

FORM **2823** 

(REV. 12-2012)

FOR CALENDAR YEAR 2013 — BASED ON THE YEAR 2012		DUI	E DATE April 15, 2013
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 (If yes, submit schedule of changes.)			
NOTE: A COPY OF THE FEDERAL RETURN AND SUPPORTING	SCHEDULES MUST BI	E ATTACHED TO THIS F	RETURN.
1. Federal taxable income (loss) from Federal Forms 1120, Line 28 or 1120S, L			
or Schedule C, Line 31ADDITIONS		<u>I</u>	
Income from state and/or political subdivision obligations not included in federal income (explain if different from tax-exempt interest on the federal return)			
3. Income from federal government securities not included in federal income		3	
Charitable contribution claimed on federal return (attach schedule)		4	
5. Bad debt claimed on federal return ( Reserve method Direct write-off method Other)		) <u>5</u>	
6. Net bad debt recoveries		6	
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)		tachment)	
Other additions (attach detailed schedule)		9	
10. TOTAL of Lines 1 through 9		10	
PART II DEDUCTIONS			1 :
11. Net bad debt charge offs		11	
12. Federal income tax deduction (see instructions)		12	
13. Other deductions (attach detailed schedule)		13	
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)		16	
17. Taxable income (Line 15 less Line 16)			
PART III COMPUTATION OF TAX			
18. Tax at 7% of Line 17		18	
19. Less credits from Line 8		19	
20. Tax due		20	
21A. Less tentative payment or amount previously paid		21/	\
21B. Overpayment of previous year's tax		21E	3
21C. Miscellaneous credits (attach schedule and approved authorizations)		210	
21D. Enterprise Zone Credit (attach certificate of eligibility)		210	
22. Balance due or overpaid		22	
23. Interest for delinquent payment after April 15, 2013 (see instructions)		23	
24. TOTAL AMOUNT DUE OR OVERPAYMENT TO BE REFUNDED (Line 22 p	lus Line 23)	24	

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 COMP	LETED			
List all Missouri offices or locations for which this gross income of each office to the total income of th				of
				_
Is this return made on the basis of actual receipts computing net income.	and disbursements? If not, describe fully what o	other basis or metho	od was used in	_
State principal source of income				
4. If business is a pawnbroker, state what percent or	f vour total husiness is your loan husiness			
AUTHORIZATION				=
I authorize the Director of Revenue or delegate to discuss my retu	urn and attachments with the preparer or any member of his/he	er firm, or if internally pred	pared, any member of the	he
internal staff.	☐ YES ☐ NO	,,	,,	
SIGNATURE — PLEASE SIGN BELOW	ILS NO			_
Under penalties of perjury, I declare that I have examined	this return, including accompanying schedules and state	tements, and to the he	est of my knowledge	_
and belief, it is true, correct, and complete. Declaration of			-	
declare under penalties of perjury that I employ no illegal of			-	n,
credit or abatement if I employ such aliens. I also declare	that I am a business entity, I participate in a federal wor	k authorization progra	m with respect to the	Э
employees working in connection with any contracted serv	vices and I do not knowingly employ any person who is	an unauthorized alien	in connection with a	ny
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	
THE ARENO SIGNATURE (INDEDDING INTERNAL FREPARER)	FILE ALLERS FEIN, SON, OR FIN	I IONE NOMBER	JATE SIGNED	
				_

MAKE CHECK OR MONEY ORDER PAYABLE TO "MISSOURI DEPARTMENT OF REVENUE". If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. MAIL COMPLETED FORM AND ATTACHMENTS TO THE MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 898, JEFFERSON CITY, MO 65105-0898.