

2011 INT-2

| utille                                 | BANK FRANCHISE TAX RETURN  |  |       |            |                            |          |
|--|--|--|-------|------------|----------------------------|----------|
|  | AXABLE YEAR — BASED ON THE 2011 CALENDAR YEAR INCOME PERIO   | OD .   |       |            | DUE DATE April 17          | , 2012   |
| NAME                                   |  |  |       |            |                            |          |
| ADDRE                                  | ss   | CITY, STATE, ZIP CODE                          |       |            |                            |          |
|  |  |  |       |            |                            |          |
| FEDERAL EMPLOYER IDENTIFICATION NUMBER |  | COUNTY NAME                                    | COL   | OUNTY 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?             | □ No  | (If yes    | , submit schedule of chang | ges.)    |
|  | E: A COPY OF THE FEDERAL RETURN AND SUPPORTING SO  | CHEDULES MUST BE ATTACHE                       | OTO   | THIS       | RETURN.                    |          |
| PAR                                    | i I  |  |       |            |                            | 1        |
| 1.                                     | Federal taxable income (loss) from Federal Forms 1120, Line 28 or 1120S, Lin ADDITIONS                         | ne 21  |       | 1          |                            |          |
| 2.                                     | Income from state and/or political subdivisions obligations not included in feder Federal Forms 1120 or 1120S) | ral income (see instructions if different from | n<br> | 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  | Net bad debt recoveries                        |       |            |                            |          |
| 7.                                     | Missouri Bank Franchise tax deducted on federal return   |  |       | 7          |                            |          |
| 8.                                     | Taxes deducted on federal return, claimed as credits on this return (must be d                                 |  |       | 8          |                            |          |
| 9.                                     | Other additions (attach detailed schedule)   | ,  |       | 9          |                            |          |
| 10.                                    | TOTAL of Lines 1 through 9   |  |       | 10         |                            |          |
| PAR                                    |  |  |       | 10         |                            |          |
| 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.                                    |  |  |       | 15         |                            |          |
| 16.                                    | Total income before charitable contribution deduction (Line 10 less Line 14)                                   |  |       | 16         |                            |          |
|  | ,  |  |       |            |                            |          |
| 17.<br><b>PAR</b>                      | Taxable income (Line 15 less Line 16)  COMPUTATION OF TAX  |  |       | 17         |                            |          |
| . ,                                    |  |  |       |            |                            |          |
| 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        |                            | 1        |
| 20C.                                   | Miscellaneous credits (attach schedule and approved authorizations)  |  |       | 20C        |                            |          |
| 20D.                                   | Enterprise Zone Credit (attach certificate of eligibility)   |  |       | 20D        |                            | <u> </u> |
| 20E.                                   |  | med on this return                             |       |            |                            |          |
|  | Amount transferred to corporate income tax \$  |  |       | 20E        |                            | <u> </u> |
| 21.                                    | Balance due or overpaid  |  |       | 21         |                            |          |
| 22A.                                   | Interest for delinquent payment after April 17, 2012 (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   | s Line 24)                                     |       | 25         |                            |          |

| SCHEDULE A — TAXES CLAIMED AS CREDITS   |  |                    |                  |                 |        |
|---|--|--------------------|------------------|-----------------|--------|
| DESCRIPTION (Do not list tangible personal pro  | perty 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 re of the internal staff. | eturn and attachments with the preparer or any member  YES  NO | of his/her firm, o | or if internally | prepared, any m | ember  |
| SIGNATURE — PLEASE SIGN BELOW   | <u> </u>   |                    |                  |                 |        |
| Under penalties of perjury, I declare that I have examined                              | this return, including accompanying schedules and s            | statements, and    | d to the best    | of my knowled   | ge and |
| belief, it is true, correct, and complete. Declaration of prepare                       |  |                    |                  |                 | -      |
| under penalties of perjury that I employ no illegal or unauth                           |  |                    |                  |                 |        |
| abatement if I employ such aliens. I also declare that I am                             |  |                    |                  |                 |        |
| working in connection with any contracted services and I d                              | to not knowingly employ any person who is an unaut             | norized alien ir   | n connection     | with any contra | acted  |
| SERVICES. SIGNATURE OF OFFICER (REQUIRED)   | TITLE OF OFFICER   | PHONE NUMBER       | R                | DATE (MM/DD/YY  | YY)    |
|   |  | ().                |                  | //              |        |
| PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER)                                      | PREPARER'S FEIN, SSN, OR PTIN                                  | PHONE NUMBER       |                  | DATE (MM/DD/YYY | Ύ)     |
|   |  | ()                 |                  | //              |        |

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.