



MISSOURI DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX RETURN—LONG FORM

2010 FORM MO-1040

FOR CALENDAR YEAR JAN. 1-DEC. 31, 2010, OR FISCAL YEAR BEGINNING

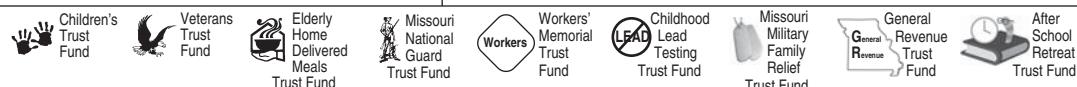
20_____, ENDING

20____

AMENDED RETURN — CHECK HERE SOFTWARE
VENDOR CODE
(Assigned by DOR)
002

NAME AND ADDRESS	SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER				
	LAST NAME		FIRST NAME		M. INITIAL	SUFFIX (JR, SR, etc.)	DECEASED 2010
	SPOUSE'S LAST NAME		FIRST NAME		M. INITIAL	SUFFIX (JR, SR, etc.)	DECEASED 2010
	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)				COUNTY OF RESIDENCE		
	PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)		CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE				

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



PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2010.

AGE 62 THROUGH 64

 YOURSELF
 SPOUSE

AGE 65 OR OLDER

 YOURSELF
 SPOUSE

BLIND

 YOURSELF
 SPOUSE

100% DISABLED

 YOURSELF
 SPOUSE

NON-OBLIGATED SPOUSE

 YOURSELF
 SPOUSE

INCOME	1. Federal adjusted gross income from your 2010 federal return (See worksheet on page 6.)	Yourself		Spouse		
		1Y	00	1S	00	
	2. Total additions (from Form MO-A, Part 1, Line 6)	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 14)	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 and Social Security/Social Security Disability exemption (from Form MO-A, Part 3, Section E.)	8			00	
	9. Mark your filing status box below and enter the appropriate exemption amount on Line 9.					
	<input type="checkbox"/> A. Single — \$2,100 (See Box B before checking.) <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00 <input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200 <input type="checkbox"/> D. Married filing separate — \$2,100	<input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200 <input type="checkbox"/> F. Head of household — \$3,500 <input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500				
	10. Tax from federal return (Do not enter federal income tax withheld.)	10	00			
	<ul style="list-style-type: none"> • Federal Form 1040, Line 55 minus Lines 45, 63, 64a, 66, 67, and amounts from Forms 8801, 8839 and 8885 on Line 71 • Federal Form 1040A, Line 35 minus Lines 40, 41a, 43 and any alternative minimum tax included on Line 28 • Federal Form 1040EZ, Line 11 minus Line 8 and 9a 	11	00			
	11. Other tax from federal return — Attach copy of your federal return (pages 1 and 2).	11	00			
	12. Total tax from federal return — Add Lines 10 and 11.	12	00			
	13. Federal tax deduction — Enter amount from Line 12 not to exceed \$5,000 for individual filer; \$10,000 for combined filers.	13			00	
	14. Missouri standard deduction OR itemized deductions. Single or Married Filing Separate — \$5,700 ; Head of Household — \$8,400 ; Married Filing a Combined Return or Qualifying Widow(er) — \$11,400 ; If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you claimed an additional standard deduction or you are itemizing, see Form MO-A, Part 2, or Form MO-L	14			00	
	15. Number of dependents from Federal Form 1040 OR 1040A, Line 6c (DO NOT INCLUDE YOURSELF OR SPOUSE.)	15			00	
	<input type="checkbox"/> X \$1,200 =					
	16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE.)	16			00	
	<input type="checkbox"/> X \$1,000 =					
	17. Long-term care insurance deduction	17			00	
	18. Health care sharing ministry deduction	18			00	
	19. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and 18.	19			00	
	20. Subtotal — Subtract Line 19 from Line 6.	20			00	
	21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S.	21Y	00	21S	00	
	22. Enterprise zone or rural empowerment zone income modification	22Y	00	22S	00	
	23. Subtract Line 22 from Line 21. Enter here and on Line 24.	23Y	00	23S	00	

