



MISSOURI DEPARTMENT OF REVENUE
**INDIVIDUAL INCOME TAX DECLARATION
 FOR INTERNET OR ELECTRONIC FILING**

**2005
 FORM
 MO-8453**

**DO NOT MAIL TO THE
 DEPT. OF REVENUE**

DCN	00-381371	DOR USE ONLY	POSTMARK DATE	CASH
NAME (LAST, FIRST, INITIAL)			SOCIAL SECURITY NO.	
SPOUSE'S NAME (LAST, FIRST, INITIAL)			SPOUSE'S SOCIAL SECURITY NO.	
PRESENT ADDRESS (INCLUDE APARTMENT # OR RURAL ROUTE)			TELEPHONE NUMBER ()	
CITY, TOWN, OR POST OFFICE		STATE	ZIP CODE	

PART 1 — TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1. Total Federal adjusted gross income (Form MO-1040, Line 1)	1	
2. Total Missouri tax (Form MO-1040, Line 30)	2	
3. Missouri income tax withheld (Form MO-1040, Line 31) Form W-2(s) and 1099R(s) must be attached	3	DOR ONLY
4. Refund (Form MO-1040, Line 45)	4	
5. Amount you owe (Form MO-1040, Line 48). Please mail amount due with Form MO-1040V to: Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371 or dial (888) 929-0513 to pay with major credit card.	5	

PART 2 — DECLARATION OF TAXPAYER

Under penalties of perjury, I declare that the information I have provided to my electronic return originator (ERO) or entered via the Internet agree with the amounts shown on the corresponding lines of my Missouri Individual Income Tax Return and with Part 1 above. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return and accompanying schedules and statements, if electronically filed, be sent to the Internal Revenue Service (IRS) by my ERO and by the IRS to the Missouri Department of Revenue. I consent that my return and accompanying schedules and statements, if filed via the Internet, will be retained by me for three years. If I have filed a balance due return, I understand that if the Missouri Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and applicable interest and additions to tax. If I have filed a joint Federal and State tax return and there is an error on my Federal return, I understand my Missouri return will be rejected. If the processing of my return or refund is delayed, I authorize the Missouri Department of Revenue to disclose to my ERO, practitioner and/or the transmitter the reason(s) for the delay, or when the refund was sent.

I declare, under the penalties of perjury, that I agree to provide the direct deposit information to the Missouri Department of Revenue so my refund check may be deposited into the account specifically designated. I agree the Missouri Department of Revenue will not be liable for misrouting of direct deposit based upon incorrect account information provided by myself or the ERO.

Check if Direct Deposit Check if not Direct Deposit

SIGNATURE	DATE	SPOUSE'S SIGNATURE (if filing combined, BOTH must sign)	DATE
▶		▶	

PART 3 — DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER (IF APPLICABLE)

I declare that I have reviewed the above taxpayer's return and that the entries on Form MO-8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form MO-8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form MO-8453 before submitting this return to the Missouri Department of Revenue, have provided the taxpayer with a copy of all forms and information to be filed with the Missouri Department of Revenue and have followed all other requirements described in the Missouri Handbook for Electronic Filers and any requirements specified by the Missouri Department of Revenue. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has any knowledge.

I declare that the direct deposit information transmitted electronically was provided by the taxpayer. I agree I will be liable for reimbursement to the taxpayer or the Missouri Department of Revenue if the direct deposit is misrouted based on this information and cannot be recovered.

ERO USE ONLY

ERO'S SIGNATURE	DATE	CHECK IF PAID PREPARER	CHECK IF SELF-EMPLOYED	SOCIAL SECURITY NO.
▶		<input type="checkbox"/>	<input type="checkbox"/>	
FIRM'S NAME (YOURS IF SELF-EMPLOYED)	TELEPHONE NUMBER	E.I. NO.		
▶ Express File, Inc.	800-875-FILE	38 2957030		
ADDRESS	CITY	STATE	ZIP CODE	
Express File, Inc. P.O. Box 131007	Ann Arbor,	MI	48113	

PAID PREPARER USE ONLY

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

PREPARER'S SIGNATURE	DATE	CHECK IF SELF-EMPLOYED	SOCIAL SECURITY NO.
▶		<input type="checkbox"/>	
FIRM'S NAME (YOURS IF SELF-EMPLOYED)	TELEPHONE NUMBER	E.I. NO.	
▶			
ADDRESS	CITY	STATE	ZIP CODE

INSTRUCTIONS FOR PAYMENT ON REVERSE SIDE **P** **CR** **EI** **O**