

NACTP

Test 1

This is a single taxpayer with 1 W2.

Forms: 1040EZ, W2 (1)

MO Forms: MO-1040P, MO-PTS, MO-CRP

Taxpayer:

EEEE ZZZZZZ

1040 EZ Way

Jefferson City, MO 65105

County: COLE

Missouri Resident

SSN: 400-00-6101

DOB: 08/19/1988

Filing Status: Single

100% Disabled

Direct Deposit

Plains Credit Union

RTN 123456780

DAN 02135763

Checking Account

TEST 1

W-2 Detail

SSN	Employer Name	Employer ID	Gross Wages	Fed W/H	State W/H	State
400-00-6101	Coco's Coffee	986598560	2,200	400	23	MO

MISSOURI INDIVIDUAL INCOME TAX RETURN AND
PROPERTY TAX CREDIT CLAIM/
PENSION EXEMPTION—SHORT FORM































VENDOR CODE 002

SOCIAL SECURITY NUMBER _____		SPOUSE'S SOCIAL SECURITY NUMBER _____	
NAME (LAST) (FIRST) M.I. JR, SR		<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> DECEASED IN 2012 </div>	
SPOUSE'S (LAST) (FIRST) M.I. JR, SR			
IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REP., ETC.)			
PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE)			APT. NUMBER
CITY, TOWN, OR POST OFFICE		STATE	ZIP CODE
PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2012. AGE 62 THROUGH 64 <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE AGE 65 OR OLDER <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE BLIND <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE 100% DISABLED <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE NON-OBLIGATED SPOUSE <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE			
You may contribute to any one or all of the trust funds that are listed to the right. Place the total amount contributed on Line 24. See the instructions for a list of Trust Fund Codes.			
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> Children's Trust Fund </div> <div style="text-align: center;"> Veterans Trust Fund </div> <div style="text-align: center;"> Elderly Home Delivered Meals Trust Fund </div> <div style="text-align: center;"> Missouri National Guard Trust Fund </div> <div style="text-align: center;"> Workers' Memorial Fund </div> <div style="text-align: center;"> Childhood Lead Testing Fund </div> <div style="text-align: center;"> Missouri Military Family Relief Fund </div> <div style="text-align: center;"> General Revenue Fund </div> <div style="text-align: center;"> After School Retreat Fund </div> <div style="text-align: center;"> DONATE LIFE Missouri Organ Donor Program Fund </div> </div>			

INCOME	1. Federal Adjusted Gross Income from your 2012 federal return (See worksheet on page 8.)		Yourself		Spouse	
	1y		00	1s		00
	2y	-	00	2s	-	00
	3y	=	00	3s	=	00
	4. TOTAL MISSOURI ADJUSTED GROSS INCOME — Add both numbers on Line 3 and enter here.		4			00
DEDUCTIONS AND TAXABLE INCOME	5. Income percentages — Divide Line 3 by Line 4 for both you and your spouse. (The total of the two must equal 100%. Round to the nearest whole number.)		5y	%	5s	%
	6. Mark your filing status box below and enter the appropriate exemption amount on Line 6.					
	<input type="checkbox"/> A. Single — \$2,100 (See Box B before checking.) <input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200 <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00 <input type="checkbox"/> F. Head of household — \$3,500 <input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200 <input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500 <input type="checkbox"/> D. Married filing separate — \$2,100		6			00
	7. Tax from federal return (Do not enter amount from your Forms W-2 — NOT federal tax withheld.)		7	+		
	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; text-align: center; margin-right: 10px;">00</div> <div style="font-size: 24px; margin: 0 10px;">➔</div> <div> Single—maximum of \$5,000; Married filing combined—maximum of \$10,000 </div> </div>		7	+		
	8. Missouri Standard or Itemized Deduction					
	<div style="display: flex;"> <div style="flex: 1;"> <u>Taxpayers Under Age 65</u> Single \$5,950 Married Filing Combined \$11,900 Married Filing Separate \$5,950 Head of Household \$8,700 Qualifying Widow(er) \$11,900 </div> <div style="flex: 1;"> <u>Taxpayers Age 65 or Older</u> Single \$7,400 Married Filing Combined and YOU are Age 65 or Older \$3,050 Married Filing Combined and You and Your Spouse are BOTH Age 65 or Older \$14,200 Married Filing Separate \$7,100 Head of Household \$10,150 Qualifying Widow(er) \$13,050 </div> </div>					
	If blind or claimed as a dependent, see your federal return or page 6 and 7 of the instructions. If itemizing, see page 18 or 22 of the Form MO-1040P.		8	+		
	9. Number of dependents from Federal Form 1040 or 1040A, Line 6c (DO NOT INCLUDE YOURSELF OR SPOUSE.)		9	+		
	10. Pension exemption (Complete worksheet on page 17 or 21 of Form MO-1040P.) Attach worksheet on page 17 or 21, a copy of federal return, Forms W-2P, and 1099-R.		10	+		
11. Long-term care insurance deduction		11	+			
12. TOTAL DEDUCTIONS — Add Lines 6 through 11.		12	=			
13. Missouri Taxable Income — Subtract Line 12 (Total Deductions) from Line 4 (Total Missouri Income) and enter here.		13				

See Page 6,
Line 7.If 65 or older
or blind the
appropriate
boxes must
be checked
above.Do not
include
yourself
or your
spouse.

