



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

For Calendar Year January 1 - December 31, 2017

Print in BLACK ink only and DO NOT STAPLE.

Select Here for **Amended** Return

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

Vendor Code

Department Use Only

0 0 0

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

Fiscal Year Beginning (MM/DD/YY)

Fiscal Year Ending (MM/DD/YY)

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

Age 62 through 64

Age 65 or Older

Blind

100% Disabled

Non-Obligated Spouse

Yourself Spouse

Yourself Spouse

Yourself Spouse

Yourself Spouse

Yourself Spouse

Name

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

First Name M.I. Last Name Suffix

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

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

Address

Present Address (Include Apartment Number or Rural Route)

City, Town, or Post Office State ZIP Code -

County of Residence

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

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund
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For Privacy Notice, see Instructions.

Income

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

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E) 8 .00

9. Select your filing status box below. Enter the appropriate exemption amount on Line 9 9 .00

<input type="checkbox"/> A. Single - \$2,100 (see Box B before selecting.) <input type="checkbox"/> B. Claimed as a Dependent on Another Person's Federal Tax Return - \$0.00 <input type="checkbox"/> C. Married Filing Combined (joint federal) - \$4,200 <input type="checkbox"/> D. Married Filing Separate - \$2,100	<input type="checkbox"/> E. Married Filing Separate (spouse NOT filing) - \$4,200 <input type="checkbox"/> F. Head of Household - \$3,500 <input type="checkbox"/> G. Qualifying Widow(er) with Dependent Child - \$3,500
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10. Additional personal exemption (see instructions on page 7) 10 .00

11. Tax from federal return - **Do not enter federal income tax withheld** (see instructions on page 7 and 8) 11 .00

12. Other tax from federal return - Attach a copy of your federal return (pages 1 and 2) 12 .00

13. Total tax from federal return - Add Lines 11 and 12 13 .00

14. Federal tax deduction - Enter the amount from Line 13, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers 14 .00

15. Missouri standard deduction or itemized deductions.
 • Single or Married Filing Separate - \$6,350
 • Head of Household - \$9,350
 • Married Filing Combined or Qualifying Widow(er) - \$12,700
 If age 65 or older, blind, claimed as a dependent, see page 8. If itemizing, see Form MO-A, Part 2. 15 .00

16. Number of dependents (from Federal Form 1040 or 1040A, Line 6c). **Do not include yourself or spouse.** X \$1,200 = 16 .00
 Select box if claiming a stillborn child (see instructions on page 8).

17. Number of dependents on Line 16 who are 65 years of age or older and do not receive Medicaid or state funding. **Do not include yourself or spouse** X \$1,000 = 17 .00

Exemptions and Deductions (cont.)

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

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

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

Tax

27. Taxable income - Subtract Line 26 from Line 25.	27Y		.00	27S		.00
28. Tax (see tax chart on page 20 of the instructions).	28Y		.00	28S		.00
29. Resident credit - Attach Form MO-CR and other states' income tax return(s).	29Y		.00	29S		.00
30. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	30Y		%	30S		%
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30	31Y		.00	31S		.00
32. Other taxes - Select box and attach federal form indicated.						
<input type="checkbox"/> Lump sum distribution (Form 4972)						
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	32Y		.00	32S		.00
33. Subtotal - Add Lines 31 and 32	33Y		.00	33S		.00
34. Total Tax - Add Lines 33Y and 33S.	34		.00			

Payments and Credits

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



Payments and Credits

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

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

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

Indicate Reason for Amending

Amended Return

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

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

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

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

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

Refund

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

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

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



Refund (cont.)

50. REFUND - Subtract Lines 47, 48, and 49 from Line 46 and enter here 50 [] [] . 00

Reserved

Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.
Amount of UNDERPAYMENT (see the instructions for Line 52) 51 [] [] . 00

52. Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount here . . . 52 [] [] . 00

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

53. AMOUNT DUE - Add Lines 51 and 52.
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 53 [] [] . 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. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on an individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature [] [] [] Date (MM/DD/YY) [] [] []

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

E-mail Address [] [] [] Daytime Telephone [] [] []

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

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

Preparer's Address [] [] [] State [] [] ZIP Code [] [] []

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

Department Use Only

A FA E10 DE F [] [] []

(Revised 12-2017)

Mail To: Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329

Refund or No Amount Due: Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500

Phone (Balance Due): (573) 751-7200 Phone (Refund or No Amount Due): (573) 751-3505 Fax: (573) 522-1762 E-mail: income@dor.mo.gov



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