

Refund (continued)

18. Enter the amount of your donation in the trust fund boxes below (see instructions for trust fund codes.)

| | | | | | | | | | | | |
|---|----------------------|------------------------|----------------------|-----------------------------|---------------------------|----------------------|------------------------|--|----------------------|----------------------|-----|
| 18a. Children's Trust Fund | <input type="text"/> | <input type="text"/> | .00 | 18b. Veterans Trust Fund | <input type="text"/> | <input type="text"/> | .00 | 18c. Elderly Home Delivered Meals Trust Fund | <input type="text"/> | <input type="text"/> | .00 |
| 18d. Missouri National Guard Trust Fund | <input type="text"/> | <input type="text"/> | .00 | 18e. Workers' Memorial Fund | <input type="text"/> | <input type="text"/> | .00 | 18f. Childhood Lead Testing Fund | <input type="text"/> | <input type="text"/> | .00 |
| 18g. Missouri Military Family Relief Fund | <input type="text"/> | <input type="text"/> | .00 | 18h. General Revenue Fund | <input type="text"/> | <input type="text"/> | .00 | 18i. Organ Donor Program Fund | <input type="text"/> | <input type="text"/> | .00 |
| 18j. Additional Fund Code | <input type="text"/> | Additional Fund Amount | <input type="text"/> | .00 | 18k. Additional Fund Code | <input type="text"/> | Additional Fund Amount | <input type="text"/> | .00 | | |

Total Donation - Add amounts from Boxes 18a through 18k and enter here. 18 .00

19. Amount from Line 16 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from Line E of Form 5632 19 .00

20. REFUND - Subtract Lines 17, 18, and 19 from Line 16 and enter here. 20 .00

Reserved

Amount Due

21. **AMOUNT DUE** - If Line 15 is less than Line 12, enter the difference here 21 .00

If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

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.

Signature

| | | | | | | | |
|-----------|----------------------|--|--|-----------------|----------------------|----------------------|----------------------|
| Signature | <input type="text"/> | | | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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|---|----------------------|--|--|-----------------|----------------------|----------------------|----------------------|
| Spouse's Signature (If filing combined, BOTH must sign) | <input type="text"/> | | | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|---|----------------------|--|--|-----------------|----------------------|----------------------|----------------------|

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|----------------|----------------------|--|-------------------|----------------------|----------------------|----------------------|
| E-mail Address | <input type="text"/> | | Daytime Telephone | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------|----------------------|--|-------------------|----------------------|----------------------|----------------------|

| | | | | | | | |
|----------------------|----------------------|--|--|-----------------|----------------------|----------------------|----------------------|
| Preparer's Signature | <input type="text"/> | | | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|--|--|-----------------|----------------------|----------------------|----------------------|

| | | | | | | |
|-------------------------------|----------------------|--|----------------------|----------------------|----------------------|----------------------|
| Preparer's FEIN, SSN, or PTIN | <input type="text"/> | | Preparer's Telephone | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|-------------------------------|----------------------|--|----------------------|----------------------|----------------------|----------------------|

| | | | | | | | |
|--------------------|----------------------|--|--|-------|----------------------|----------|----------------------|
| Preparer's Address | <input type="text"/> | | | State | <input type="text"/> | ZIP Code | <input type="text"/> |
|--------------------|----------------------|--|--|-------|----------------------|----------|----------------------|

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

Department Use Only

| | | | | | | |
|----------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------|----------------------|----------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> FA | <input type="checkbox"/> E10 | <input type="checkbox"/> DE | <input type="checkbox"/> F | <input type="text"/> | <input type="text"/> |
|----------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------|----------------------|----------------------|



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