

Electronic Filing Instructions for your 2020 Missouri Tax Return

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



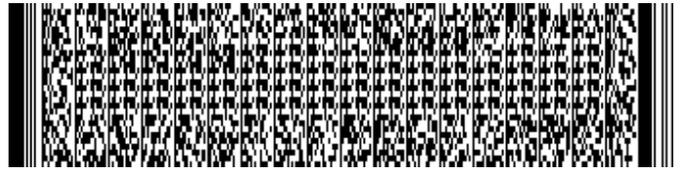
Alexis M Verderber
13 Algonquin Circle
Hillsboro, MO 63050

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	<table><tr><td>Taxable Income</td><td>\$</td><td>0.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>0.00</td></tr></table> <p>You can find the status of your return here: https://dor.mo.gov/returnstatus/</p>	Taxable Income	\$	0.00	Total Tax	\$	0.00
Taxable Income	\$	0.00					
Total Tax	\$	0.00					



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**

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
 - - - -

First Name M.I. Last Name Suffix

Spouse's First Name M.I. Spouse's Last Name Suffix

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

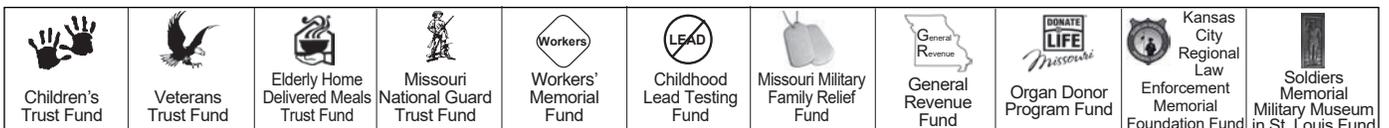
Address

Present Address (Include Apartment Number or Rural Route)

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 47. See pages 11-12 of the instructions for more trust fund information.



Income

	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	%

Exemptions and Deductions

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 style="width: 80px;" type="text"/>	B. <input style="width: 80px;" type="text"/>	21	<input style="width: 100px;" 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 style="width: 80px;" type="text"/>	.00
			24S	<input style="width: 80px;" type="text"/>	.00
25. Enterprise zone or rural empowerment zone income modification			25Y	<input style="width: 80px;" type="text"/>	.00
			25S	<input style="width: 80px;" type="text"/>	.00

Tax

26. Taxable income - Subtract Line 25 from Line 24			26Y	<input style="width: 80px;" type="text"/>	.00
			26S	<input style="width: 80px;" type="text"/>	.00
27. Tax (see tax chart on page 22 of the instructions)			27Y	<input style="width: 80px;" type="text"/>	.00
			27S	<input style="width: 80px;" type="text"/>	.00
28. Resident credit - Attach Form MO-CR and other states' income tax return(s)			28Y	<input style="width: 80px;" type="text"/>	.00
			28S	<input style="width: 80px;" 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 style="width: 80px;" type="text"/>	%
			29S	<input style="width: 80px;" type="text"/>	%
30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29			30Y	<input style="width: 80px;" type="text"/>	.00
			30S	<input style="width: 80px;" 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 style="width: 80px;" type="text"/>	.00
			31S	<input style="width: 80px;" type="text"/>	.00
32. Subtotal - Add Lines 30 and 31			32Y	<input style="width: 80px;" type="text"/>	.00
			32S	<input style="width: 80px;" type="text"/>	.00
33. Total Tax - Add Lines 32Y and 32S			33	<input style="width: 80px;" type="text"/>	.00

Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099			34	<input style="width: 80px;" type="text"/>	.00
35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020			35	<input style="width: 80px;" type="text"/>	.00
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP			36	<input style="width: 80px;" type="text"/>	.00
37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT			37	<input style="width: 80px;" type="text"/>	.00
38. Amount paid with Missouri extension of time to file (Form MO-60)			38	<input style="width: 80px;" type="text"/>	.00
39. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC			39	<input style="width: 80px;" type="text"/>	.00
40. Property tax credit - Attach Form MO-PTS			40	<input style="width: 80px;" type="text"/>	.00
41. Total payments and credits - Add Lines 34 through 40			41	<input style="width: 80px;" type="text"/>	.00



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 .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

Signature	Date (MM/DD/YY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	Daytime Telephone	
<input type="text"/>	6367972115	
Preparer's Signature	Date (MM/DD/YY)	
SELF - PREPARED	<input type="text"/>	<input type="text"/>
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone	
<input type="text"/>	<input type="text"/>	
Preparer's Address	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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(Revised 12-2020)

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



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.	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
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	

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

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): 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"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	9,897.
Attach Sch. B if required.	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	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.
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 <i>Standard Deduction</i> , see instructions.	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	

• If you have a qualifying child, attach Sch. EIC.
 • If you have nontaxable combat pay, see instructions.

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																					
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><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	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.
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) ▶

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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	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
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 ▶ Self-Prepared	Firm's address ▶ _____			Phone no. _____
Firm's EIN ▶ _____				