



Missouri Department of Revenue
**2017 Individual Income Tax Return
 and Property Tax Credit
 Claim/Pension Exemption - Short Form**

Print in BLACK ink only and DO NOT STAPLE.
 For Privacy Notice, see Instructions.

Vendor Code

Department Use Only

0 0 0

Select the appropriate boxes that apply.

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	Deceased in 2017	Spouse's Social Security Number	Deceased in 2017
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/>
	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"/>	
In Care Of Name (Attorney, Executor, Personal Representative, etc.)				
<input type="text"/>				

Address	Present Address (Include Apartment Number or Rural Route)			
	<input type="text"/>			
	City, Town, or Post Office	State	ZIP Code	
	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>
County of Residence				
<input type="text"/>				

You may contribute to any one or all of the trust funds on Line 24. See 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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- | | Yourself (Y) | | Spouse (S) | |
|--|--------------|--|------------|--|
| 1. Federal adjusted gross income from your 2017 federal return (see worksheet on page 8 of the instructions) | 1Y | | .00 | |
| 2. Any state income tax refund included in your 2017 federal adjusted gross income. | 2Y | | .00 | |
| 3. Missouri adjusted gross income - Subtract Line 2 from Line 1. | 3Y | | .00 | |
| 4. Total Missouri adjusted gross income - Add columns 3Y and 3S | 4 | | .00 | |
| 5. Income percentages - Divide columns 3Y and 3S by total on Line 4. (Must equal 100%) | 5Y | | % | |

6. Select your filing status box below. Enter the appropriate exemption amount on Line 6 6 .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 |
|--|--|
7. Additional Personal Exemption (see instructions on page 6) 7 .00
8. Tax from federal return. **Do not enter federal income tax withheld.**00 ➔ Enter this amount on Line 8, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers 8 .00
9. Missouri Standard or Itemized Deduction
- | | |
|---|---|
| <u>Taxpayers Under Age 65</u>
<ul style="list-style-type: none"> • Single \$6,350 • Married Filing Combined. \$12,700 • Married Filing Separate. \$6,350 • Head of Household \$9,350 • Qualifying Widow(er). \$12,700 | <u>Taxpayers Age 65 or Older</u>
<ul style="list-style-type: none"> • Single. \$7,900 • Married Filing Combined and YOU are Age 65 or Older \$13,950 • Married Filing Combined and You and Your Spouse are BOTH Age 65 or Older. \$15,200 • Married Filing Separate \$7,600 • Head of Household \$10,900 • Qualifying Widow(er) \$13,950 |
|---|---|
- If you are blind or claimed as a dependent, see your federal return or page 7 of the instructions. If itemizing, see page 21 9 .00
10. Number of dependents (from Federal Form 1040 or 1040A Line 6c) x \$1,200 = 10 .00
- Select box if claiming a stillborn child, see instructions on page 7.
11. Pension exemption (Complete worksheet on page 19 and 20 of the instructions.) Attach worksheet, federal return, Forms W-2P, and 1099-R. 11 .00
12. Long-term care insurance deduction 12 .00
13. Total Deductions - Add Lines 6 through 12 13 .00

Taxes

- 14. Missouri Taxable Income - Subtract Line 13 from Line 4 and enter here 14 .00
- 15. Multiply Line 14 by appropriate percentages on Lines 5Y and 5S 15Y .00 15S .00
- 16. Tax (See the tax chart on page 22 of the instructions) 16Y .00 16S .00
- 17. Total Taxes - Add Line 16Y and 16S 17 .00

Payments and Credits

- 18. Missouri tax withheld - Attach Forms W-2 and 1099 18 .00
- 19. 2017 Missouri estimated tax payments - Include overpayment from 2016 applied to 2017 19 .00
- 20. Property Tax Credit (from [Form MO-PTS](#), Line 14) - Attach Form-PTS 20 .00
- 21. Total Payments and Credits - Add Lines 18, 19, and 20. 21 .00

Refund

- 22. If Line 21 is larger than Line 17, enter the amount of OVERPAYMENT. If Line 21 is less than Line 17, enter the AMOUNT DUE on Line 27 22 .00
- 23. Enter the amount from Line 22 you want applied to your 2018 estimated tax. 23 .00
- 24. Enter the amount of your donation in the trust fund boxes below. See instructions for trust fund codes.

24a. Children's Trust Fund <input type="text"/> .00	24b. Veterans Trust Fund <input type="text"/> .00	24c. Elderly Home Delivered Meals Trust Fund <input type="text"/> .00
24d. Missouri National Guard Trust Fund <input type="text"/> .00	24e. Workers' Memorial Fund <input type="text"/> .00	24f. Childhood Lead Testing Fund <input type="text"/> .00
24g. Missouri Military Family Relief Fund <input type="text"/> .00	24h. General Revenue Fund <input type="text"/> .00	24i. Organ Donor Program Fund <input type="text"/> .00
24j. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00	24k. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00	
- Total Donation - Add amounts from Boxes 24a through 24k and enter here 24 .00
- 25. Amount from Line 22 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from [Form 5632](#), Line E 25 .00



Refund (cont.)

26. Refund - Subtract Lines 23, 24, and 25 from Line 22

26 [] [] . 00

Reserved

Amount Due

27. Amount Due - If Line 21 is less than Line 17, enter the difference here. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically

27 [] [] . 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 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)

[] [] []

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 3395
Jefferson City, MO 65105-3395

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 2800
Jefferson City, MO 65105-2800

Phone (Balance Due): (573) 751-7200
Phone (Refund or No Amount Due): (573) 751-3505
Fax: (573) 522-1721
E-mail: propertytaxcredit@dor.mo.gov

Visit <http://dor.mo.gov/personal/individual/> for additional information.



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

Section A

1. Missouri adjusted gross income from Form MO-1040P, Line 4.	1		.00			
2. Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	2		.00			
3. Subtract Line 2 from Line 1	3		.00			
4. Select the appropriate filing status and enter amount on Line 4. • Married Filing Combined (joint federal) - \$100,000 • Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000 . . .	4		.00			
5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5		.00			
6. Taxable pension for each spouse from public sources from Federal Form 1040A, Line 12b or 1040, Line 16b.	6Y		.00	6S		.00
7. Amount from Line 6 or \$37,089 (maximum social security benefit), whichever is less	7Y		.00	7S		.00
8. If you received taxable social security complete Lines 1 through 8 of Section C and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than \$0	8Y		.00	8S		.00
9. Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0.	9Y		.00	9S		.00
10. Add amounts on Lines 9Y and 9S.	10		.00			
11. Total public pension - Subtract Line 5, from Line 10. If Line 5 is greater than Line 10, enter \$0. .	11		.00			

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

Section B

1. Missouri adjusted gross income from Form MO-1040P, Line 4.	1		.00			
2. Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b.	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 1040A, Lines 11b and 12b, or Federal Form 1040, Lines 15b and 16b.	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			

