

Missouri General Information

County of residence name _____ [1]
 County of residence _____ [2]

Contributions

Amount of contributions you wish to make to:

Children's Trust Fund _____ [3]
 Veterans Trust Fund _____ [4]
 Elderly Home Delivered Meals Trust Fund _____ [5]
 Missouri National Guard Trust Fund _____ [6]
 Workers' Memorial Trust Fund _____ [7]
 Childhood Lead Testing Trust Fund _____ [8]
 Missouri Military Family Relief Trust Fund _____ [9]
 General Revenue Trust Fund _____ [10]
 Organ Donor Program Trust Fund _____ [11]
 Trust Fund _____ [12] _____ [13]
 Trust Fund _____ [14] _____ [15]

Trust Fund Codes

01 = American Cancer Society	08 = March of Dimes	15 = American Red Cross Trust Fund
02 = American Diabetes Association	09 = National Arthritis Foundation	16 = Developmental Disabilities Waiting List Fund
03 = American Heart Association	10 = National Multiple Sclerosis Society	17 = Puppy Projection Trust Fund
04 = American Lung Association	12 = Cervical Cancer Fund	18 = Pediatric Cancer Trust
05 = ALS (Lou Gehrig's Disease)	13 = Breast Cancer Awareness	19 = Missouri National Guard Foundation Fund
07 = Muscular Dystrophy Association	14 = Adoptive Parent's Recruitment and Retention	

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Missouri

	Taxpayer	Spouse
Missouri residency dates:		
From _____ [16]		_____ [17]
To _____ [18]		_____ [19]
Other state residency dates:		
From _____ [20]		_____ [21]
To _____ [22]		_____ [23]
Other state of residency _____ [24]		_____ [25]

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:

Taxpayer _____ [26]
 Spouse _____ [27]

Property Tax Information

Residents only

Mark if you are a 100% disabled veteran _____ [28]
 Mark if you are disabled per section 135.010(2), RSMo _____ [29]
 Mark if surviving spouse social security benefits were received during the tax year _____ [30]

NOTES/QUESTIONS: