

# Electronic Filing Instructions for your 2022 Missouri Tax Return

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

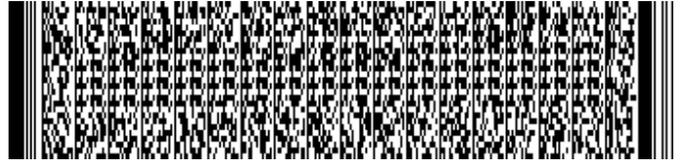


Alexis M Verderber  
13 Algonquin Circle  
Hillsboro, MO 63050

<b>Balance Due/Refund</b>	Your Missouri state tax return (Form MO-1040) shows a refund due to you in the amount of \$37.00. 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>2022 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>37.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>37.00</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	\$	37.00	Amount to be Refunded	\$	37.00
Taxable Income	\$	0.00											
Total Tax	\$	0.00											
Total Payments/Credits	\$	37.00											
Amount to be Refunded	\$	37.00											



MISSOURI DEPARTMENT OF  
**REVENUE**  
2022 Individual Income  
Tax Return - Long Form



For Calendar Year January 1 - December 31, 2022

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)

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**Vendor Code**

1555

**Department Use Only**

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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 2022	Spouse's Social Security Number	Deceased in 2022
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 50. 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	11815	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	11815	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	11815	00	5S		00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	11815	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-\$12,950      • Head of Household-\$19,400 • Married Filing Combined or Qualifying Widow(er)-\$25,900 . . . . .	14	12215	00
15. Additional Exemption for Head of Household and Qualified Widow(er) . . . . .	15		00
16. Long-term care insurance deduction . . . . .	16	0	00
17. Health care sharing ministry deduction. . . . .	17		00
18. Active Duty Military income deduction . . . . .	18		00
19. Inactive Duty Military income deduction . . . . .	19		00
20. Bring jobs home deduction . . . . .	20		00
21. Transportation facilities deduction . . . . .	21		00

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



Deductions Continued

22. First time home buyers deduction.      A. <input style="width: 80px; height: 20px;" type="text"/> B. <input style="width: 80px; height: 20px;" type="text"/>	22	<input style="width: 90%; height: 20px;" type="text"/>	.00
23. Long term dignity savings account deduction . . . . .	23	<input style="width: 90%; height: 20px;" type="text"/>	.00
24. Foster parent tax deduction . . . . .	24	<input style="width: 90%; height: 20px;" type="text"/>	.00
25. Total deductions - Add Lines 8 and 13 through 24 . . . . .	25	12215	.00
26. Subtotal - Subtract Line 25 from Line 6 . . . . .	26	0	.00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	27Y	<input style="width: 80px; height: 20px;" type="text"/> 0	.00
	27S	<input style="width: 80px; height: 20px;" type="text"/>	.00
28. Enterprise zone or rural empowerment zone income modification . . . . .	28Y	<input style="width: 80px; height: 20px;" type="text"/>	.00
	28S	<input style="width: 80px; height: 20px;" type="text"/>	.00

Tax

29. Taxable income - Subtract Line 28 from Line 27 . . . . .	29Y	<input style="width: 90%; height: 20px;" type="text"/> 0	.00
	29S	<input style="width: 80px; height: 20px;" type="text"/>	.00
30. Tax (see tax chart on page 26 of the instructions). . . . .	30Y	<input style="width: 80px; height: 20px;" type="text"/> 0	.00
	30S	<input style="width: 80px; height: 20px;" type="text"/>	.00
31. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s). . . . .	31Y	<input style="width: 80px; height: 20px;" type="text"/>	.00
	31S	<input style="width: 80px; height: 20px;" type="text"/>	.00
32. 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% . . . . .	32Y	<input style="width: 80px; height: 20px;" type="text"/> 100	%
	32S	<input style="width: 80px; height: 20px;" type="text"/>	%
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 . . . . .	33Y	<input style="width: 80px; height: 20px;" type="text"/> 0	.00
	33S	<input style="width: 80px; height: 20px;" type="text"/>	.00
34. Other taxes - Select box and attach federal form indicated.			
<input type="checkbox"/> Lump sum distribution ( <b>Form 4972</b> )			
<input type="checkbox"/> Recapture of low income housing credit ( <b>Form 8611</b> )	34Y	<input style="width: 80px; height: 20px;" type="text"/>	.00
	34S	<input style="width: 80px; height: 20px;" type="text"/>	.00
35. Subtotal - Add Lines 33 and 34 . . . . .	35Y	<input style="width: 80px; height: 20px;" type="text"/> 0	.00
	35S	<input style="width: 80px; height: 20px;" type="text"/>	.00
36. Total Tax - Add Lines 35Y and 35S. . . . .	36	<input style="width: 80px; height: 20px;" type="text"/> 0	.00

