Schedule A, Line 5a	3	. 00
-	tax, L	4.	Subtract Line 3 from Line 2	4	. 00
	ncome	5.	Divide Line 4 by Line 1	5	%
Net State Income tax. Line 9 of Missol	State	6.	Enter \$10,000 (\$5,000 if married filing separately).	6	. 00
:	Net	7.	Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions,		

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Form MO-1040A (Revised 12-2023)

Mail to: Balance Due:

Missouri Department of Revenue

Line 9, above.....

P.O. Box 329 Jefferson City, MO 65105-0329

**Phone:** (573) 751-5860

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: <u>incometaxprocessing@dor.mo.gov</u> Submission of Individual Income Tax returns

Email: <a href="mailto:income@dor.mo.gov">income@dor.mo.gov</a>
Inquiry and correspondence

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