



**MISSOURI INDIVIDUAL INCOME TAX RETURN  
SINGLE/MARRIED (INCOME FROM ONE SPOUSE)—SHORT FORM**

**2014 FORM MO-1040A**

LAST NAME	FIRST NAME	MIDDLE INITIAL	DECEASED <input type="checkbox"/> 2014	SOCIAL SECURITY NUMBER ____-____-____	SOFTWARE VENDOR CODE (Assigned by DOR)
SPOUSE'S LAST NAME	SPOUSE'S FIRST NAME	SPOUSE'S MIDDLE INITIAL	SPOUSE'S DECEASED <input type="checkbox"/> 2014	SPOUSE'S SOCIAL SECURITY NUMBER ____-____-____	000
IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)					COUNTY OF RESIDENCE
PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE)			CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE		

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE.	<b>AGE 65 OR OLDER</b> <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	<b>BLIND</b> <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	<b>100% DISABLED</b> <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	<b>NON-OBLIGATED SPOUSE</b> <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE
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INCOME	1. Federal adjusted gross income from your 2014 federal return. (See page 6 of the instructions.).....	1	00
	2. Any state income tax refund included in your 2014 federal adjusted gross income .....	2	00
	3. Total Missouri adjusted gross income — Subtract Line 2 from Line 1. ....	3	00

DEDUCTIONS	4. Mark your filing status box below and enter the appropriate exemption amount on Line 4. <input type="checkbox"/> A. Single — <b>\$2,100 (See Box B before checking.)</b> <input type="checkbox"/> D. Married filing separate — <b>\$2,100</b> <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — <b>\$0.00</b> <input type="checkbox"/> E. Married filing separate (spouse NOT filing) — <b>\$4,200</b> <input type="checkbox"/> C. Married filing joint federal & combined Missouri — <b>\$4,200</b> <input type="checkbox"/> F. Head of household — <b>\$3,500</b> Check which spouse had income: <input type="checkbox"/> G. Qualifying widow(er) with dependent child — <b>\$3,500</b> <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	4	00
	5. Tax from federal return (Do not enter federal income tax withheld.) — <input type="text"/> Enter this amount on Line 5 or \$5,000, whichever is less. If married filing combined, enter this amount on Line 5 or \$10,000, whichever is less. ....	5	00
	6. Missouri standard deduction or itemized deductions. Single or Married Filing Separate — <b>\$6,200</b> ; Head of Household — <b>\$9,100</b> ; Married Filing a Combined Return or Qualifying Widow(er) — <b>\$12,400</b> . 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 back of form. ....	6	00
	7. Number of dependents you claimed on your Federal Form 1040 or 1040A, Line 6c (Do not include yourself or your spouse.) ..... <input type="text"/> x \$1,200 = .....	7	00
	8. Long-term care insurance deduction.....	8	00
	9. Total Deductions — Add Lines 4 through 8.....	9	00

TAX	10. Missouri Taxable Income — Subtract Line 9 from Line 3.....	10	00
	11. Tax — Use the tax chart on the back of this form to figure the tax. ....	11	00

REFUND	12. Missouri tax withheld from your Forms W-2 and Forms 1099. Attach copies of Forms W-2 and Forms 1099. ....	12	00
	13. Any Missouri estimated tax payments made for 2014 (include overpayment from 2013 applied to 2014) .....	13	00
	14. Total Payments — Add Lines 12 and 13.....	14	00
	15. If Line 14 (Total Payments) is more than Line 11 (Total Tax), enter the difference (amount of overpayment) here. (If Line 14 is less than Line 11, skip to Line 19.) .....	15	00
	16. Amount from Line 15 that you want applied to your 2015 estimated tax. ....	16	00

17. Enter the amount of your donation in the trust fund boxes to the right. See the instructions for fund codes..... 17.	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00
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AMOUNT DUE	18. <b>REFUND</b> - Subtract Lines 16 and 17 from Line 15 and enter here. This is your refund. <b>Sign below</b> and mail to: Department of Revenue, P.O. Box 500, Jefferson City, MO 65106-0500. ....	18	00
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AMOUNT DUE	19. <b>AMOUNT DUE</b> - If Line 14 is less than Line 11, enter the difference here. You have an amount due. <b>Sign below</b> and mail to: Department of Revenue, P.O. Box 329, Jefferson City, MO 65107-0329. See instructions for Line 19.....	19	00
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**If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid 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 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	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 PHONE ( ) - - - - -
	SIGNATURE	DATE (MMDDYYYY) _/_/____	PREPARER'S SIGNATURE
	SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE ( ) - - - - -	PREPARER'S ADDRESS AND ZIP CODE
			FEIN, SSN, OR PTIN
			DATE (MMDDYYYY) _/_/____