

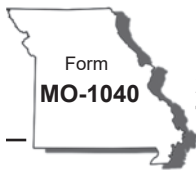
Electronic Filing Instructions for your 2020 Missouri Tax Return

Important: Your taxes are not finished until all required steps are completed.



Alexis M Verderber
13 Algonquin Circle
Hillsboro, MO 63050

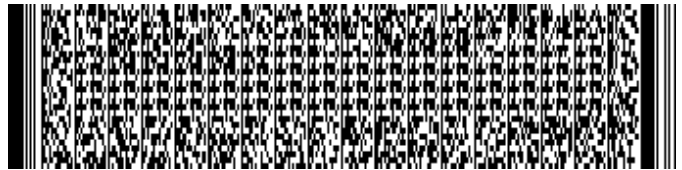
Balance Due/Refund	Your Missouri state tax return (Form MO-1040) shows that you have no balance due nor a refund due to you: DO NOT mail a payment or expect to receive a refund from the Missouri Department of Revenue.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns EF Acknowledgement and General Info You must mail your city (Kansas City and St Louis) returns as they cannot be filed electronically		
2020 Missouri Tax Return Summary	Taxable Income	\$	0.00
	Total Tax	\$	0.00
	You can find the status of your return here: https://dor.mo.gov/returnstatus/		



MISSOURI DEPARTMENT OF
REVENUE
**2020 Individual Income
Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2020

Print in BLACK ink only and DO NOT STAPLE.



☐ **Amended Return** ☐ **Composite Return**

(For use by S corporations or Partnerships)

☐ **Federal Extension** - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)

Fiscal Year Ending (MM/DD/YY)

Vendor Code

Department Use Only

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1555

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Filing Status

☐ Single ☒ **Claimed as a
Dependent** ☐ Married Filing
Combined ☐ Married Filing
Separately ☐ Head of
Household ☐ Qualifying
Widow(er)

Age 62 through 64

Age 65 or Older

Blind

100% Disabled

Non-Obligated Spouse

Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐

Name

Social Security Number ☐ Deceased in 2020 ☐ Spouse's Social Security Number ☐ Deceased in 2020 ☐
486 - 21 - 7006
First Name M.I. Last Name Suffix
ALEXIS M VERDERBER
Spouse's First Name M.I. Spouse's Last Name Suffix
In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address

Present Address (Include Apartment Number or Rural Route)

13 ALGONQUIN CIRCLE

City, Town, or Post Office

State

ZIP Code

HILLSBORO

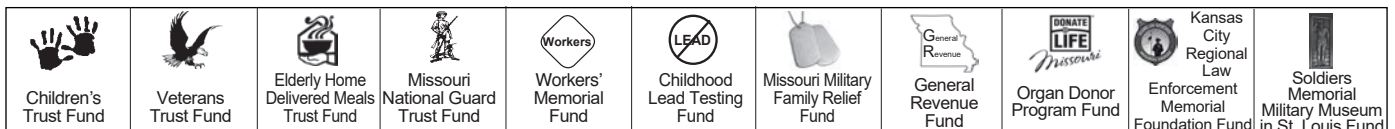
MO

63050

County of Residence

JEFF

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.



Yourself (Y)

Spouse (S)

1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	9897	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	9897	00	3S		00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		00	4S		00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y	9897	00	5S		00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S.	6	9897	00			
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100	%	7S		%

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E)	8		00
9. Tax from federal return	9	0	00
10. Other tax from federal return.	10		00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	0	00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	35.00	%

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13	0	00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,400 • Head of Household-\$18,650 • Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see page 6.	14	10247	00
15. Long-term care insurance deduction	15	0	00
16. Health care sharing ministry deduction.	16		00
17. Active Duty Military income deduction	17		00
18. Inactive Duty Military income deduction	18		00
19. Bring jobs home deduction	19		00
20. Transportation facilities deduction	20		00

☐ A. Port Cargo Expansion ☐ B. International Trade Facility ☐ C. Qualified Trade Activities


Deductions Continued

21. First Time Home Buyers deduction.	A. <input type="text"/>	B. <input type="text"/>	21	<input type="text"/>	.00
22. Total deductions - Add Lines 8 and 13 through 21				22	10247.00
23. Subtotal - Subtract Line 22 from Line 6				23	0.00
24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S	24Y	<input type="text"/> 0	.00	24S	<input type="text"/> .00
25. Enterprise zone or rural empowerment zone income modification	25Y	<input type="text"/>	.00	25S	<input type="text"/> .00

Tax

26. Taxable income - Subtract Line 25 from Line 24	26Y	<input type="text"/> 0	.00	26S	<input type="text"/> .00
27. Tax (see tax chart on page 22 of the instructions)	27Y	<input type="text"/> 0	.00	27S	<input type="text"/> .00
28. Resident credit - Attach Form MO-CR and other states' income tax return(s)	28Y	<input type="text"/>	.00	28S	<input type="text"/> .00
29. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	29Y	<input type="text"/> 100	%	29S	<input type="text"/> %
30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29	30Y	<input type="text"/> 0	.00	30S	<input type="text"/> .00
31. Other taxes - Select box and attach federal form indicated.					
<input type="checkbox"/> Lump sum distribution (Form 4972)					
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	31Y	<input type="text"/>	.00	31S	<input type="text"/> .00
32. Subtotal - Add Lines 30 and 31	32Y	<input type="text"/> 0	.00	32S	<input type="text"/> .00
33. Total Tax - Add Lines 32Y and 32S				33	<input type="text"/> 0.00

Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099	34	<input type="text"/> 0	.00
35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020	35	<input type="text"/>	.00
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	36	<input type="text"/>	.00
37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	37	<input type="text"/>	.00
38. Amount paid with Missouri extension of time to file (Form MO-60)	38	<input type="text"/>	.00
39. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	39	<input type="text"/>	.00
40. Property tax credit - Attach Form MO-PTS	40	<input type="text"/>	.00
41. Total payments and credits - Add Lines 34 through 40	41	<input type="text"/> 0	.00



Skip Lines 42 through 44 if you are not filing an amended return.

