

Refund (continued)

15i. Organ Donor Program Fund  .  00      Kansas City Regional Law Enforcement Memorial Foundation Fund  .  00      15j.      Soldiers Memorial Military Museum in St. Louis Fund  .  00      15k.

15l. Additional Fund Code  Additional Fund Amount  .  00      15m. Additional Fund Code  Additional Fund Amount  .  00

Total Donation - Add amounts from Boxes 15a through 15m and enter here ..... 15  .  00

16. Amount from Line 13 to be deposited into a Missouri 529 Education Savings Plan (MOST) account. Enter amount from Line E of Form 5632 ..... 16  .  00

17. **REFUND** - Subtract Lines 14, 15, and 16 from Line 13 and enter here. .... 17  .  00

# Reserved

Amount Due

18. **AMOUNT DUE** - If Line 12 is less than Line 9, enter the difference here ..... 18  .  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. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.561, RSMo](#). Declaration of preparer (other than taxpayer) is based on all information of which he or she has 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	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
E-mail Address	Daytime Telephone
<input type="text"/>	<input type="text"/>
Preparer's Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone
<input type="text"/>	<input type="text"/>
Preparer's Address	State      ZIP Code
<input type="text"/>	<input type="text"/> <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**

A       FA       E10       DE       F       .

