



LAST, FIRST M  
 LAST, FIRST M  
 PRIMARY SSN: XXX-XX-XXXX  
 SECONDARY SSN: XXX-XX-XXXX

PAGE 2  
 TAX YEAR: 2013  
 NOTICE NUMBER: XXXXXXXXXX

### PROPOSED CHANGES

Compare this information to your return.

	Line #				
<b>INCOME</b>	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.	<b>MO Adjusted Gross Income</b>	181,419.00	113,111.00	
	7.	Income Percentages	62.000	38.000	
	<b>DEDUCTIONS</b>	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		
12.		Total Federal Tax	55,493.00		
13.		Federal Tax Deduction	10,000.00		
14.		MO Standard/Itemized Deduction	24,087.00		
15.		Dependent Deduction	0.00		
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.	<b>Total Deductions</b>	42,719.00			
<b>TAXES</b>	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	
	25.	Tax	9,142.00	5,516.00	
	26.	Resident Credit	847.00	0.00	
	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.	<b>Total Tax</b>	13,811.00		
<b>PYMNTS/CRDTS</b>	32.	MO Tax Withheld on W-2	6,290.00		
	33.	MO Estimated Tax Payments	12,500.00		
	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.	<b>Total Payments and Credits</b>	18,790.00		
<b>REFUND / AMOUNT DUE</b>	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)	-		
		<b>Amount to be Refunded to You</b>	= 4,979.00		

**LAST, FIRST M**  
**LAST, FIRST M**  
PRIMARY SSN: XXX-XX-XXXX  
SECONDARY SSN: XXX-XX-XXXX

PAGE 3  
TAX YEAR: 2013  
NOTICE NUMBER: XXXXXXXXXX



### **EXPLANATION OF PROPOSED CHANGES**

**INCOME**

The amount claimed as Qualified Health Insurance Premiums will be changed to: yourself \$0.00 spouse \$0.00. Send a detailed list of medical and dental premiums included in itemized deductions.

**REFUND / AMOUNT DUE**

The amount claimed as overpaid will be changed.