

TAX	Yourself		Spouse	
23. Taxable income amount from Lines 22Y and 22S	23Y	00	23S	00
24. TAX on Line 23 (See tax table on the back of Form MO-A.)	24Y	00	24S	00
25. Resident credit (Attach Form MO-CR and other income tax return.) OR	25Y	00	25S	00
26. MO income percentage (Attach Form MO-NRI & copy of federal return.) Check correct box if you or your spouse is a professional entertainer or a member of professional athletic team. (Enter 100% unless you are attaching Form MO-NRI.) <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	26Y	%	26S	%
27. Balance (Resident — subtract Line 25 from Line 24 OR Missouri income percentage — multiply Line 24 by percentage on Line 26.)	27Y	00	27S	00
28. Other taxes (Check 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)	28Y	00	28S	00
29. SUBTOTAL — Add Lines 27 and 28.	29Y	00	29S	00
30. TOTAL TAX — Add Lines 29Y and 29S.	30			00

PAYMENTS / CREDITS	31. MISSOURI tax withheld — Attach Form W-2(s) and/or Form 1099(s).	31	00
	32. 2004 Missouri estimated tax payments (include overpayment from 2003 applied to 2004)	32	00
	33. Missouri tax withheld for nonresident partners or S corporation shareholders. Attach Form MO-2NR.	33	00
	34. Missouri tax withheld for nonresident entertainers — Attach Form MO-2ENT.	34	00
	35. Amount paid with Missouri extension of time to file (Form MO-60)	35	00
	36. Miscellaneous tax credits (from Form MO-TC, Line 13) Attach Form MO-TC.	36	00
	37. Property tax credit — Attach Form MO-PTS.	37	00
	38. Total payments and credits — Add Lines 31 through 37.	38	00

AMENDED RETURN	Skip Lines 39–41 if you are not filing an amended return.														
	39. Amount paid on original return	39	00												
	40. Overpayment as shown (or adjusted) on original return	40	00												
	INDICATE REASON(S) FOR AMENDING. <input type="checkbox"/> A. Federal audit Enter date of IRS report. <input type="checkbox"/> B. Net operating loss carryback Enter year of loss. <input type="checkbox"/> C. Investment tax credit carryback Enter year of credit. <input type="checkbox"/> D. Correction other than A, B, or C Enter date of federal amended return, if filed.	<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M	D	D	Y	Y					
M	M	D	D	Y	Y										
41. Amended Return — total payments and credits. Add Line 39 to Line 38 or subtract Line 40 from Line 38.	41	00													

REFUND OR AMOUNT DUE	42. If Line 38, or if amended return, Line 41, is larger than Line 30, enter difference (amount of OVERPAYMENT) here.	42	00
	43. Amount of Line 42 to be applied to your 2005 estimated tax	43	00
	44. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes.	44	00
	45. Overpayment to be refunded to you. Subtract Lines 43 and 44 from Line 42 and enter here. Sign below and mail return to: DEPARTMENT OF REVENUE, PO BOX 500, JEFFERSON CITY, MO 65106-0500. (*2-D BARCODE ONLY—DOR, PO BOX 3222, JEFFERSON CITY, MO 65105-3222) REFUND	45	00
	46. If Line 30 is larger than Line 38 or Line 41, enter the difference (amount of UNDERPAYMENT) here.	46	00
47. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here.	47	00	
48. Total amount due — Add Lines 46 and 47 and enter here. Sign below and mail return and payment to: DEPARTMENT OF REVENUE, PO BOX 329, JEFFERSON CITY, MO 65107-0329. (*2-D BARCODE ONLY—DOR, PO BOX 3370, JEFFERSON CITY, MO 65105-3370). Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only). Make payable to Missouri Director of Revenue. AMOUNT YOU OWE	48	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. 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 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

PAID PREPARER'S TELEPHONE: **DOR ONLY** **S** **E** **U** **P** **F**

SIGNATURE: **X** DATE: PAID PREPARER'S SIGNATURE: FEIN, SSN, OR PTIN:

SPOUSE'S SIGNATURE (If filing combined, BOTH must sign): DAYTIME TELEPHONE: PAID PREPARER'S ADDRESS AND ZIP CODE: DATE: