### 2015 FORM MO-1040
**INDIVIDUAL INCOME TAX RETURN—LONG FORM**

**FOR CALENDAR YEAR JAN. 1–DEC. 31, 2015, OR FISCAL YEAR BEGINNING**

<table>
<thead>
<tr>
<th>AMENDED RETURN</th>
<th>CHECK HERE</th>
<th>SOFTWARE VENDOR CODE</th>
<th>006</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME AND ADDRESS</td>
<td>SOFTWARE VENDOR CODE</td>
<td>006</td>
<td></td>
</tr>
</tbody>
</table>

**IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)**

**PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)**

**CITY, TOWN, OR POST OFFICE**

**STATE**

**ZIP CODE**

**COUNTY OF RESIDENCE**

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, 2015.**

#### AGE 62 THROUGH 64

<table>
<thead>
<tr>
<th>Box</th>
<th>Yourself</th>
<th>Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Federal adjusted gross income from your 2015 federal return (See worksheet on page 6).</td>
<td>1Y 00 1S 00</td>
</tr>
<tr>
<td>2.</td>
<td>Total additions (from Form MO-A, Part 1, Line 7)</td>
<td>2Y 00 2S 00</td>
</tr>
<tr>
<td>3.</td>
<td>Total income — Add Lines 1 and 2.</td>
<td>3Y 00 3S 00</td>
</tr>
<tr>
<td>4.</td>
<td>Total subtractions (from Form MO-A, Part 1, Line 16)</td>
<td>4Y 00 4S 00</td>
</tr>
<tr>
<td>5.</td>
<td>Missouri adjusted gross income — Subtract Line 4 from Line 3.</td>
<td>5Y 00 5S 00</td>
</tr>
<tr>
<td>6.</td>
<td>Total Missouri adjusted gross income — Add columns 5Y and 5S.</td>
<td>6 00</td>
</tr>
<tr>
<td>7.</td>
<td>Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)</td>
<td>7Y % 7S %</td>
</tr>
</tbody>
</table>

#### EXEMPTIONS AND DEDUCTIONS

8. Pension and Social Security/Social Security Disability/Military exemption (from Form MO-A, Part 3, Section E.) | 8 00 |

9. Tax from federal return (Do not enter federal income tax withheld.)

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<thead>
<tr>
<th>Box</th>
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</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Single — $2,100 (See Box B before checking.)</td>
<td>10 00</td>
</tr>
<tr>
<td>B.</td>
<td>Claimed as a dependent on another person’s federal tax return — $0.00</td>
<td>11 00</td>
</tr>
<tr>
<td>C.</td>
<td>Married filing joint federal &amp; combined Missouri — $4,200</td>
<td>12 00</td>
</tr>
<tr>
<td>D.</td>
<td>Married filing separate — $2,100</td>
<td>13 00</td>
</tr>
</tbody>
</table>

10. Other tax from federal return — Attach copy of your federal return (pages 1 and 2). | 14 00 |

11. Total tax from federal return — Add Lines 10 and 11. | 15 00 |

12. Federal tax deduction — Enter amount from Line 12 not to exceed $5,000 for individual filer; $10,000 for combined filers. | 16 00 |

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<th>Spouse</th>
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<tbody>
<tr>
<td>A.</td>
<td>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.</td>
<td>17 00</td>
</tr>
<tr>
<td>B.</td>
<td>If you are itemizing, see Form MO-A, Part 2.</td>
<td>18 00</td>
</tr>
</tbody>
</table>

13. Number of dependents from Federal Form 1040 OR 1040A, Line 6c | 19 00 |

14. Do not include yourself or spouse. | 20 00 |

15. 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) | 21 00 |

16. Long-term care insurance deduction | 22 00 |

17. Health care sharing ministry deduction | 23 00 |

18. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and 18. | 24 00 |

19. Subtotal — Subtract Line 19 from Line 6. | 25 00 |

20. Total income — Add Lines 1 and 2. | 26 00 |

21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S. | 27 00 |

22. Enterprise zone or rural empowerment zone income modification. | 28 00 |

23. Subtract Line 22 from Line 21. Enter here and on Line 24. | 29 00 |

**MO-1040 2-D (Revised 12-2015)**
24. Taxable income amount from Lines 23Y and 23S .................................................... 24Y  00  24S  00
25. Tax. (See tax chart on page 25 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. 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 1099 ....................................... 32  00
33. 2015 Missouri estimated tax payments (include overpayment from 2014 applied to 2015) 33  00
34. Missouri tax payments for nonresident partners or S corporation shareholders — Attach Forms MO-2NRP 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

PAYMENTS / CREDITS

AMENDMENT RETURN

40. Amount paid on original return ........................................................................... 40  00
41. Overpayment as shown (or adjusted) on original return ...................................... 41  00
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 2016 estimated tax tax .......................... 44  00
45. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes............. 45

REFUND

46. Amount of Line 43 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from Line E of Form 5632 ................................................................. 46  00
47. REFUND - Subtract Lines 44, 45, and 46 from Line 43 and enter here. Sign below and mail return to: Department of Revenue, PO Box 3222, Jefferson City, MO 65105-3222 47  00

If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below.

a. Routing Number __________________________ b. Account Number __________________________ c. Checking □ Savings □

48. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here and go to instructions for Line 49 ...................... 48  00
49. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here .................................................. 49  00
50. AMOUNT DUE - Add lines 48 and 49 and enter here. Sign below and mail to: Department of Revenue, PO Box 3370, Jefferson City, MO 65105-3370. See instructions for Line 50 ........................................... 50  00

SIGNATURE

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.

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

E-MAIL ADDRESS __________________________ PREPARER’S TELEPHONE (_____) _______ - ____

SIGNATURE DATE (MMDDYYYY)  __/__/____ PREPARER’S SIGNATURE  __/__/____

FEIN, SSN, OR PTIN __________________________

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.

This form is available upon request in alternative accessible format(s).