



MISSOURI DEPARTMENT OF REVENUE
FIDUCIARY INCOME TAX RETURN

2012
FORM
MO-1041

**ATTACH COPY OF FEDERAL FORM 1041
AND SUPPORTING SCHEDULES,
INCLUDING SCHEDULE K-1.**

FOR THE CALENDAR YEAR 2012 OR FISCAL YEAR BEGINNING

2012, ENDING , 20

THIS RETURN IS DUE ON APRIL 15, 2013 FOR CALENDAR YEAR RETURNS OR FOR FISCAL YEAR RETURNS IT IS DUE ON OR BEFORE THE FIFTEENTH DAY OF THE FOURTH MONTH AFTER CLOSE OF THE TAXABLE YEAR.

CHECK APPLICABLE BOXES: ☐ ADDRESS, FEIN CHANGE ☐ INITIAL RETURN ☐ FINAL RETURN ☐ AMENDED RETURN

NAME OF ESTATE OR TRUST

FEDERAL I.D. NUMBER

NAME AND TITLE OF FIDUCIARY

IF ESTATE, ENTER
SOCIAL SECURITY
NUMBER OF
DECEDENT

SOCIAL SECURITY NUMBER

ADDRESS OF FIDUCIARY (NUMBER AND STREET)

DOR USE ONLY

CITY, STATE, ZIP CODE

P.M.

CODE

INFORMATION FOR FILING

- A. CHECK IF: ☐ GRANTOR TRUST ☐ ESTATE ☐ BANKRUPTCY ESTATE ☐ SIMPLE TRUST ☐ COMPLEX TRUST
- B. IF TRUST, CHECK: ☐ TESTAMENTARY ☐ INTER VIVOS
- C. CHECK IF ESTATE OR TRUST IS: ☐ RESIDENT ☐ NONRESIDENT
- D. IS THIS AN ELECTING SMALL BUSINESS TRUST (ESBT)? ☐ YES ☐ NO
- E. During this taxable year, was the estate or trust notified of any federal change for any prior years? ☐ Yes ☐ No
If YES, has an amended Missouri return been filed? ☐ Yes ☐ No If an amended return has not been filed, attach explanation.
- F. Did the estate or trust receive federal tax-exempt income? ☐ YES ☐ NO (If "yes", enter the amount of non-Missouri tax-exempt interest income and exempt interest dividends here \$ _____, and on the reverse side, Part 1, Line 4).
- G. Does the estate or trust have any Missouri adjustments from Part 1 on the reverse side? ☐ YES ☐ NO
- H. If the estate or trust has any nonresident beneficiaries, is any income from sources other than Missouri? ☐ YES ☐ NO (or not applicable)
- I. Does Federal Form 1041, Line 22 reflect any taxable income of the estate or trust? ☐ YES ☐ NO
- J. If **no** to **all** four questions, do **not** complete remainder of form. **Do** complete Form MO-NRF, Parts 1, 2, 4, and 6 for nonresident beneficiaries, if a distribution of Missouri source income was made.
- K. If a **nonresident** estate or trust with income from both Missouri and non-Missouri sources — omit Lines 1–12, attach Form MO-NRF, check this box ☐ and skip to Line 13.

INCOME

1. Federal taxable income (from Federal Form 1041, Line 22 but not less than 0)	1	00
2. Federal income tax (from Federal Form 1041, Schedule G, Line 4)	2	00
3. Other federal income tax (from Federal Form 1041, Schedule G, Lines 2a and 5)	3	00
4. Total federal deductions — add Lines 2 and 3.....	4	00
5. Federal tax deduction. Enter amount from Line 4 not to exceed \$5,000	5	00
6. Capital gain exclusion on sale of low income housing; see instructions.	6	00
7. Health care sharing ministry deduction	7	00
8. Estate or trust's share of Missouri fiduciary adjustment — SUBTRACTION (from Part 2, Column 6) ...	8	00
9. Total subtractions — add Lines 5, 6, 7, and 8.....	9	00
10. Estate or trust's share of Missouri fiduciary adjustment — ADDITION (from Part 2, Column 6).....	10	00
11. Balance — Line 1 less Line 9, plus Line 10	11	00
12. Excess federal exemption (if Line 1 is equal to zero and Line 11 is positive, enter the excess amount of the personal exemption not used to reduce the federal taxable income to zero, after all other deductions are subtracted). Exemption is not allowed on final return	12	00
13. Missouri taxable income (Line 11 less Line 12 for Missouri residents or from Form MO-NRF, Part 5, Line 9 for nonresidents)	13	00

