

Missouri Department of Revenue  
**2018 Individual Income  
 Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2018

Print in BLACK ink only and DO NOT STAPLE.

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

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

Fiscal Year Beginning (MM/DD/YY)    Fiscal Year Ending (MM/DD/YY)

**Vendor Code**

0 0 0

**Department Use Only**

**Filing Status**

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

Age 62 through 64    Age 65 or Older    Blind    100% Disabled    Non-Obligated Spouse

Yourself  Spouse     Yourself  Spouse     Yourself  Spouse     Yourself  Spouse     Yourself  Spouse

**Name**

Social Security Number    Deceased in 2018    Spouse's Social Security Number    Deceased in 2018

-  -       -  -

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**

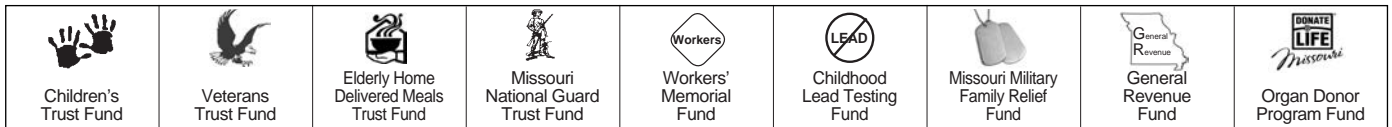
Present Address (Include Apartment Number or Rural Route)

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 44. See pages 10-11 of the instructions for more trust fund information.



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Income

|   | Yourself (Y) |     | Spouse (S) |     |
|---|--------------|-----|------------|-----|
| 1. Federal adjusted gross income from federal return<br>(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<br>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. Tax from federal return - <b>Do not enter federal income tax withheld</b> (see instructions on page 7 and 8) . . . . .  | 9   | .00 |     |     |
| 10. Other tax from federal return - Attach a copy of your federal return (pages 1 and 2, and all applicable schedules) . . . . .   | 10  | .00 |     |     |
| 11. Total tax from federal return - Add Lines 9 and 10. . . . .  | 11  | .00 |     |     |
| 12. Federal income tax deduction - Enter the amount from Line 11, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers (see instructions on page 7). . . . .  | 12  | .00 |     |     |
| 13. Missouri standard deduction or itemized deductions.<br><ul style="list-style-type: none"> <li>• Single or Married Filing Separate - \$12,000</li> <li>• Head of Household - \$18,000</li> <li>• Married Filing Combined or Qualifying Widow(er) - \$24,000</li> </ul> If age 65 or older, blind, or claimed as a dependent, see pages 7 and 8.<br>If itemizing, see Form MO-A, Part 2. . . . . | 13  | .00 |     |     |
| 14. Long-term care insurance deduction . . . . .   | 14  | .00 |     |     |
| 15. Health care sharing ministry deduction. . . . .  | 15  | .00 |     |     |
| 16. Military income deduction . . . . .  | 16  | .00 |     |     |
| 17. Bring jobs home deduction . . . . .  | 17  | .00 |     |     |
| 18. Transportation facilities deduction . . . . .  | 18  | .00 |     |     |
| <input type="checkbox"/> A. Port Cargo Expansion <input type="checkbox"/> B. International Trade Facility <input type="checkbox"/> C. Qualified Trade Activities   |     |     |     |     |
| 19. Total deductions - Add Lines 8 and 12 through 18. . . . .  | 19  | .00 |     |     |
| 20. Subtotal - Subtract Line 19 from Line 6 . . . . .  | 20  | .00 |     |     |
| 21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S . . . . .   | 21Y | .00 | 21S | .00 |
| 22. Enterprise zone or rural empowerment zone income modification . . . . .  | 22Y | .00 | 22S | .00 |



Tax

|   |     |  |     |     |  |     |
|---|-----|--|-----|-----|--|-----|
| 23. Taxable income - Subtract Line 22 from Line 21 . . . . .  | 23Y |  | .00 | 23S |  | .00 |
| 24. Tax (see tax chart on page 20 of the instructions). . . . .   | 24Y |  | .00 | 24S |  | .00 |
| 25. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s) . . . . .   | 25Y |  | .00 | 25S |  | .00 |
| 26. Missouri income percentage - Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100% . . . . . | 26Y |  | %   | 26S |  | %   |
| 27. Balance - Subtract Line 25 from Line 24; OR multiply Line 24 by percentage on Line 26 . . . . .   | 27Y |  | .00 | 27S |  | .00 |
| 28. 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)   | 28Y |  | .00 | 28S |  | .00 |
| 29. Subtotal - Add Lines 27 and 28 . . . . .  | 29Y |  | .00 | 29S |  | .00 |
| 30. Total Tax - Add Lines 29Y and 29S. . . . .  |     |  |     | 30  |  | .00 |

