

# Electronic Filing Instructions for your 2021 Missouri Tax Return

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

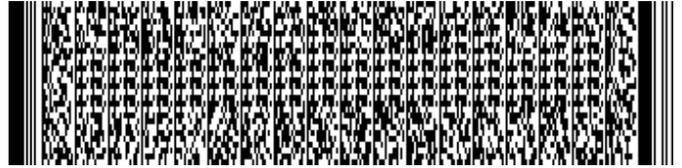


Alexis M Verderber  
13 Algonquin Circle  
Hillsboro, MO 63050

<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>	<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><tr><td>Total Payments/Credits</td><td>\$</td><td>10.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>10.00</td></tr></table> <p>You can find the status of your return here: <a href="https://dor.mo.gov/returnstatus/">https://dor.mo.gov/returnstatus/</a></p>	Taxable Income	\$	0.00	Total Tax	\$	0.00	Total Payments/Credits	\$	10.00	Amount to be Refunded	\$	10.00
Taxable Income	\$	0.00											
Total Tax	\$	0.00											
Total Payments/Credits	\$	10.00											
Amount to be Refunded	\$	10.00											



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**

**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

-  -          -  -    

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**

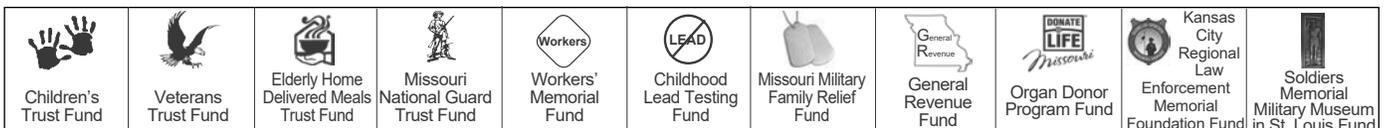
Present Address (Include Apartment Number or Rural Route)

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 48. 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	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 style="width: 40px;" type="text"/>	B. <input style="width: 40px;" type="text"/>	21	<input style="width: 60px;" type="text"/>	.00	
22. Long Term Dignity Savings Account Deduction.....			22	<input style="width: 60px;" 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 style="width: 40px;" type="text"/>	.00	25S	<input style="width: 40px;" type="text"/>	.00
26. Enterprise zone or rural empowerment zone income modification.....	26Y	<input style="width: 40px;" type="text"/>	.00	26S	<input style="width: 40px;" type="text"/>	.00

Tax

27. Taxable income - Subtract Line 26 from Line 25.....	27Y	<input style="width: 40px;" type="text"/>	.00	27S	<input style="width: 40px;" type="text"/>	.00
28. Tax (see tax chart on page 26 of the instructions),.....	28Y	<input style="width: 40px;" type="text"/>	.00	28S	<input style="width: 40px;" type="text"/>	.00
29. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s).....	29Y	<input style="width: 40px;" type="text"/>	.00	29S	<input style="width: 40px;" 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 style="width: 40px;" type="text"/>	100 %	30S	<input style="width: 40px;" type="text"/>	%
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30.....	31Y	<input style="width: 40px;" type="text"/>	.00	31S	<input style="width: 40px;" 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 style="width: 40px;" type="text"/>	.00	32S	<input style="width: 40px;" type="text"/>	.00
33. Subtotal - Add Lines 31 and 32.....	33Y	<input style="width: 40px;" type="text"/>	.00	33S	<input style="width: 40px;" type="text"/>	.00
34. Total Tax - Add Lines 33Y and 33S.....				34	<input style="width: 40px;" type="text"/>	.00

Payments and Credits

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



21322031555



Amount Due

- 51. If Line 34 is larger than Line 42 or Line 45, enter the difference.  
Amount of UNDERPAYMENT . . . . . 51  . 00
- 52. 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)	
<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"/>	3149742115	
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



21322051555

**Department Use Only**

A     FA     E10     DE     F     .

Form MO-1040 (Revised 12-2021)

**Mail to: Balance Due:**  
Missouri Department of Revenue  
P.O. Box 329  
Jefferson City, MO 65105-0329



**Phone:** (573) 751-7200

**Refund or No Amount Due:**  
Missouri Department of Revenue  
P.O. Box 500  
Jefferson City, MO 65105-0500

**Phone:** (573) 751-3505

**Fax:** (573) 522-1762  
**Email:** [income@dor.mo.gov](mailto:income@dor.mo.gov)

**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.

Filing Status [X] 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
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: [ ] You [ ] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents)

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income of 0.

<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) <span style="float:right">No</span>	<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>	

If you have a qualifying child, attach Sch. EIC.

**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, <b>both</b> 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: <input type="checkbox"/> Self-employed
Firm's name	Self-Prepared			Phone no.
Firm's address				Firm's EIN