

FOR CALENDAR YEAR 2013 — BASED ON THE YEAR 2012

FORM
2823
(REV. 12-2012)

NAME			
ADDRESS	CITY, STATE, ZIP CODE		
FEDERAL EMPLOYER IDENTIFICATION NUMBER / SOCIAL SECURITY NUMBER	COUNTY NAME	COUNTY CODE	
During this taxable year, have you been notified of a change in your	federal net income taxes for any prio	r period? Ves	□ No
(If yes, submit schedule of changes.) NOTE: A COPY OF THE FEDERAL RETURN AND SUPPORTING			
PART I	SCHEDOLLS MOST BE ATTACHE		<u>.</u>
1. Federal taxable income (loss) from Federal Forms 1120, Line 28 or 1120S, L or Schedule C, Line 31		1	
ADDITIONS			
 Income from state and/or political subdivision obligations not included in fede interest on the federal return) 			
3. Income from federal government securities not included in federal income			
4. Charitable contribution claimed on federal return (attach schedule)		4	
5. Bad debt claimed on federal return (Reserve method Direct write-o	ff method Other	_) 5	
6. Net bad debt recoveries			
7. Missouri Credit Institution tax deducted on federal return		7	
8. Taxes deducted on federal return, claimed as credits on this return (must be	detailed on Schedule A or attachment)		
9. Other additions (attach detailed schedule)			
10. TOTAL of Lines 1 through 9		10	
PART II DEDUCTIONS			
11. Net bad debt charge offs			
12. Federal income tax deduction (see instructions)		12	
13. Other deductions (attach detailed schedule)			
14. Total of Lines 11, 12, and 13		14	
15. Total income before charitable contribution deduction (Line 10 less Line 14) .		15	
16. Less charitable contribution deduction (limit is 5% of Line 15)			
17. Taxable income (Line 15 less Line 16)		17	
PART III COMPUTATION OF TAX		1 1	
18. Tax at 7% of Line 17		18	
19. Less credits from Line 8			
20. Tax due			
21A. Less tentative payment or amount previously paid		21A	
21B. Overpayment of previous year's tax			
21C. Miscellaneous credits (attach schedule and approved authorizations)		21C	
21D. Enterprise Zone Credit (attach certificate of eligibility)		21D	
22. Balance due or overpaid		22	
23. Interest for delinquent payment after April 15, 2013 (see instructions)			

24. TOTAL AMOUNT DUE OR OVERPAYMENT TO BE REFUNDED (Line 22 plus Line 23)

24

DUE DATE April 15, 2013

SCHEDULE A — TAXES CLAIMED AS CREDITS						
DESCRIPTION (Do not list tangible personal property tax o	n leased property)		AMOUNT			
TOTAL (Enter on Lines 8 and 19, Page 1)						
ADDITIONAL INFORMATION — MUST BE COMPLETED						
		of each office las	luda tha parcantaga of			
1. List all Missouri offices or locations for which this return is made. Indicate the complete address of each office. Include the percentage of gross income of each office to the total income of the company in Missouri. (Attach a separate page if additional space is needed.)						
2. Is this return made on the basis of actual receipts and disbursements? If not, describe fully what other basis or method was used in computing net income.						
3. State principal source of income						
4. If business is a pawnbroker, state what percent of your total business is your loan business.						
AUTHORIZATION						
I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm, or if internally prepared, any member of the						
internal staff.						
SIGNATURE — PLEASE SIGN BELOW						
Under penalties of perjury, I declare that I have examined	this return, including accompanying schedules and st	tatements, and to the	best of my knowledge			
and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. I						
declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption,						
credit or abatement if I employ such aliens. I also declare that I am a business entity, I participate in a federal work authorization program with respect to the						
employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any						
contracted services.						
SIGNATURE OF OFFICER (REQUIRED)	TITLE OF OFFICER	PHONE NUMBER	DATE SIGNED			
PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER)	PREPARER'S FEIN, SSN, OR PTIN	PHONE NUMBER	DATE SIGNED			
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MAKE CHECK OR MONEY ORDER PAYABLE TO "MISSOU	RI DEPARTMENT OF REVENUE". If you pay by check.	you authorize the Dep	partment of Revenue to			
process the check electronically. Any returned check may be p DEPARTMENT OF REVENUE, P.O. BOX 898, JEFFERSON	resented again electronically. MAIL COMPLETED FORM					