	15i	Organ Donor . 00 15j	Kansas City Regional Law Enforcement Memorial Foundation Fund  Kansas City Regional DO 15	Soldiers Memorial Military Museum in K. St. Louis Fund	00	
Refund (continued)	151	Additional Fund Fund Amount	Additional Fund 15m. Code	Additional Fund Amount . 00		
		Total Donation - Add amounts fro	·		15	. 00
	16. Amount from Line 13 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter amount from Line E of Form 5632.			16	. 00	
	17.	<b>REFUND</b> - Subtract Lines 14, 15	, and 16 from Line 13 and enter	here	[17]	[00]
			Rese	rved		
Amount	<b>3</b> 1	8. <b>AMOUNT DUE</b> - If Line 12 is	less than Line 9, enter the differ	rence here	[18]	. 00
		you pay by check, you authorize the D	Department to process the check elec	ctronically. Any returned chec	k may be presented again e	lectronically.
g.	bas imp una	Department of Revenue with my si sed on all information of which he posed on any individual who file authorized aliens as defined under	e or she has knowledge. As proves a frivolous return. I also de	vided in <u>Chapter 143, RS</u> eclare under penalties of	Mo., a penalty of up to \$ f perjury that I employ	500 shall be no illegal or
•	Spo	nature  puse's Signature (If filing combined, BC	PTH must sign)		Date (MM/DD/YY)  Date (MM/DD/YY)  Daytime Telephone	
nature	Sign	nature ouse's Signature (If filing combined, BC	)TH must sign)		Date (MM/DD/YY)	
Signature	Sign Spo	nature ouse's Signature (If filing combined, BC	)TH must sign)		Date (MM/DD/YY)	
Signature	Sign Spo E-m	nature ouse's Signature (If filing combined, BC	TH must sign)		Date (MM/DD/YY)  Daytime Telephone	
Signature	Sign Spoc	nature  puse's Signature (If filing combined, BC  nail Address  parer's Signature	TH must sign)		Date (MM/DD/YY)  Daytime Telephone  Date (MM/DD/YY)	
Signature	Sign Spo	nature  puse's Signature (If filing combined, BC  nail Address  parer's Signature  parer's FEIN, SSN, or PTIN	or delegate to discuss my return		Date (MM/DD/YY)  Daytime Telephone  Date (MM/DD/YY)  Preparer's Telephone  State ZIP Code	s No
Signature	Sign Spool S	nature  puse's Signature (If filing combined, BC  nail Address  parer's Signature  parer's FEIN, SSN, or PTIN  parer's Address	or delegate to discuss my return  complete your return, but the preprince it ax identification number? If yo	parer failed to sign the retuou marked yes, please inse	Date (MM/DD/YY)  Daytime Telephone  Date (MM/DD/YY)  Preparer's Telephone  State ZIP Code  expreparer  carrier Yes	
Signature	Sign Spool S	parer's Signature  parer's FEIN, SSN, or PTIN  parer's Address  uthorize the Director of Revenue of any member of the preparer to colored any mey a tax return preparer to colored any Revenue Service preparer	or delegate to discuss my return  complete your return, but the preprince it ax identification number? If yo	parer failed to sign the retuous marked yes, please insenses of the signature block a	Date (MM/DD/YY)  Daytime Telephone  Date (MM/DD/YY)  Preparer's Telephone  State ZIP Code  expreparer  carrier Yes	