FORM MO-1040P

TAXES	14. Total Missouri taxable income amount from Line 13.		14			00																								
	15. Multiply Line 14 by the percentages you determined on Line 5. Do this for you and your spouse.		Yourself		Spouse																									
			15y			00																								
			16y			00																								
16. Use the tax table on page 18 or 22 of Form MO-1040P to figure the tax on amounts from Line 15 for you and your spouse.		16s			00																									
17. TOTAL TAXES — Add your tax and your spouse's tax from Line 16.....		17			00																									
PAYMENTS/CREDITS	18. Missouri withholding for you and your spouse from your Forms W-2 and 1099. Attach copies of Forms W-2 and 1099.		18			00																								
	19. Any Missouri estimated tax payments for 2012 (Be sure to include any amount of your 2011 overpayment credited to your 2012 Missouri tax return.)		19			00																								
	20. PROPERTY TAX CREDIT — Enter amount from Form MO-PTS, Line 14. Attach Form MO-PTS.		20			00																								
	21. TOTAL PAYMENTS AND CREDITS Add Lines 18, 19, and 20 and enter amount here.		21			00																								
REFUND	22. If amount of TOTAL PAYMENTS AND CREDITS (Line 21) is larger than amount of TOTAL TAXES (Line 17), enter the difference here. You have overpaid . If not, enter the amount on Line 26.		22			00																								
	23. Enter the amount from Line 22 you want applied to your 2013 estimated tax		23			00																								
	24. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> Children's Trust Fund</td> <td style="text-align: center;"> Veterans Trust Fund</td> <td style="text-align: center;"> Elderly Home Delivered Meals Trust Fund</td> <td style="text-align: center;"> Missouri National Guard Trust Fund</td> <td style="text-align: center;"> Workers' Memorial Fund</td> <td style="text-align: center;"> Childhood Lead Testing Fund</td> <td style="text-align: center;"> Missouri Military Family Relief</td> <td style="text-align: center;"> General Revenue Fund</td> <td style="text-align: center;"> After School Retreat Fund</td> <td style="text-align: center;"> Organ Donor Program Fund</td> <td style="text-align: center;">Additional Fund Code (See Instr.)</td> <td style="text-align: center;">Additional Fund Code (See Instr.)</td> </tr> <tr> <td>24.</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> </tr> </table>				 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	 General Revenue Fund	 After School Retreat Fund	 Organ Donor Program Fund	Additional Fund Code (See Instr.)	Additional Fund Code (See Instr.)	24.	00	00	00	00	00	00	00	00	00	00	00
	 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	 General Revenue Fund	 After School Retreat Fund	 Organ Donor Program Fund	Additional Fund Code (See Instr.)	Additional Fund Code (See Instr.)																		
24.	00	00	00	00	00	00	00	00	00	00	00																			
25. REFUND - Subtract Lines 23 and 24 from Line 22 and enter here. This is your refund. Sign below and mail to: Department of Revenue, P.O. Box 2800, Jefferson City, MO 65105-2800. Check the box if you want the convenience of a debit card. See instructions for Line 25. <input type="checkbox"/> Debit Card		25			00																									
AMOUNT DUE	26. AMOUNT DUE - If Line 21 is less than Line 17, enter the difference here. You have an amount due. Sign below and mail to: Department of Revenue, P.O. Box 3395, Jefferson City, MO 65105-3395. See instructions for Line 26.		26			00																								
	<p>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.</p>																													
SIGNATURE	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 or 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.																													
	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. <input type="checkbox"/> YES <input type="checkbox"/> NO		E-MAIL ADDRESS		PREPARER'S PHONE NUMBER																									
	SIGNATURE		DATE (MMDDYYYY)		PREPARER'S SIGNATURE																									
	SPOUSE'S SIGNATURE (if filing combined BOTH must sign)		DAYTIME TELEPHONE		PREPARER'S ADDRESS AND ZIP CODE																									
				FEIN, SSN, OR PTIN																										
				DATE (MMDDYYYY)																										



DRAFT

MISSOURI DEPARTMENT OF REVENUE PROPERTY TAX CREDIT

2012
FORM
MO-PTS

Attachment Sequence No. 1040-07 and 1040P-01

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.

