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S-Corporation Adjustments

Subtractions (continued)

9.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Fiduciary	<input type="checkbox"/> Build America and Recovery Zone Bond Interest			
	<input type="checkbox"/> Missouri Public-Private Transportation Act	<input type="checkbox"/> Other adjustments (list _____)		9		.00
10.	Missouri depreciation basis adjustment (Section 143.121.3(7), RSMo)			10		.00
11.	Depreciation recovery on qualified property that is sold (Section 143.121.3(9), RSMo)			11		.00
12.	Total Subtractions - Add Lines 6 through 11			12		.00
13.	Missouri S corporation adjustment — Net Addition — excess Line 5 over Line 12			13		.00
14.	Missouri S corporation adjustment — Net Subtraction — excess Line 12 over Line 5			14		.00
15.	Agriculture Disaster Relief (Section 143.121.3(10), RSMo)			15		.00

Department Use Only				
A	R	N	S	E
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his or her firm, or if internally prepared, any member of the internal staff. Yes No

Signature

Signature of Officer	<input type="text"/>	Printed Name	<input type="text"/>
Telephone Number	<input type="text"/>	Date Signed (MM/DD/YY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Preparer's Signature (Including Internal Preparer)	<input type="text"/>	Preparer's FEIN, SSN, or PTIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone Number	<input type="text"/>	Date Signed (MM/DD/YY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



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0000000001111111111222222222233333333333444444444455555555556666666666777777777788888888889999999999

04 Corporation Missouri Tax
 05 Name I.D. Number
 06 Federal Employer Charter
 07 I.D. Number Number

	1. Name of each shareholder. All shareholders must be listed. Use attachment if necessary.	2. Select if shareholder is nonresident	3. Social Security Number				4. Shareholder's Share %	5. Shareholder's Adjustment	
			Shareholder's Addition	Subtraction					
11	a)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
12	b)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
13	c)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
14	d)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
15	e)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
16	f)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
17	g)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
18	h)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
19	i)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
20	j)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
21	k)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
22	l)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
23	m)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
24	n)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
25	o)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
26	p)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
27	q)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
28	r)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
29	s)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
30	Total						<input type="text"/> %	<input type="text"/>	<input type="text"/>

Allocation of Missouri S Corporation Adjustment to Shareholders

Column 4 — Enter percentages from Federal Schedule K-1(s). Round percentages to whole numbers.
 Column 5 — Enter Missouri S corporation adjustment from Form MO-1120S, Line 13 or 14, as total of Column 5. Multiply each percentage in Column 4 by the total in Column 5. Indicate at the top of Column 5 whether the adjustments are additions or subtractions. The amount after each shareholder's name in Column 5 must be reported as a modification by the shareholder on his or her [Form MO-1040](#), Individual Income Tax Return, either as an addition to, or subtraction from, federal adjusted gross income.

Mail To: Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 700
 Jefferson City, MO 65105-0700

Phone: (573) 751-4541
Fax: (573) 522-1721
E-mail: corporate@dor.mo.gov

Visit <http://dor.mo.gov/business/corporate/> for additional information.

Form MO-1120S (Revised 12-2018)



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