

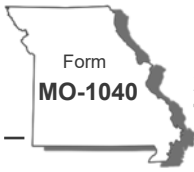
# Electronic Filing Instructions for your 2021 Missouri Tax Return

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



Alexis M Verderber  
13 Algonquin Circle  
Hillsboro, MO 63050

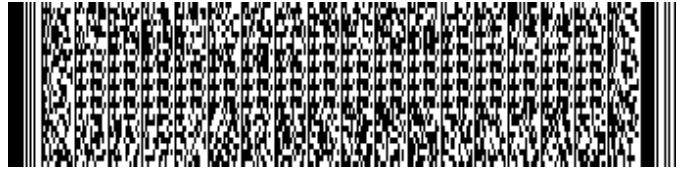
<b>Balance Due/Refund</b>	Your Missouri state tax return (Form MO-1040) shows a refund due to you in the amount of \$10.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 1653521 Routing Transit Number: 081006162.		
<b>Where's My Refund?</b>	Before you call the Missouri Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Missouri Department of Revenue directly at 573-751-3505.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) A copy of your state and federal returns EF Acknowledgement and General Info You must mail your City of St Louis returns as they cannot be filed electronically.		
<b>2021 Missouri Tax Return Summary</b>	Taxable Income	\$	0.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	10.00
	Amount to be Refunded	\$	10.00
	You can find the status of your return here: <a href="https://dor.mo.gov/returnstatus/">https://dor.mo.gov/returnstatus/</a>		



MISSOURI DEPARTMENT OF  
**REVENUE**  
**2021 Individual Income  
Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2021

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 2021		Spouse's Social Security Number		Deceased in 2021	
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 48. See pages 11-12 of the instructions for more trust fund information.

 Children's Trust Fund	 Veterans Trust Fund	 Elderly Home Delivered Meals Trust Fund	 Missouri National Guard Trust Fund	 Workers' Memorial Fund	 Childhood Lead Testing Fund	 Missouri Military Family Relief Fund	 General Revenue Fund	 Organ Donor Program Fund	 Kansas City Regional Law Enforcement Memorial Foundation Fund	 Soldiers Memorial Military Museum in St. Louis Fund
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## Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) . . . . .	1Y	9207 .00	1S	.00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y	.00	2S	.00
3. Total income - Add Lines 1 and 2. . . . .	3Y	9207 .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	9207 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	9207 .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 and Social Security Disability exemption (from Form MO-A, Part 3, Section D) . . . . .	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-\$12,550      • Head of Household-\$18,800 • Married Filing Combined or Qualifying Widow(er)-\$25,100 Note: If age 65 or older, blind, or claimed as a dependent, see page 8 . . . . .	14	9557 .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. Long Term Dignity Savings Account Deduction. . . . .			22	<input type="text"/>	.00
23. Total deductions - Add Lines 8 and 13 through 22. . . . .			23	9557	.00
24. Subtotal - Subtract Line 23 from Line 6. . . . .			24	0	.00
25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S. . . . .	25Y	<input type="text"/> 0	.00	25S	<input type="text"/> .00
26. Enterprise zone or rural empowerment zone income modification. . . . .	26Y	<input type="text"/>	.00	26S	<input type="text"/> .00

## Tax

27. Taxable income - Subtract Line 26 from Line 25. . . . .	27Y	<input type="text"/> 0	.00	27S	<input type="text"/> .00
28. Tax (see tax chart on page 26 of the instructions). . . . .	28Y	<input type="text"/> 0	.00	28S	<input type="text"/> .00
29. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s). . . . .	29Y	<input type="text"/>	.00	29S	<input type="text"/> .00
30. Missouri income percentage - Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100%. . . . .	30Y	<input type="text"/> 100	%	30S	<input type="text"/> %
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30. . . . .	31Y	<input type="text"/> 0	.00	31S	<input type="text"/> .00
32. 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)	32Y	<input type="text"/>	.00	32S	<input type="text"/> .00
33. Subtotal - Add Lines 31 and 32. . . . .	33Y	<input type="text"/> 0	.00	33S	<input type="text"/> .00
34. Total Tax - Add Lines 33Y and 33S. . . . .				34	<input type="text"/> 0 .00

