

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)
0001-002

CUSTER, DAVID R
MO



Primary SSN: XXX-XX-
Secondary SSN: XXX-XX-0000
Tax Year: 2016
Notice Date: JUNE 21, 2017
Notice Number: 17101601681
Respond By: JULY 21, 2017

Thank you for filing your 2016 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:

Form W-2's and Form 1099's

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.

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.

(071528)

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

CORR Please check this box if your address has changed.
Print the corrections below:

Address _____

City, State and Zip _____

Proposed Changes (FORM 4945)

CUSTER, DAVID R

MO

XXX-XX- XXX-XX-0000

PRIMARY SSN: XXX-X
 SECONDARY SSN: XXX-XX-0000

PROPOSED CHANGES
 Compare this information to your return.

		MO-1040A Return	
INCOME	1.	Federal Adjusted Gross Income	6,400.00
	2.	State Income Tax Refund	0.00
	3.	MO Adjusted Gross Income	6,400.00
DEDUCTIONS	4.	Exemption Amount	2,100.00
	5.	Tax from Federal Return	0.00
	6.	MO Standard/Itemized Deduction	6,300.00
	7.	Dependent Deduction	0.00
	8.	Long-Term Care Insurance Deduction	0.00
	9.	Total Deductions	8,400.00
TAXES	10.	Taxable Income	0.00
	11.	Total Tax	0.00
PYMT / CR	12.	MO Tax Withheld on W-2	0.00
	13.	MO Estimated Tax Payments	0.00
	14.	Total Payments and Credits	0.00

REFUND / AMOUNT DUE	15.	Overpayment Amount	
		Amount Previously Paid	
		Amount Previously Refunded and/or Transferred to Estimated Tax	
		Total Overpayment Amount	-
		Interest	-
		Additions to Tax	-
		Penalty/Fee	-
	16.	Amount Credited to Estimated Tax	-
	17.	Amount Credited to Trust Fund(s)	-
	18.	Amount Credited to MOST account(s)	- 0.00
	19.	Refund Amount	=
		Interest Payable on Refund	+
		Amount Offset Against Other Debts(s)	-
		Amount to be Refunded to You	= 0.00

CUSTER,DAVID R

PRIMARY SSN: XXX-XX-XX
SECONDARY SSN: XXX-XX-0000

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TAX YEAR: 2016
NOTICE NUMBER: 17101601681



EXPLANATION OF PROPOSED CHANGES

PAYMENTS / CREDITS

Missouri tax withheld will be changed to \$0.00 because Form(s) W-2 and 1099 were not attached. Please forward a copy of all Form(s) W-2 and 1099.

REFUND / AMOUNT DUE

The amount claimed as overpaid will be changed.