

16i. Organ Donor Program Fund	<input type="text"/> . <input type="text"/> 00	16j. Kansas City Regional Law Enforcement Memorial Foundation Fund	<input type="text"/> . <input type="text"/> 00	16k. Soldiers Memorial Military Museum in St. Louis Fund	<input type="text"/> . <input type="text"/> 00	16l. Medal of Honor	<input type="text"/> . <input type="text"/> 00
16m. Additional Fund Code	<input type="text"/> Additional Fund Amount	<input type="text"/> . <input type="text"/> 00	16n. Additional Fund Code	<input type="text"/> Additional Fund Amount	<input type="text"/> . <input type="text"/> 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.

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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