

# Electronic Filing Instructions for your 2022 Missouri Tax Return

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



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<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>	Taxable Income	\$	0.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	37.00
	Amount to be Refunded	\$	37.00
	You can find the status of your return here: <a href="https://dor.mo.gov/returnstatus/">https://dor.mo.gov/returnstatus/</a>		



Print in BLACK ink only and DO NOT STAPLE.

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

1555

MO-1040 Page 1

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 **Form MO-A**, 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 %

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 type="text"/>	B. <input type="text"/>	22	<input type="text"/>	.00
23. Long term dignity savings account deduction . . . . .			23	<input type="text"/>	.00
24. Foster parent tax deduction . . . . .			24	<input 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 type="text"/> 0	.00	27S	<input type="text"/> .00
28. Enterprise zone or rural empowerment zone income modification . . . . .	28Y	<input type="text"/>	.00	28S	<input type="text"/> .00

## Tax

29. Taxable income - Subtract Line 28 from Line 27 . . . . .	29Y	<input type="text"/> 0	.00	29S	<input type="text"/> .00
30. Tax (see tax chart on page 26 of the instructions). . . . .	30Y	<input type="text"/> 0	.00	30S	<input type="text"/> .00
31. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s). . . . .	31Y	<input type="text"/>	.00	31S	<input 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 type="text"/> 100	%	32S	<input type="text"/> %
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 . . . . .	33Y	<input type="text"/> 0	.00	33S	<input 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 type="text"/>	.00	34S	<input type="text"/> .00
35. Subtotal - Add Lines 33 and 34 . . . . .	35Y	<input type="text"/> 0	.00	35S	<input type="text"/> .00
36. Total Tax - Add Lines 35Y and 35S. . . . .				36	<input type="text"/> 0 .00

## Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .	37	<input type="text"/> 37	.00
38. 2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022 . . . . .	38	<input 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 type="text"/>	.00
40. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> . . . . .	40	<input type="text"/>	.00
41. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .	41	<input type="text"/>	.00
42. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	42	<input type="text"/>	.00
43. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	43	<input type="text"/>	.00
44. Total payments and credits - Add Lines 37 through 43 . . . . .	44	<input type="text"/> 37	.00



Skip Lines 45 through 47 if you are not filing an amended return.

45. Amount paid on original return. . . . . 45 . 00

46. Overpayment as shown (or adjusted) on original return . . . . . 46 . 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)  
. . . . .

47. Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46.  
Enter on Line 47. . . . . 47 . 00

48. If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference.  
Amount of OVERPAYMENT . . . . . 48 37 . 00

49. Amount of Line 48 to be applied to your 2023 estimated tax . . . . . 49 . 00

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

50a. Children's Trust Fund . 00 50b. Veterans Trust Fund . 00 50c. Elderly Home Delivered Meals Trust Fund . 00 50d. Missouri National Guard Trust Fund . 00

50e. Workers' Memorial Fund . 00 50f. Childhood Lead Testing Fund . 00 50g. Missouri Military Family Relief Fund . 00 50h. General Revenue Fund . 00

50i. Organ Donor Program Fund . 00 50j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00 50k. Soldiers Memorial Military Museum in St. Louis Fund . 00 50l. Missouri Medal of Honor Fund . 00

50m. Additional Fund Code . Additional Fund Amount . 00 50n. Additional Fund Code . Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 50a through 50n and enter here . . . . . 50 . 00

51. Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. . . . . 51 . 00

52. **REFUND** - Subtract Lines 49, 50, and 51 from Line 48 and enter here . . . . . 52 37 . 00

a. Routing Number 081006162 c. ☐ Checking ☒ Savings

b. Account Number 1653521



53. If Line 36 is larger than Line 44 or Line 47, enter the difference.

Amount of UNDERPAYMENT . . . . .

53  . 0054. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . .54  . 00☐ 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 . . . . .

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

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

☐ A ☐ FA ☐ E10 ☐ DE ☐ F 

**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**

Form MO-1040 (Revised 12-2022)

**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/).



**Filing Status**
☒ 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:

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	

**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
 ☒ 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, 1958
 ☐ Are blind
 Spouse:
☐ Was born before January 2, 1958
 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box 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"/>

<b>Income</b>  <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b>  If you did not get a Form W-2, see instructions.	<b>1a</b>	Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b>	11,815.
	<b>b</b>	Household employee wages not reported on Form(s) W-2	<b>1b</b>	
	<b>c</b>	Tip income not reported on line 1a (see instructions)	<b>1c</b>	
	<b>d</b>	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>	
	<b>e</b>	Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>	
	<b>f</b>	Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>	
	<b>g</b>	Wages from Form 8919, line 6	<b>1g</b>	
	<b>h</b>	Other earned income (see instructions)	<b>1h</b>	0.
	<b>i</b>	Nontaxable combat pay election (see instructions)	<b>1i</b>	
	<b>z</b>	Add lines 1a through 1h	<b>1z</b>	11,815.
<b>Attach Sch. B if required.</b>	<b>2a</b>	Tax-exempt interest	<b>2a</b>	
	<b>3a</b>	Qualified dividends	<b>3a</b>	
	<b>4a</b>	IRA distributions	<b>4a</b>	
	<b>5a</b>	Pensions and annuities	<b>5a</b>	
	<b>6a</b>	Social security benefits	<b>6a</b>	
	<b>c</b>	If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 10	<b>8</b>	0.
	<b>9</b>	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>9</b>	11,815.
	<b>10</b>	Adjustments to income from Schedule 1, line 26	<b>10</b>	
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household, \$19,400 • If you checked any box under <b>Standard Deduction</b> , see instructions.	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	<b>11</b>	11,815.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12</b>	12,215.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>	
	<b>14</b>	Add lines 12 and 13	<b>14</b>	12,215.
	<b>15</b>	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	<b>15</b>	0.

<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.
	<b>b</b>	Routing number 081006162 <b>c</b> Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
	<b>d</b>	Account number 1653521		
	<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>	

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b>		
	Designee's name	Phone no.	Personal identification number (PIN)

<b>Sign Here</b>	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		

<b>Paid Preparer Use Only</b>	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