Payments and Credits

|   |    |  |     |
|---|----|--|-----|
| 31. MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .  | 31 |  | .00 |
| 32. 2018 Missouri estimated tax payments - Include overpayment from 2017 applied to 2018 . . . . .                          | 32 |  | .00 |
| 33. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP . . . . . | 33 |  | .00 |
| 34. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT . . . . .                                      | 34 |  | .00 |
| 35. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .                                      | 35 |  | .00 |
| 36. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .                              | 36 |  | .00 |
| 37. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .   | 37 |  | .00 |
| 38. Total payments and credits - Add Lines 31 through 37. . . . .   | 38 |  | .00 |



**Skip Lines 39 through 41 if you are not filing an amended return.**

39. Amount paid on original return. . . . .    .00

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

**Indicate Reason for Amending**

A. Federal audit. . . . .    Enter date of IRS report (MM/DD/YY)

B. Net operating loss carryback . . . . .  Enter year of loss (YY)

C. Investment tax credit carryback . . . . .  Enter year of credit (YY)

D. Correction other than A, B, or C. . . . .    Enter date of federal amended return, if filed. (MM/DD/YY)

41. Amended return total payments and credits - Add Line 39 to Line 38 or subtract Line 40 from Line 38. . . . .    .00

42. If Line 38, or if amended return, Line 41, is larger than Line 30, enter the difference. Amount of OVERPAYMENT . . . . .    .00

43. Amount of Line 42 to be applied to your 2019 estimated tax . . . . .    .00

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

|   |   |  |
|---|---|--|
| 44a. Children's Trust Fund <input type="text"/> <input type="text"/> .00  | 44b. Veterans Trust Fund <input type="text"/> <input type="text"/> .00  | 44c. Elderly Home Delivered Meals Trust Fund <input type="text"/> <input type="text"/> .00 |
| 44d. Missouri National Guard Trust Fund <input type="text"/> <input type="text"/> .00                               | 44e. Workers' Memorial Fund <input type="text"/> <input type="text"/> .00   | 44f. Childhood Lead Testing Fund <input type="text"/> <input type="text"/> .00             |
| 44g. Missouri Military Family Relief Fund <input type="text"/> <input type="text"/> .00                             | 44h. General Revenue Fund <input type="text"/> <input type="text"/> .00   | 44i. Organ Donor Program Fund <input type="text"/> <input type="text"/> .00                |
| 44j. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> <input type="text"/> .00 | 44k. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> <input type="text"/> .00 |  |

Total Donation - Add amounts from Boxes 44a through 44k and enter here. . . . .    .00

45. Amount of Line 42 to be deposited into a Missouri 529 Education Savings Plan (MOST) account. Enter amount from Line E of **Form 5632** . . . . .    .00

46. **REFUND** - Subtract Lines 43, 44, and 45 from Line 42 and enter here . . . . .    .00

a. Routing Number  c.  Checking  Savings

b. Account

Amended Return

Refund



Amount Due

47. If Line 30 is larger than Line 38 or Line 41, enter the difference.  
 Amount of UNDERPAYMENT (see the instructions for Line 48) . . . . . 47  . 00
48. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 48  . 00
- Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
49. **AMOUNT DUE** - Add Lines 47 and 48.  
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . . 49  . 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.

Signature

|   |                      |                      |
|---|----------------------|----------------------|
| Signature   | Date (MM/DD/YY)      |                      |
| <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"/> |
| 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"/> |
| Preparer's FEIN, SSN, or PTIN                           | Preparer's Telephone |                      |
| <input type="text"/>                                    | <input type="text"/> |                      |
| Preparer's Address                                      | State                | ZIP Code             |
| <input type="text"/>                                    | <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

Department Use Only

A     FA     E10     DE     F     .

(Revised 12-2018)

**Mail To: Balance Due:**  
 Missouri Department of Revenue  
 P.O. Box 3370  
 Jefferson City, MO 65105-3370

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

**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](mailto:income@dor.mo.gov)



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