

NOTICE OF PROPOSED CHANGES (FORM 4945)
0001-

B [REDACTED] STEVEN [REDACTED]
[REDACTED]

Primary SSN: [REDACTED]
Secondary SSN: XXX-XX-0000
Tax Year: 2014
Notice Date: MAY 15, 2015
Notice Number: [REDACTED]
Respond By: JUNE 14, 2015

Thank you for filing your 2014 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.

PRIMARY SSN: [REDACTED]
SECONDARY SSN: XXX-XX-0000**PROPOSED CHANGES**

Compare this information to your return.

| | Line # | MO-1040 Return | YOURSELF | SPOUSE |
|---------------------|-------------------------------------|--|-------------------|---------|
| INCOME | 1. | Federal Adjusted Gross Income | 515.00 | 0.00 |
| | 2. | Total Additions | 0.00 | 0.00 |
| | 3. | Total Income | 515.00 | 0.00 |
| | 4. | Total Subtractions | 0.00 | 0.00 |
| | 5. | MO Adjusted Gross Income | 515.00 | 0.00 |
| | 7. | Income Percentages | 100.000 | 0.000 |
| | DEDUCTIONS | 8. | Pension Exemption | 0.00 |
| 9. | | Exemption Amount | 2,100.00 | |
| 10. | | Tax from Federal Return | 0.00 | |
| 11. | | Other Federal Tax | 0.00 | |
| 12. | | Total Federal Tax | 0.00 | |
| 13. | | Federal Tax Deduction | 0.00 | |
| 14. | | MO Standard/Itemized Deduction | 6,200.00 | |
| 15. | | Dependent Deduction | 0.00 | |
| 16. | | Dependent 65 and Over Deduction | 0.00 | |
| 17. | | Long-Term Care Insurance Deduction | 0.00 | |
| 18A. | | Healthcare Sharing Ministry Deduction | 0.00 | |
| B. | New Jobs Deduction | 0.00 | | |
| 19. | Total Deductions | 8,300.00 | | |
| TAXES | 21. | Taxable Income | 0.00 | 0.00 |
| | 22. | EZC Income Modification | 0.00 | 0.00 |
| | 23. | Total Taxable Income | 0.00 | 0.00 |
| | 25. | Tax | 0.00 | 0.00 |
| | 26. | Resident Credit | 0.00 | 0.00 |
| | 27. | MO Income Percentage | 100.000 | 100.000 |
| | 28. | Balance | 0.00 | 0.00 |
| | 29. | Tax On Lump Sum Distribution/Recapture Credit | 0.00 | 0.00 |
| 31. | Total Tax | 0.00 | | |
| PYMNTS/CRDTS | 32. | MO Tax Withheld on W-2 | 0.00 | |
| | 33. | MO Estimated Tax Payments | 0.00 | |
| | 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. | Total Payments and Credits | 0.00 | |
| REFUND / AMOUNT DUE | 43. | Overpayment Amount | | |
| | | Amount Previously Paid | | |
| | | Amount Previously Refunded and/or Transferred to Estimated Tax | | |
| | | Total Overpayment Amount | | |
| | | Interest | - | |
| | | Additions to Tax | - | |
| | | Penalty/Fee | - | |
| | 44. | Amount Credited to Estimated Tax | - | |
| | 45. | Amount Credited to Trust Fund(s) | - | |
| | 46. | Refund Amount | = | |
| | | Interest Payable on Refund | + | |
| | Amount Offset Against Other Debt(s) | - | | |
| | Amount to be Refunded to You | = | 0.00 | |

B [REDACTED] STEVEN [REDACTED]

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TAX YEAR: 2014

NOTICE NUMBER: [REDACTED]

PRIMARY SSN: [REDACTED]

SECONDARY SSN: XXX-XX-0000

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.