

General Information:

		Tax	Taxpayer		Spouse	
		Yes	No	Yes	No	
Do you qualify as disabled?		📖				
Do you or your spouse qualify as a 100 percent disabled veteran?			Yes	No		
Are you 60 years of age or older and did you receive surviving spouse so	cial security benefits	s?	Yes	No		
Did you make contributions to a health care sharing ministry?			Yes	No		
esidency Information:	Тахра	-			Spoι	
If you did not live in Missouri for all of 2023:	From (Mo/Da/Yr)	To (Mo/Da/	Yr)	From (Mo/Da/		To (Mo/Da/Yr)
Enter the dates you did live in Missouri	<u>, </u>	.		. ·		
Enter the dates you lived in the other state						

Did you or your spouse make any contributions to a Missouri Savings for Tuition Program (MOST) account?

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed

Yes

No

Voluntary Contributions:

Enter the amount you wish to contribute on your 2023 tax return to:

Children's Trust Fund	Pediatric Cancer Research Trust Fund	
Veteran's Trust Fund	American Heart Association Fund	
Elderly Home Delivered Meals Trust Fund	Soldiers Memorial Military	
Missouri National Guard Trust Fund	Museum in St. Louis Fund	
Workers' Memorial Fund	Amyotrophic Lateral Sclerosis (ALS)	
Childhood Lead Testing Fund	Fund	
American Cancer Society Heartland	Arthritis Foundation Fund	
Division Inc., Fund	March of Dimes Fund	
American Diabetes Association	Muscular Dystrophy Association Fund	
Gateway Area	National Multiple Sclerosis Society Fund	
Kansas City Regional Law Enforcement	Missouri Military Family Relief Fund	
Memorial Foundation Fund	General Revenue Fund	
Foster Care and Adoptive Recruitment and	Donate Life Organ Donor Program Fund	
Retention Fund	Missouri Medal of Honor Recipients Fund	



Property Tax Information:

County or city where you paid real estate tax	
Enter the amounts you paid on your homestead to:	
Rental payments	
County real estate tax	
City real estate tax	
School tax	
Percent of real estate tax applicable to homestead	
Total number of acres	
If the homestead is used for business or rental purposes enter:	
Total number of rooms	
Number of rooms used for business or rental	
Did you own or occupy your home for the entire year	Yes No
Enter Any Additional Missouri Information:	