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .	37	<input style="width: 90%; height: 20px;" type="text"/> 37	.00
38. 2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022 . . . . .	38	<input style="width: 90%; height: 20px;" type="text"/>	.00
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b> . . . . .	39	<input style="width: 90%; height: 20px;" type="text"/>	.00
40. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> . . . . .	40	<input style="width: 90%; height: 20px;" type="text"/>	.00
41. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .	41	<input style="width: 90%; height: 20px;" type="text"/>	.00
42. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	42	<input style="width: 90%; height: 20px;" type="text"/>	.00
43. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	43	<input style="width: 90%; height: 20px;" type="text"/>	.00
44. Total payments and credits - Add Lines 37 through 43 . . . . .	44	<input style="width: 80px; height: 20px;" type="text"/> 37	.00





Amount Due

- 53. If Line 36 is larger than Line 44 or Line 47, enter the difference.  
Amount of UNDERPAYMENT . . . . .   .
- 54. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . .   .   
 Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
- 55. **AMOUNT DUE** - Add Lines 53 and 54.  
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . .   .

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. I am aware of any applicable reporting requirements of **Section 135.805, RSMo**, and the penalty provisions of **Section 135.810, RSMo**.

Signature

Signature	<input type="text"/>		Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	<input type="text"/>		Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text"/>		Daytime Telephone	<input type="text" value="3149742115"/>		
Preparer's Signature	<input type="text" value="SELF-PREPARED"/>		Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preparer's FEIN, SSN, or PTIN	<input type="text"/>		Preparer's Telephone	<input type="text"/>		
Preparer's Address	<input type="text"/>		State	<input type="text"/>	ZIP Code	<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



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Department Use Only

A     FA     E10     DE     F     .

Form MO-1040 (Revised 12-2022)

**Mail to: Balance Due:**  
Missouri Department of Revenue  
P.O. Box 3370  
Jefferson City, MO 65105-3370  
**Phone:** (573) 751-7200

**Refund or No Amount Due:**  
Missouri Department of Revenue  
P.O. Box 3222  
Jefferson City, MO 65105-3222  
**Phone:** (573) 751-3505

**Fax:** (573) 522-1762  
**Email:** [incometaxprocessing@dor.mo.gov](mailto:incometaxprocessing@dor.mo.gov)  
**Submission of Individual Income Tax Returns**  
**Email:** [income@dor.mo.gov](mailto:income@dor.mo.gov)  
**Inquiry and correspondence**

**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/).



IN  
REV 01/20/23 TTW  
MO-1040 Page 5

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (Alexis M), Last name (Verderber), Your social security number (486-21-7006), Spouse's social security number, Home address (13 Algonquin Circle, Hillsboro, MO 63050), and Presidential Election Campaign options.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] 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, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (4) Child tax credit/Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, and Nontaxable combat pay election.

Table for interest and dividends: 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount.

Table for deductions and adjustments: 7 Capital gain or (loss), 8 Other income from Schedule 1, line 10, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, 10 Adjustments to income from Schedule 1, line 26, 11 Subtract line 10 from line 9. This is your adjusted gross income, 12 Standard deduction or itemized deductions (from Schedule A), 13 Qualified business income deduction from Form 8995 or Form 8995-A, 14 Add lines 12 and 13, 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

<b>Tax and Credits</b>	<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>	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>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	163.
	<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>	163.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	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>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 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>	163.

<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>	163.
	<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>	163.
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 2023 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or 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 <b>Dog groomer</b>	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 <b>Self-Prepared</b>	Firm's address		Phone no.	Firm's EIN