

## 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]
Kansas City Regional Law Enforcement Memorial Foundation Trust Fund		_____ [12]
Soldiers Memorial Military Museum in St. Louis Trust Fund		_____ [13]
Metal of Honor Fund		_____ [14]
Additional Fund	_____ [15]	_____ [16]
Additional Fund	_____ [17]	_____ [18]

### Trust Fund Codes

<b>01 = American Cancer Society</b> <b>02 = American Diabetes Association</b> <b>03 = American Heart Association</b> <b>05 = ALS (Lou Gehrig's Disease)</b>	<b>07 = Muscular Dystrophy Association</b> <b>08 = March of Dimes</b> <b>09 = National Arthritis Foundation</b> <b>10 = National Multiple Sclerosis Society</b>
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## 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	_____ [19]	_____ [20]
To	_____ [21]	_____ [22]
Other state residency dates:		
From	_____ [23]	_____ [24]
To	_____ [25]	_____ [26]
Other state of residency	_____ [27]	_____ [28]

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

Taxpayer	_____ [29]
Spouse	_____ [30]

## Property Tax Information

**Residents only**

Mark if you are a 100% disabled veteran	_____ [31]
Mark if you are disabled per section 135.010(2), RSMo	_____ [32]
Mark if surviving spouse social security benefits were received during the tax year	_____ [33]

**NOTES/QUESTIONS:**