



MISSOURI DEPARTMENT OF REVENUE **2015 FORM MO-1040**
INDIVIDUAL INCOME TAX RETURN—LONG FORM

FOR CALENDAR YEAR JAN. 1—DEC. 31, 2015, OR FISCAL YEAR BEGINNING
 20 __, ENDING 20 __

AMENDED RETURN — CHECK HERE SOFTWARE VENDOR CODE **006**
NAME AND ADDRESS

SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER

NAME (LAST) (FIRST) M.I. JR, SR DECEASED IN 2015

SPOUSE'S (LAST) (FIRST) M.I. JR, SR

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 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.

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 Missouri Organ Donor Program Fund

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2015.

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	Yourself		Spouse	
	1Y	00	1S	00
1. Federal adjusted gross income from your 2015 federal return (See worksheet on page 6.)	1Y	00	1S	00
2. Total additions (from Form MO-A, 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 16)	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	%

EXEMPTIONS AND DEDUCTIONS	8. Pension and Social Security/Social Security Disability/Military 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"/> E. Married filing separate (spouse NOT filing) — \$4,200 <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00 <input type="checkbox"/> F. Head of household — \$3,500 <input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200 <input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500 <input type="checkbox"/> D. Married filing separate — \$2,100	9	00		
	10. Tax from federal return (Do not enter federal income tax withheld.) • Federal Form 1040, Line 56 minus Lines 45, 46, 66a, 68, 69, and any amount from Form 8885 on Line 73. • Federal Form 1040A, Line 37, minus Lines 29, 42a, 44, 45, and any alternative minimum tax included on Line 28 • Federal Form 1040EZ, Line 10 minus Line 8a.....	10	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 — \$6,300; Head of Household— \$9,250; Married Filing a Combined Return or Qualifying Widow(er) — \$12,600; If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you are itemizing, see Form MO-A, Part 2.	14	00		
	15. Number of dependents from Federal Form 1040 OR 1040A, Line 6c <input type="checkbox"/> Check box if claiming a stillborn child, see instructions on Page 7	15	00		
	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		
	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

