

2012 INT-4

(Rev. 09-2012)

| 2013 TAXABLE YEAR BASED ON THE 2012 CALENDAR YEAR INCOME PERIOD | | | | DUE DATE April 15, 2013 | |
|---|--|-----------------------------|----------|-------------------------|--|
| NAME | | | | | |
| ADDRE | SS | | | | |
| CITY, S | TATE, ZIP CODE | | | | |
| FEDER | AL EMPLOYER IDENTIFICATION NUMBER | COUNTY CODE | NTY CODE | | |
| | | | | | |
| NOT | E: A COPY OF THE NASCUS/NCUA CALL REPORT MUST | BE ATTACHED. | | | |
| PAR | ТІ | | | · | |
| 1. | Total gross income from NASCUS/NCUA Call Report as of I | 1 | | | |
| | ADDITIONS | | | | |
| 2. | Recoveries of bad debts from call report | | | | |
| 3. | . Missouri Credit Union tax expensed on call report | | | | |
| 4. | Missouri taxes claimed as credits on this return from Schedu | ıle A | 4 | | |
| 5. | Other additions (attach detailed schedule) | | 5 | | |
| 6. | Total of Lines 1 through 5 | | 6 | | |
| PAR | T II DEDUCTIONS | | | | |
| 7. | Total operating expenses from NASCUS/NCUA Call Report | as of December 31, 2012 | 7 | | |
| 8. | Dividends and interest paid on general shares from call report | | 8 | | |
| 9. | Loans charged off as bad debts from call report | 9 | | | |
| 10. | Other deductions (complete detailed schedule on page 2) | | | | |
| 11. | Total of Lines 7 through 10 | | | | |
| 12. | Taxable income (Line 6 less Line 11) | | | | |
| PAR | | | | , | |
| | | | | | |
| If app | portionment required, see instructions. | | | | |
| 13. | Tax — Line 12 multiplied by 7% or from apportionment sche | | | | |
| 14. | Tax credits from Line 4 above | | 14 | | |
| 15. | Tax due (Line 13 less Line 14) | | 15 | | |
| 16A. | Less tentative payment or amount previously paid | | 16A | | |
| 16B. | Miscellaneous credits (attach schedule and approved author | izations) | 16B | | |
| 16C. | Enterprise Zone Credit (attach certificate of eligibility) | | 16C | | |
| 17. | Overpayment of previous year's tax | | 17 | | |
| 18. | Balance due or overpaid (Line 15 less Lines 16A, 16B, 16C, | and 17) | 18 | | |
| 19. | Interest for delinquent payment after April 15, 2013 (see inst | ructions) | 19 | | |
| 20. | TOTAL AMOUNT DUE OR OVERPAYMENT TO BE REFUN | NDED (Line 18 plus Line 19) | 20 | | |

| SCHEDULE A — TAXES CLA | AIMED AS CREDITS | | | | |
|--|--|--|--|--|---|
| DESCRIPTION (Do not list re | perty) | AMOUNT | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total (Enter on Lines 4 and 14 | | | | | |
| LINE 10 DETAILED SCHEDU | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total (Enter on Line 10, Page | | | | | |
| SCHEDULE B — POLITICAL | SUBDIVISIONS TAXI | NG THE REPORT | ING CREDIT UNION | | |
| This section must be completed | by credit unions with on | ly one office. If you | have more than one office le | | ete the Financial |
| Institution Tax Schedule B, Form | 2331. Information is a | vailable from your re | | receipt. | |
| PHYSICAL STREET ADDRESS | | | CITY, STATE, ZIP CODE | | |
| SUBDIVISIONS | NAME OR NUMBE | ER | | | |
| County | | | | | |
| City | | | | | |
| Road District | | | | | |
| School District | | | | | |
| Library District | | | | | |
| Water District | | | | | |
| Sewer District | | | | | |
| Fire District | | | | | |
| Township/Other Tax Districts | | | | | |
| | | | | | |
| | | | | | |
| AUTHORIZATION | | | | | |
| I authorize the Director of Revenue member of the internal staff. | or delegate to discuss my | y return and attachme | nts with the preparer or any me | mber of his/her firm, or if in | nternally prepared, any |
| SIGNATURE — PLEASE SIGN B | ELOW | | | | |
| Under penalties of perjury, I decla and belief, it is true, correct, and c declare under penalties of perjury credit or abatement if I employ suc employees working in connection contracted services. | complete. Declaration of that I employ no illegal or th aliens. I also declare t | preparer (other than r unauthorized aliens hat I am a business e | taxpayer) is based on all info as defined under federal law entity, I participate in a federal | rmation of which he/she hand that I am not eligible f work authorization progra | nas any knowledge. or any tax exemption am with respect to th |
| SIGNATURE OF OFFICER (REQUIRED) | | TITLE OF OFFICER | | PHONE NUMBER | DATE (MM/DD/YYYY) |
| PREPARER'S SIGNATURE (INCLUDING INTER | RNAL PREPARER) | PREPARER'S FEIN, SSN, C | DR PTIN | PHONE NUMBER | DATE (MM/DD/YYYY) |
| | | | | | <u> ''</u> |

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.