NAME	LAST NAME	FIRST NAME	INITIAL	BIRTHDATE (MM/DD/YYYY)	SOCIAL SECURITY NO.
	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div>				
QUALIFICATIONS	SPOUSE'S LAST NAME	FIRST NAME	INITIAL	BIRTHDATE (MM/DD/YYYY)	SPOUSE'S SOCIAL SECURITY NO.
	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div>				

You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc., must be included with claim.

- | | |
|---|--|
| <input type="checkbox"/> A. 65 years of age or older (Attach a copy of Form SSA-1099.) | <input type="checkbox"/> C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.) |
| <input type="checkbox"/> B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) | <input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.) |

FILING STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Married — Filing Combined	<input type="checkbox"/> Married — Living Separate for Entire Year	If married filing combined, you must report both incomes.
----------------------	---------------------------------	--	--	--

Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), Forms 1099, W-2, etc.) will result in denial or delay of your claim.

1. Enter the amount of income from Form MO-1040, Line 6, or Form MO-1040P, Line 4.	1		00
2. Enter the amount of nontaxable social security benefits received by you, your spouse, and your minor children before any deductions and the amount of social security equivalent railroad retirement benefits. Attach a copy of Form SSA-1099 and RRB-1099.	2		00
3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 7 (if filing Form MO-1040). Attach Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc.	3		00
4. Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. Attach Form RRB-1099-R (Tier II). If filing Form MO-1040, refer to Form MO-A, Part 1, Line 9.	4		00
5. Enter the amount of veterans payments or benefits before any deductions. Attach letter from Veterans Affairs.	5		00
6. Enter the total amount received by you, your spouse, and your minor children from: public assistance, SSI, child support, or Temporary Assistance payments (TA and TANF). Attach a copy of Forms SSA-1099, a letter from the Social Security Administration and Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable.	6		00
7. Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13.)	7		00
8. TOTAL household income — Add Lines 1 through 7. Enter total here.	8		00
9. Mark the box that applies and enter the appropriate amount. <input type="checkbox"/> a. Enter \$0 if filing status is Single or Married Living Separate; If married and filing combined; <input type="checkbox"/> b. Enter \$2,000 if you rented or did not own your home for the entire year; <input type="checkbox"/> c. Enter \$4,000 if you owned and occupied your home for the entire year;	9	-	00
10. Net household income — Subtract Line 9 from Line 8 and enter the amount; mark the box that applies. <input type="checkbox"/> a. If you rented or did not own and occupy your home for the entire year , Line 10 cannot exceed \$27,500. If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. <input type="checkbox"/> b. If you owned and occupied your home for the entire year , Line 10 cannot exceed \$30,000. If the total is greater than \$30,000, STOP - no credit is allowed. Do not file this claim.	10		00
11. If you owned your home, enter the total amount of property tax paid for your home, less special assessments, or \$1,100, whichever is less. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 948, Assessor's Certification.	11		00
12. If you rented, enter the total amount from Form(s) MO-CRP, Line 9, or \$750, whichever is less. Attach rent receipts or a signed statement from your landlord. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.	12		00
13. Enter the total of Lines 11 and 12, or \$1,100, whichever is less.	13		00
14. Apply Lines 10 and 13 to the chart in the instructions for MO-1040, pages 41-43 or MO-1040P, pages 29-31 to figure your Property Tax Credit. You must use the chart to see how much credit you are allowed. Note: Renters - maximum allowed is \$750. Owners - maximum allowed is \$1,100. Enter this amount on Form MO-1040, Line 38 OR Form MO-1040P, Line 20.	14		00

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2012

2012
FORM
MO-CRP

**FAILURE TO PROVIDE LANDLORD
INFORMATION WILL RESULT IN
DENIAL OR DELAY OF YOUR CLAIM.**

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. NAME		3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)			
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED)		APT. NUMBER	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)		APT. NUMBER
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) () - - - - -	
5. RENTAL PERIOD DURING YEAR		FROM: MONTH DAY YEAR	TO: MONTH DAY YEAR		
		2012		2012	
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.					6 00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your rent with relatives or friends (OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18), check the appropriate box and enter percentage. Additional persons sharing rent/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%)					7 %
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.					8 00
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.					9 00

For Privacy Notice, see instructions.

MO 860-1089 (12-2012)



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2012

2012
FORM
MO-CRP

**FAILURE TO PROVIDE LANDLORD
INFORMATION WILL RESULT IN
DENIAL OR DELAY OF YOUR CLAIM.**

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. NAME		3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)			
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED)		APT. NUMBER	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)		APT. NUMBER
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) () - - - - -	
5. RENTAL PERIOD DURING YEAR		FROM: MONTH DAY YEAR	TO: MONTH DAY YEAR		
		2012		2012	
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.					6 00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your rent with relatives or friends (OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18), check the appropriate box and enter percentage. Additional persons sharing rent/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%)					7 %
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.					8 00
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.					9 00

For Privacy Notice, see instructions.

MO 860-1089 (12-2012)