Refund (continued)

16i. Organ Donor Program Fund . 00

16j. Kansas City Regional Law Enforcement Memorial Foundation Fund 00

16k. Soldiers Memorial Military Museum in St. Louis Fund 00

16l. Medal of Honor 00

16m. Additional Fund Code Additional Fund Amount . 00

16n. Additional Fund Code Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 16a through 16n and enter here . . . . . 16 . 00

17. Amount from Line 14 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter amount from Line E of **Form 5632**. . . . . 17 . 00

18. **REFUND** - Subtract Lines 15, 16, and 17 from Line 14 and enter here. . . . . 18 . 00

Reserved

Amount Due

19. **AMOUNT DUE** - If Line 13 is less than Line 10, enter the difference here . . . . . 19 . 00

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

Signature

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 | Date (MM/DD/YY)

Spouse's Signature (If filing combined, BOTH must sign) | Date (MM/DD/YY)

E-mail Address | Daytime Telephone

Preparer's Signature | Date (MM/DD/YY)

Preparer's FEIN, SSN, or PTIN | Preparer's Telephone

Preparer's Address | State | ZIP Code

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

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. . . . . ☐ Yes ☐ No

Department Use Only

☐ A ☐ FA ☐ E10 ☐ DE ☐ F .

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