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MISSOURI DEPARTMENT OF REVENUE
P.O. BOX 898
JEFFERSON CITY, MO 65105-0898
(573) 751-2326 TDD 1-800-735-2966

BANK FRANCHISE TAX RETURN

2010 INT-2

2011 TAXABLE YEAR — BASED ON THE 2010 CALENDAR YEAR INCOME PERIOD **DUE DATE April 18, 2011**

NAME

ADDRESS | CITY, STATE, ZIP CODE

FEDERAL EMPLOYER IDENTIFICATION NUMBER ____ ____ ____ ____ ____ ____ ____ ____ ____ | COUNTY NAME | COUNTY CODE ____ ____ ____

During this taxable year, have you been notified of a change in your federal net income or federal income taxes for any prior period? ☐ Yes ☐ No (If yes, submit schedule of changes.)

NOTE: A COPY OF THE FEDERAL RETURN AND SUPPORTING SCHEDULES MUST BE ATTACHED TO THIS RETURN.

PART I

1.	Federal taxable income (loss) from Federal Forms 1120, Line 28 or 1120S, Line 21	1	
	ADDITIONS		
2.	Income from state and/or political subdivisions obligations not included in federal income (see instructions if different from Federal Forms 1120 or 1120S)	2	
3.	Income from federal government securities not included in federal income	3	
4.	Charitable contribution claimed on federal return (attach schedule)	4	
5.	Bad debt claimed on federal return (☐ Reserve method ☐ Direct write-off method ☐ Other _____)	5	
6.	Net bad debt recoveries	6	
7.	Missouri Bank Franchise 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)	8	
9.	Other additions (attach detailed schedule)	9	
10.	TOTAL of Lines 1 through 9	10	

PART II DEDUCTIONS

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)	17	

PART III COMPUTATION OF TAX

18.	Tax at 7% of Line 17 (if apportionment required, see instructions)	18	
19A.	Less Bank Franchise Tax from Schedule BF, Line 7A	19A	
19B.	Less credits from Line 8	19B	
20A.	Less tentative payment or amount previously paid	20A	
20B.	Overpayment of previous year's tax	20B	
20C.	Miscellaneous credits (attach schedule and approved authorizations)	20C	
20D.	Enterprise Zone Credit (attach certificate of eligibility)	20D	
20E.	Bank Franchise Tax Credit: Total available $ _____ Amount claimed on this return Amount transferred to corporate income tax $ _____	20E	
21.	Balance due or overpaid	21	
22A.	Interest for delinquent payment after April 18, 2011 (see instructions)	22A	
22B.	Additions to tax (see instructions)	22B	
23.	SUBTOTAL (Lines 21, 22A, and 22B)	23	
24.	Plus Schedule BF (Line 7I)	24	
25.	TOTAL AMOUNT DUE OR OVERPAYMENT TO BE REFUNDED (Line 23 plus Line 24)	25	

This form is available upon request in alternative accessible format(s).

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SCHEDULE A — TAXES CLAIMED AS CREDITS

DESCRIPTION (Do not list tangible personal property tax on leased property)	AMOUNT
TOTAL (Enter on Lines 8 and 19B, Page 1)	

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. ☐ **YES** ☐ **NO**

SIGNATURE — PLEASE SIGN BELOW

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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

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.**