## Payments and Credits

35. MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .	35	<input type="text"/> 10	.00
36. 2021 Missouri estimated tax payments - Include overpayment from 2020 applied to 2021. . . . .	36	<input type="text"/>	.00
37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b> . . . . .	37	<input type="text"/>	.00
38. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> . . . . .	38	<input type="text"/>	.00
39. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .	39	<input type="text"/>	.00
40. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC. . . . .	40	<input type="text"/>	.00
41. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	41	<input type="text"/>	.00
42. Total payments and credits - Add Lines 35 through 41. . . . .	42	<input type="text"/> 10	.00



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**Skip Lines 43 through 45 if you are not filing an amended return.**

43. Amount paid on original return. . . . . 43 . 00

44. Overpayment as shown (or adjusted) on original return . . . . . 44 . 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)

45. Amended return total payments and credits - Add Lines 42 and 43; subtract Line 44.  
 Enter on Line 45. . . . . 45 . 00

46. If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference.  
 Amount of OVERPAYMENT . . . . . 46 10 . 00

47. Amount of Line 46 to be applied to your 2022 estimated tax . . . . . 47 . 00

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

48a. Children's Trust Fund . 00 48b. Veterans Trust Fund . 00 48c. Elderly Home Delivered Meals Trust Fund . 00 48d. Missouri National Guard Trust Fund . 00

48e. Workers' Memorial Fund . 00 48f. Childhood Lead Testing Fund . 00 48g. Missouri Military Family Relief Fund . 00 48h. General Revenue Fund . 00

48i. Organ Donor Program Fund . 00 48j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00 48k. Soldiers Memorial Military Museum in St. Louis Fund . 00

48l. Additional Fund Code . Additional Fund Amount . 00 48m. Additional Fund Code . Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 48a through 48m and enter here . . . . . 48 . 00

49. Amount of Line 46 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. . . . . 49 . 00

50. **REFUND** - Subtract Lines 47, 48, and 49 from Line 46 and enter here . . . . . 50 10 . 00

Reserved



Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.

Amount of UNDERPAYMENT . . . . .

51  . 0052. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . .52  . 00☐

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

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

If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . .

53  . 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)

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

Date (MM/DD/YY)

E-mail Address

Daytime Telephone

3149742115

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



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## Department Use Only

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Form MO-1040 (Revised 12-2021)

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

**Fax:** (573) 522-1762**Email:** [income@dor.mo.gov](mailto:income@dor.mo.gov)**Phone:** (573) 751-7200**Phone:** (573) 751-3505**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).

Visit [dor.mo.gov/taxation/individual/tax-types/income/](http://dor.mo.gov/taxation/individual/tax-types/income/) for additional information.

MO-1040 Page 5

**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 <b>Alexis M</b>		Last name <b>Verderber</b>		Your social security number <b>486-21-7006</b>	
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. <b>13 Algonquin Circle</b>				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Hillsboro</b>			State <b>MO</b>	ZIP code <b>63050</b>	<b>Presidential Election Campaign</b> 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
Foreign country name		Foreign province/state/county		Foreign postal code	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of 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, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

<b>Dependents</b> (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.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	9,207.
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .	<b>8</b>	
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	9,207.
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	9,207.
	<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . . <b>12a</b> 9,557.		
	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions) <b>12b</b>		
	<b>c</b>	Add lines 12a and 12b . . . . .	<b>12c</b>	9,557.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
	<b>14</b>	Add lines 12c and 13 . . . . .	<b>14</b>	9,557.
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	0.

**Standard Deduction for—**

- Single or Married filing separately, \$12,550
- Married filing jointly or Qualifying widow(er), \$25,100
- Head of household, \$18,800
- If you checked any box under **Standard Deduction**, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	0.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	0.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	0.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	0.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	43.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	43.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <b>No</b>	<b>27a</b>	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	43.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	43.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	43.
Direct deposit? See instructions.	<b>b</b> Routing number 0 8 1 0 0 6 1 6 2 <b>c</b> Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
	<b>d</b> Account number 1 6 5 3 5 2 1		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

**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

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

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.) ▶

Phone no. (314) 974-2115

Email address

**Paid Preparer Use Only**

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶ Self-Prepared

Phone no.

Firm's address ▶

Firm's EIN ▶