		Yourself		Spouse								
TAX	24. Taxable income amount from Lines 23Y and 23S	24Y	00	24S	00							
	25. Tax (See tax table on page 26 of the instructions.)	25Y	00	25S	00							
26. Resident credit — Attach Form MO-CR and other states' income tax return(s).	26Y	00	26S	00								
27. Missouri income percentage — Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100%. Check the box if you or your spouse is a professional entertainer or a member of a professional athletic team. □ YOURSELF □ SPOUSE	27Y	%	27S	%								
28. Balance — Subtract Line 26 from Line 25; OR Multiply Line 25 by percentage on Line 27.	28Y	00	28S	00								
29. Other taxes (Check box and attach federal form indicated.) □ Lump sum distribution (Form 4972) □ Recapture of low income housing credit (Form 8611)	29Y	00	29S	00								
30. Subtotal — Add Lines 28 and 29.	30Y	00	30S	00								
31. Total Tax — Add Lines 30Y and 30S.	31	00										
32. MISSOURI tax withheld — Attach Forms W-2 and/or 1099.	32	00										
33. 2010 Missouri estimated tax payments (include overpayment from 2009 applied to 2010)	33	00										
34. Missouri tax payments for nonresident partners or S corporation shareholders — Attach Forms MO-2NR. and MO-NRP.	34	00										
35. Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT.	35	00										
36. Amount paid with Missouri extension of time to file (Form MO-60)	36	00										
37. Miscellaneous tax credits (from Form MO-TC, Line 13) — Attach Form MO-TC.	37	00										
38. Property tax credit — Attach Form MO-PTS.	38	00										
39. Total payments and credits — Add Lines 32 through 38.	39	00										
Skip Lines 40–42 if you are not filing an amended return.												
AMENDED RETURN PAYMENTS / CREDITS	40. Amount paid on original return	40	00									
	41. Overpayment as shown (or adjusted) on original return	41	00									
INDICATE REASON FOR AMENDING.												
<input type="checkbox"/> A. Federal audit Enter date of IRS report. <input type="checkbox"/> B. Net operating loss carryback Enter year of loss. <input type="checkbox"/> C. Investment tax credit carryback Enter year of credit. <input type="checkbox"/> D. Correction other than A, B, or C Enter date of federal amended return, if filed.												
42. Amended Return — total payments and credits. Add Line 40 to Line 39 or subtract Line 41 from Line 39.	42	00										
43. If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference (amount of OVERPAYMENT) here.	43	00										
44. Amount of Line 43 to be applied to your 2011 estimated tax	44	00										
REFUND AMOUNT DUE	45. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes.	Children's Trust Fund 45 :00	Veterans Trust Fund 00 :00	Elderly Home Delivered Meals Trust Fund 00 :00	Missouri National Guard Trust Fund 00 :00	Workers' Memorial Trust Fund 00 :00	Childhood Lead Testing Trust Fund 00 :00	Missouri Military Family Relief Trust Fund 00 :00	General Revenue Trust Fund 00 :00	After School Retreat Trust Fund 00 :00	Addl. Trust Fund Code (See Instr.) 00 :00	Addl. Trust Fund Code (See Instr.) 00 :00
	46. Overpayment to be refunded to you. Subtract Lines 44 and 45 from Line 43 and enter here. Sign below and mail return to: Department of Revenue, PO Box 500, Jefferson City, MO 65106-0500.	REFUND	46	00								
47. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here.	47	00										
48. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here.	48	00										
49. Total amount due — Add Lines 47 and 48 and enter here. Sign below and mail return and payment to: Department of Revenue, PO Box 329, Jefferson City, MO 65107-0329. Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only). Make payable to Missouri Department of Revenue.	AMOUNT YOU OWE	49	00									
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.												
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/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.												
I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO				E-MAIL ADDRESS	PREPARER'S TELEPHONE ()							
SIGNATURE		DATE	PREPARER'S SIGNATURE			FEIN, SSN, OR PTIN						
SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)		DAYTIME TELEPHONE ()	PREPARER'S ADDRESS AND ZIP CODE			DATE						