



MAIL TO:

Balance Due

Missouri Department of Revenue
P.O. Box 3365
Jefferson City, MO 65105-3365

MAIL TO:

Refund or No Amount Due

Missouri Department of Revenue
P.O. Box 700
Jefferson City, MO 65105-0700

CORPORATION NAME
NUMBER AND STREET
CITY OR TOWN, STATE, ZIP CODE
MO TAX I.D. NUMBER
CHARTER NUMBER
FEDERAL I.D. NUMBER
Check Applicable Boxes
Amended Return
Address Change
Final Corporation Income Tax Return
Bankruptcy
Name Change

FORM MO-1120S
Missouri S Corporation INCOME TAX Return for 2010
Missouri S Corporation FRANCHISE TAX Return for 2011
Beginning Ending
Balance Sheet Date (MMDDYY)
SOFTWARE VENDOR CODE (Assigned by DOR) 001

A. Check this box if your assets in Missouri (Schedule MO-FT, Line 6a), or apportioned to Missouri (Schedule MO-FT, Line 6b) do not exceed \$10,000,000. You do not owe franchise tax. If your assets do exceed the \$10,000,000 threshold, you must complete and attach Schedule MO-FT and enter the franchise tax due on the Form MO-1120S, Line 15 below. If Box A is checked, Box C must not be checked.
B. Return filed for BOTH (income and franchise)
C. Return filed for INCOME tax only
D. Return filed for FRANCHISE tax only

S CORP.
1. Does the S corporation have ANY Missouri modifications? YES NO If YES, complete Lines 1-15 below and page 2.
2. Does the S corporation have ANY nonresident shareholders? YES NO If YES, complete Lines 1-15 below and Schedule MO-NRS.
3. Does S corporation have income derived from sources other than Missouri? YES NO If YES, complete and attach Schedule MO-MSS.

Table with columns for Missouri S Corporation Adjustments (Additions and Subtractions) and rows for various tax items like interest, deductions, and adjustments, with numerical values and line numbers.

Table for Franchise Tax with rows for Corporation Franchise Tax, tax credits, overpayments, and payments, including an amended return section.

Table for Refund/Tax Due with rows for overpayment, refund calculation, and total due, including interest and penalty fields.

SIGNATURE section containing declaration text, officer/preparer signature lines, titles, phone numbers, and dates, plus a 'DOR ONLY' section with checkboxes for S, E, and B.

ALLOCATION OF MISSOURI S CORPORATION ADJUSTMENT TO SHAREHOLDERS

| CORPORATION NAME | | MO TAX I.D. NUMBER | CHARTER NUMBER | FEDERAL I.D. NUMBER | |
|--|--|--|---------------------------|--------------------------|---|
| 1. NAME OF EACH SHAREHOLDER. ALL SHAREHOLDERS MUST BE LISTED. USE ATTACHMENT IF NECESSARY. | | 2. CHECK BOX IF SHAREHOLDER IS NONRESIDENT | 3. SOCIAL SECURITY NUMBER | 4. SHAREHOLDER'S SHARE % | 5. SHAREHOLDER'S CORPORATION ADJUSTMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> SUBTRACTION |
| a) | | <input type="checkbox"/> | — — | % | 00 |
| b) | | <input type="checkbox"/> | — — | % | 00 |
| c) | | <input type="checkbox"/> | — — | % | 00 |
| d) | | <input type="checkbox"/> | — — | % | 00 |
| e) | | <input type="checkbox"/> | — — | % | 00 |
| f) | | <input type="checkbox"/> | — — | % | 00 |
| g) | | <input type="checkbox"/> | — — | % | 00 |
| h) | | <input type="checkbox"/> | — — | % | 00 |
| i) | | <input type="checkbox"/> | — — | % | 00 |
| j) | | <input type="checkbox"/> | — — | % | 00 |
| k) | | <input type="checkbox"/> | — — | % | 00 |
| l) | | <input type="checkbox"/> | — — | % | 00 |
| m) | | <input type="checkbox"/> | — — | % | 00 |
| n) | | <input type="checkbox"/> | — — | % | 00 |
| o) | | <input type="checkbox"/> | — — | % | 00 |
| p) | | <input type="checkbox"/> | — — | % | 00 |
| q) | | <input type="checkbox"/> | — — | % | 00 |
| r) | | <input type="checkbox"/> | — — | % | 00 |
| s) | | <input type="checkbox"/> | — — | % | 00 |
| t) | | <input type="checkbox"/> | — — | % | 00 |
| u) | | <input type="checkbox"/> | — — | % | 00 |
| v) | | <input type="checkbox"/> | — — | % | 00 |
| w) | | <input type="checkbox"/> | — — | % | 00 |
| x) | | <input type="checkbox"/> | — — | % | 00 |
| TOTAL | | | | 100 % | 00 |

COLUMN 4 — Enter percentages from Federal Schedule K-1(s). Round percentages to whole numbers.

COLUMN 5 — Enter Missouri S corporation adjustment from Form MO-1120S, Line 13 or 14, as total of Column 5. Multiply each percentage in Column 4 by the total in Column 5. Indicate at the top of Column 5 whether the adjustments are additions or subtractions. The amount after each shareholder's name in Column 5 must be reported as a modification by the shareholder on his/her Form MO-1040, Individual Income Tax Return either as an addition to, or subtraction from, federal adjusted gross income.