TAX

14. MISSOURI INCOME TAX (see tax table on page 7 of instructions)	14	00
15. Credit for income tax paid to another state by resident estate or trust (attach Form MO-CR and copy of other state's return)	15	00
16. BALANCE — subtract Line 15 from Line 14	16	00
17. Other taxes (check the appropriate box) <input type="checkbox"/> Lump sum distribution <input type="checkbox"/> Recapture taxes	17	00
18. TOTAL TAX — add Lines 16 and 17	18	00

CREDITS AND PAYMENTS

19. Credits (attach Form MO-TC)	19	00
20. Payments (see instructions).....	20	00
21. TOTAL CREDITS AND PAYMENTS. Add Lines 19 and 20.....	21	00

REFUND OR TAX DUE

22. OVERPAYMENT — If Line 21 is greater than Line 18, enter amount overpaid REFUND	22	00
23. TAX DUE — If Line 18 is greater than Line 21, enter amount due	23	00
24. Interest	24	00
25. Additions to tax.....	25	00
26. TOTAL DUE — add Lines 23 through 25 (U.S. funds only)..... (PAY THIS AMOUNT) TOTAL DUE	26	00

For Privacy Notice, see the instructions.

NAME OF ESTATE OR TRUST AS SHOWN ON PAGE 1

FEDERAL I.D. NUMBER

PART 1 — MISSOURI FIDUCIARY ADJUSTMENT

Enter Missouri modifications which are related to items of income, gain, loss, and deductions that are determinants of federal distributable net income.

ADDITIONS (attach explanation of each item)

1. State and local income taxes deducted on Federal Form 1041, Line 11	1		00		
2. Less: Kansas City and St. Louis earnings taxes	2		00		
3. Net (subtract Line 2 from Line 1).....				3	00
4. Non-Missouri state and local bond interest	4		00		
5. Less: related expenses (omit if less than \$500).....	5		00		
6. Net (subtract Line 5 from Line 4).....				6	00
7. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list _____)				7	00
8. Food Pantry contributions included on Federal Schedule A				8	00
9. Nonresident Property Tax deducted on Federal Form 1041, Line 11				9	00
10. Total of Lines 3, 6, 7, 8, and 9.....				10	00

SUBTRACTIONS (attach explanation of each item)

11. Interest from exempt federal obligations (attach a detailed list).....	11		00		
12. Less: related expenses (omit if less than \$500).....	12		00		
13. Net (subtract Line 12 from Line 11).....				13	00
14. Amount of any state income tax refund included in federal taxable income				14	00
15. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list _____)				15	00
16. Missouri depreciation adjustment (See Section 143.121, RSMo.).....				16	00
17. Total of Lines 13, 14, 15, and 16.....				17	00
18. Missouri fiduciary adjustment — NET ADDITION — subtract Line 17 from Line 10.....				18	00
19. Missouri fiduciary adjustment — NET SUBTRACTION — subtract Line 10 from Line 17.....				19	00

PART 2 — ALLOCATION OF MISSOURI FIDUCIARY ADJUSTMENT

Complete Part 2 ONLY if Part 1 indicates a Missouri fiduciary adjustment. The adjustment is allocated among all beneficiaries and estate or trust in the same ratio as their relative shares of federal distributable net income.

