MISSOURI DEPARTMENT OF REVENUE TAXATION DIVISION P O BOX 2200 JEFFERSON CITY, MO 65105-2200

Phone: (573) 751-3505 Fax: (573) 751-2195 E-mail: Income@dor.mo.gov

NOTICE OF PROPOSED CHANGES (FORM 4945)

Primary SSN: XXX-XX-XXXX Secondary SSN: XXX-XX-XXXX

Tax Year: 2013

Notice Date: MARCH 20, 2014 Notice Number: XXX-XXXX Respond By: APRIL 19, 2014

Please check this box if your address has changed

Print the corrections below:

Thank you for filing your 2013 Missouri Individual Income Tax Return. After reviewing your return, we determined adjustments are needed. These adjustments often occur because of a simple mistake or the absence of documentation necessary to support the return. Please review the proposed changes on page 2, and the detailed Explanation of Proposed Changes on page 3. A check for the proposed refund amount has been issued, unless the refund amount was adjusted to less than \$1.00.

If you agree with our proposed changes, no further action is required. Please file this letter with your tax records for future reference.

If you disagree with the proposed changes, you may file a written protest pursuant to Section 143.841,RSMo, within sixty (60) days from the date of this notice. Please send copies of any information you want considered along with copies of the following documents:

Detailed list of the medical and dental premiums included in itemized deductions

The Department must have written authorization, such as a Missouri Power of Attorney, Form 2827 (available at www.dor.mo.gov), to discuss specific information about your tax account with anyone besides you or if applicable your spouse.

CORR

Address

City, State and Zip

Please mail or fax all information to the address provided above. You may also contact the Department by telephone or e-mail (see above). If you do not reply by the date noted, we will conclude the proposed changes are correct.

(DT1528)

DETACH AND RETURN THIS PORTION OF THIS NOTICE WITH ANY CORRESPONDENCE



MISSOURI DEPARTMENT OF REVENUE TAXATION DIVISION P O BOX 2200 JEFFERSON CITY, MO 65105-2200

Proposed Changes (FORM 4945)

LAST, FIRST M LAST, FIRST M STREET ADDRESS MARYLAND HTS MO 63043

XXX-XX-XXXX XXX-XX-XXXX

04/19/2014

MO 860-2365

(DT1528) (06/12)

LAST, FIRST M LAST, FIRST M

PRIMARY SSN: XXX-XX-XXXX SECONDARY SSN: XXX-XX-XXXX

PAGE 2

TAX YEAR: 2013

NOTICE NUMBER: XXXXXXXXX

PROPOSED CHANGES

Compare this information to your return.

	Line #				
INCOME	1.	Federal Adjusted Gross Income		184,995.00	116,686.00
	2.	Total Additions		0.00	0.00
	3.	Total Income		184,995.00	116,686.00
	4.	Total Subtractions		3,576.00	3,575.00
	5.	MO Adjusted Gross Income		181,419.00	113,111.00
	7.	Income Percentages		62.000	38.000
	8.	Pension Exemption		0.00	
	9.	Exemption Amount		4,200.00	
	10.	Tax from Federal Return	48,139.00	·	
	11.	Other Federal Tax	7,354.00		
묘	12.	Total Federal Tax	55,493.00		
DEDUCTIONS	13.	Federal Tax Deduction		10,000.00	
ဌ	14.	MO Standard/Itemized Deduction		24,087.00	
Q	15.	Dependent Deduction		0.00	
5	16.	Dependent 65 and Over Deduction		0.00	
	17.	Long-Term Care Insurance Deduction		4,432.00	
	18A.	Healthcare Sharing Ministry Deduction		0.00	
	B.	New Jobs Deduction		0.00	
	19.	Total Deductions		42,719.00	
	21.	Taxable Income		156,123.00	95,688.00
	22.	EZC Income Modification		0.00	0.00
	23.	Total Taxable Income		156,123.00	95,688.00
I	25.	Tax		9,142.00	5,516.00
TAXE	26.	Resident Credit		847.00	0.00
S	27.	MO Income Percentage		100.000	100.000
	28.	Balance		8,295.00	5,516.00
	29.	Tax On Lump Sum Distribution/Recapture Credit		0.00	0.00
	31.	Total Tax		13,811.00	
	32.	MO Tax Withheld on W-2		6,290.00	
≚	33.	MO Estimated Tax Payments		12,500.00	
PYMNTS/CRDTS	34.	Nonresident Withholding		0.00	
	36.	Amount Paid on Form MO-60		0.00	
	37.	Misc Tax Credits		0.00	
	38.	Property Tax Credit		0.00	
	39.	Total Payments and Credits		18,790.00	

	40			
REFUND / AMOUNT DUE	43.	Overpayment Amount		4,979.00
		Amount Previously Paid		
		Amount Previously Refunded and/or Transferred to Estimated Tax		
		Total Overpayment Amount		4,979.00
		Interest	_	
		Additions to Tax	_	
		Penalty/Fee	_	
	44.	Amount Credited to Estimated Tax	_	
	45.	Amount Credited to Trust Fund(s)	_	
	46.	Refund Amount	=	4,979.00
		Interest Payable on Refund	+	
		Amount Offset Against Other Debt(s)	_	
		Amount to be Refunded to You		4,979.00

MO 860-2368 (DT15X2) (12/11)

LAST, FIRST M LAST, FIRST M

PRIMARY SSN: XXX-XX-XXXX SECONDARY SSN: XXX-XX-XXXX PAGE 3

TAX YEAR: 2013

NOTICE NUMBER: XXXXXXXXX

EXPLANATION OF PROPOSED CHANGES

The amount claimed as Qualified Health Insurance Premiums will be changed to: yourself \$0.00 spouse \$0.00. Send a detailed list **INCOME**

of medical and dental premiums included in itemized deductions.

REFUND / AMOUNT DUE The amount claimed as overpaid will be changed.

MO 860-2368 (DT15C3) (01/02)