42. Amount paid on original return. 42 . 00

43. Overpayment as shown (or adjusted) on original return 43 . 00

Indicate Reason for Amending

☐ A. Federal audit. Enter date of IRS report (MM/DD/YY)
☐ B. Net Operating Loss carryback Enter year of loss (YY)
☐ C. Investment tax credit carryback Enter year of credit (YY)
☐ D. Correction other than A, B, or C Enter date of federal amended return, if filed. (MM/DD/YY)

44. Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43.
 Enter on Line 44. 44 . 00

45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference.
 Amount of OVERPAYMENT 45 . 00

46. Amount of Line 45 to be applied to your 2021 estimated tax 46 . 00

47. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

47a. Children's Trust Fund . 00 47b. Veterans Trust Fund . 00 47c. Elderly Home Delivered Meals Trust Fund . 00 47d. Missouri National Guard Trust Fund . 00

47e. Workers' Memorial Fund . 00 47f. Childhood Lead Testing Fund . 00 47g. Missouri Military Family Relief Fund . 00 47h. General Revenue Fund . 00

47i. Organ Donor Program Fund . 00 47j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00 47k. Soldiers Memorial Military Museum in St. Louis Fund . 00

47l. Additional Fund Code Additional Fund Amount . 00 47m. Additional Fund Code Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 47a through 47m and enter here 47 . 00

48. Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from [Form 5632](#). 48 . 00

49. **REFUND** - Subtract Lines 46, 47, and 48 from Line 45 and enter here 49 . 00

a. Routing Number c. ☐ Checking ☐ Savings

b. Account Number



Amount Due

50. If Line 33 is larger than Line 41 or Line 44, enter the difference.

Amount of UNDERPAYMENT

50 0 00

51. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here ...

51 0 00

☐

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

52. **AMOUNT DUE** - Add Lines 50 and 51.

If you pay by check, you authorize the Department of Revenue to process the check

electronically. Any returned check may be presented again electronically

52 0 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. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.561, RSMo](#). Declaration of preparer (other than taxpayer) is based on all information of which he or she has 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

Date (MM/DD/YY)

Spouse's Signature (If filing combined, BOTH must sign)

Date (MM/DD/YY)

E-mail Address

Daytime Telephone

6367972115

Preparer's Signature

SELF-PREPARED

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

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above.

☐

Yes

☐

No

Department Use Only

☐

A

☐

FA

☐

E10

☐

DE

☐

F

Mail To: Balance Due:

Missouri Department of Revenue
P.O. Box 329
Jefferson City, MO 65105-0329

Refund or No Amount Due:

Missouri Department of Revenue
P.O. Box 500
Jefferson City, MO 65105-0500

Phone (Balance Due): (573) 751-7200

Phone (Refund or No Amount Due): (573) 751-3505

Fax: (573) 522-1762

E-mail: income@dor.mo.gov

(Revised 12-2020)



Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Alexis M		Last name Verderber		Your social security number 486-21-7006	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 13 Algonquin Circle				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Hillsboro			State MO		ZIP code 63050
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☒ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	9,897.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction , see instructions.	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	9,897.
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	9,897.
12	Standard deduction or itemized deductions (from Schedule A)	12	10,247.	
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13		
14	Add lines 12 and 13	14	10,247.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.																		
17	Amount from Schedule 2, line 3	17																			
18	Add lines 16 and 17	18	0.																		
19	Child tax credit or credit for other dependents	19																			
20	Amount from Schedule 3, line 7	20																			
21	Add lines 19 and 20	21																			
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.																		
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.																		
24	Add lines 22 and 23. This is your total tax	24	0.																		
25	Federal income tax withheld from:																				
a	Form(s) W-2	25a																			
b	Form(s) 1099	25b																			
c	Other forms (see instructions)	25c																			
d	Add lines 25a through 25c	25d																			
26	2020 estimated tax payments and amount applied from 2019 return	26																			
27	Earned income credit (EIC) No	27																			
28	Additional child tax credit. Attach Schedule 8812	28																			
29	American opportunity credit from Form 8863, line 8	29																			
30	Recovery rebate credit. See instructions	30																			
31	Amount from Schedule 3, line 13	31																			
32	Add lines 27 through 31. These are your total other payments and refundable credits	32																			
33	Add lines 25d, 26, and 32. These are your total payments	33																			
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																			
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a																			
Direct deposit? See instructions.	b Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X										
X	X	X	X	X	X	X	X	X	X												
	d Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	36 Amount of line 34 you want applied to your 2021 estimated tax	36																			
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	0.																		
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.																				
	38 Estimated tax penalty (see instructions)	38																			

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☒ **No**

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Spouse's signature. If a joint return, both must sign. _____	Date _____ Date _____	Your occupation Dog groomer Spouse's occupation _____	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/> If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
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Phone no. Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name <input type="text"/> Self-Prepared	Firm's address <input type="text"/>			Phone no. <input type="text"/>
Firm's EIN <input type="text"/>				