COMPLETE LIST OF BENEFICIARIES (RESIDENT AND NONRESIDENT)

1. NAME OF EACH BENEFICIARY. ALL BENEFICIARIES MUST BE LISTED. USE ATTACHMENT IF MORE THAN FOUR.	2. CHECK BOX IF BENEFICIARY IS NONRESIDENT	3. SOCIAL SECURITY NUMBER	SHARES OF FEDERAL DISTRIBUTABLE NET INCOME		6. SHARES OF MISSOURI FIDUCIARY ADJUSTMENT	
			4. PERCENT	5. AMOUNT	<input type="checkbox"/> ADDITION	<input type="checkbox"/> SUBTRACTION
a)	<input type="checkbox"/>		%	00		00
b)	<input type="checkbox"/>		%	00		00
c)	<input type="checkbox"/>		%	00		00
d)	<input type="checkbox"/>		%	00		00
Charitable Beneficiaries			%	00		00
Estate or Trust			%	00		00
TOTALS			100%	00		00

COLUMN 4 —	Indicate percentages.
COLUMN 5 —	Total federal distributable net income from Federal Form 1041, Schedule B, Line 7.
COLUMN 6 —	Enter Missouri fiduciary adjustment from Part 1, Line 18 or 19, as the total of Column 6. Multiply each percentage in Column 4 by the total in Column 6. Indicate at top of Column 6 whether the adjustments are additions or subtractions.
COLUMNS 4, 5, AND 6 —	Attach a detailed explanation of the allocation method used if there is no federal distributable net income or if the percentages do not agree with the relative shares indicated on Federal Form 1041, Schedules B and K-1.
COLUMN 6 —	The amount after each name is reported as a modification, either as an addition to or subtraction from federal adjusted gross income. Each beneficiary should add the explanation: "FIDUCIARY ADJUSTMENT — (NAME OF ESTATE OR TRUST)". A copy of this part (or its information) must be provided to each beneficiary. The estate or trust's share of the adjustment is entered on Page 1, Line 8 or Line 10.

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

AUTHORIZATION

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm.

☐ YES ☐ NOPREPARER'S TELEPHONE NUMBER
()**SIGNATURE — PLEASE SIGN BELOW**

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. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any 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 OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY	SIGNATURE OF PREPARER OTHER THAN FIDUCIARY	FEIN OR PTIN
DATE	TELEPHONE NO. ()	ADDRESS
		DATE

MAIL RETURN AND REQUIRED ATTACHMENTS TO: MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 3815, JEFFERSON CITY MO 65105-3815.



MISSOURI DEPARTMENT OF REVENUE
**CREDIT FOR INCOME TAXES PAID TO
OTHER STATES OR POLITICAL SUBDIVISIONS**

2013
FORM
MO-CR

Attachment Sequence No. 1040-03

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

- Attach a copy of all income tax returns for each state or political subdivision.
- Attach Form MO-CR to Form MO-1040.

YOUR NAME		YOUR SOCIAL SECURITY NO.		YOUR SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY NO.	
				YOURSELF		SPOUSE	
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S).....				1	00	1	00
2. Claimant's Missouri income tax (Form MO-1040, Line 25Y and Line 25S)				2	00	2	00
USE TWO LETTER ABBREVIATION FOR STATE OR NAME OF POLITICAL SUBDIVISION. See table on back				STATE OF:		STATE OF:	
3. Wages and commissions				3	00	3	00
4. Other (describe nature)				4	00	4	00
5. Total — Add Lines 3 and 4.....				5	00	5	00
6. Less: related adjustments (from Federal Form 1040A, Line 20, or Federal Form 1040, Line 36).				6	00	6	00
7. Net amounts — Subtract Line 6 from Line 5.				7	00	7	00
8. Percentage of your income taxed — Divide Line 7 by Line 1.				8	%	8	%
9. Maximum credit — Multiply Line 2 by percentage on Line 8.....				9	00	9	00
10. Income tax you paid to another state or political subdivision. This is not tax withheld. The income tax is reduced by all credits, except withholding and estimated tax.....				10	00	10	00
11. Credit — Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 26Y or Line 26S. (If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040				11	00	11	00

For Privacy Notice see instructions

MO-CR (12-2013)



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YOUR NAME		YOUR SOCIAL SECURITY NO.		YOUR SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY NO.	
				YOURSELF		SPOUSE	
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S).....				1	00	1	00
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USE TWO LETTER ABBREVIATION FOR STATE OR NAME OF POLITICAL SUBDIVISION. See table on back				STATE OF:		STATE OF:	
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For Privacy Notice see instructions

MO-CR (Revised 12-2013)