| | | | | | | MAIL | | | | | L TO: | |
|---|--|--|-------------------------------|---------|---------|--------------------|--------------|---------|-----------|-------------------------------|--|---------------|
| CO | RPORATION NAME | | | | | Balance Missour | | ment of | Revenu | | <u>d or No Amount D</u> Iri Department of R | |
| | | | | | | P.O. Bo | x 3365 | | | P.O. B | ox 700 | |
| NUMBER AND STREET | | | | | | | n City, N | 10 651 | 05-3365 | Jefferson City, MO 65105-0700 | | |
| | | | | | | | FORM MO-1120 | | | | | |
| CITY OR TOWAL STATE 7/R CODE | | | | | | | ouri S | Corp | oration | | | |
| CH | Y OR TOWN, STATE, ZIP CODE | | | | | l IN | ICON | IE T | AX | FR | ANCHISE T | AX |
| | | | | | | R | eturn | for 2 | 012 | F | Return for 201 | 3 |
| MO TAX I.D. NUMBER CHARTER NUMBER FEDERAL I.D. NUMBER | | | | | | _ | - | | , 20_ | | ning , 2 | |
| | <u> </u> | | | | | Ending | | | | | | |
| | Check Applicable Amended Return Address Final Corporation Bankruptcy | | | | | | Sheet E | Date (N | IM/DD/Y | YYY) | SOFTWARE VENDO (Assigned by DO | |
| В | Boxes Name Change Change Income Tax Return | | | | | | | | _ | | 001 | |
| | A. Check this box if your assets in Missouri (Schedule MO-FT, Line 6a), or apportioned to Missouri (Schedule 🔲 B. Return filed for BOTH (income and franchise) | | | | | | | | | | | |
| | 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 chec | | | | | iise tax | \sqcup D | . Retu | rn filed | for FRAN | CHISE tax only | |
| ٦. | Does the S corporation have ANY Missouri modifications? | ☐ YE | S 🗆 NO |) If YE | S. comr | olete Line | s 1–15 | below | and pa | ae 2. | | |
| CORP | Does the S corporation have ANY nonresident shareholders? | | | | | | | | | | IO-NRS. | |
| SC | 3. Does S corporation have income derived from sources other th | | | | | | | | | | | |
| | Additions (attach detailed explanation of each item) | | | | | | • | | | | | |
| | 1a. State and local income taxes deducted on Federal Form 1120 | S | | 1a | | | 00 | | | | | |
| | 1b. Less: Kansas City & St. Louis earnings taxes. Enter Lines 1a less | s 1b on | Line 1 | 1b | | | | 00 | 1 | | | 00 |
| 'n | 2a. State and local bond interest (except Missouri) | | | 2a | | | | 00 | | | | |
| ADJUSTMENTS | 2b. Less: related expenses (omit if less than \$500) | | | | | | | | | | | |
| 뿔 | Enter Line 2a less Line 2b on Line 2 | | | 2b | | | | 00 | 2 | | | 00 |
| JST | 3. ☐ Partnership ☐ Fiduciary ☐ Other adjustments (list _ | | | | | | | | 3 | | | 00 |
| 둞 | 4. Donations claimed for the Food Pantry Tax Credit that were dedu | | | | | | | | 4 | | | 00 |
| ₹ | 5. Total of Lines 1 through 4 | | | | | | | | 5 | | | 00 |
| Ó | Subtractions (attach detailed explanation of each item) | | | | | | | 00 | | | | |
| ₹ | 6a. Interest from exempt federal obligations | | | | | | | | | | | |
| ğ | 6b. Less: related expenses (omit if < \$500) Enter Line 6a less Line 6b on Line 6 6b | | | | | | | 00 | 6 | | | 00 |
| CORPORATION | 7. Amount of any state income tax refund included in federal ord | | | | 7 8 | | | 00 | | | | |
| ပ | .1 | | | | | | | | | | | 00 |
| <u>~</u> | 9. Partnership Fiduciary Build America and Recovery Zone Bond Interest | | | | | | | | | | | |
| MISSOURI | ☐ Missouri Public-Private Transportation Act ☐ Other adju | | , | | 9 | | | 00 | | | | |
| <u>88</u> | 10. Missouri depreciation basis adjustment (Section 143.121.3(7) | | | | 10 | | | 00 | | | | |
| Σ | | | | | | | | | | | | 00 |
| | 12. Total of Lines 6 through 11 | | | | | | | | | | | 00 |
| | · · · · · · · · · · · · · · · · · · · | | | | | 13 | | | 00 | | | |
| | 14. Missouri S corporation adjustment — NET SUBTRACTION — | | | | 15 | | | | | | | |
| × | | 15. Corporation Franchise Tax (Complete Schedule MO-FT and attach balance sheet) 16. Tax credits — (attach Form MO-TC and only include corporation franchise tax credits) | | | | | | | | | | 00 |
| FRANCHISE TAX | | | | | | | | | 16 17 | | | 00 |
| SE | Approved overpayments applied from last file period | | | | | | | | 18 | | | 00 |
| 동 | 19. AMENDED RETURN ONLY: Tax paid with (or after) the filing of the original return | | | | | | | | 19 | | | 00 |
| Ă | 20. Subtotal — add Lines 16 through 19 | | | | | | | | 20 | | | 00 |
| 뜐 | 21. AMENDED RETURN ONLY: Overpayment, if any, as shown on original return or as later adjusted | | | | | | | | 21 | | | 00 |
| | 22. Total — Line 20 less Line 21 | | | | 22 | | | 00 | | | | |
| ш | 23. If Line 22 is greater than Line 15, enter OVERPAYMENT here | э | | | | | | | 23 | | | 00 |
| 2 | 24. Overpayment to be applied to next filing period | | | | | | | | 24 | | | 00 |
| Ϋ́ | 25. Overpayment to be refunded — Line 23 less Line 24 | | | | | | | | 25 | | | 00 |
| 5 | 26. If Line 22 is less than Line 15 enter UNDERPAYMENT here | | | <u></u> | | 26 | | | 00 | | | |
| <u>S</u> | 27. Enter total amount on Line 27 Interest | | Penalty | | | | | | 27 | | | 00 |
| REFUND /TAX DUE | 28. TOTAL DUE — add Lines 26 and 27 (U.S. funds only) | | | | | | OTAL | | 28 | | | 00 |
| _ | If you pay by check, you authorize the Department of Revenue to proce | | | | | | | be pre | sented a | ıgain elect | ronically. | |
| - | and boiled, it is used, control, and complete. Bestalation of property (early facility and any facility and | | | | | | | | DOR | | | |
| ш | As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any corporation which files a frivolous return. I declare 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 | | | | | | | attachm | ents with | the prepar | er or any 🔲 NO | ONLY |
| Ľ. | employ such aliens. I also declare that if I am a business entity, I participate in a federal work authorization program with respect to the er connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien 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 and I do not knowingly employ any person who is an unauthorized alien 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 and I do not knowingly employ any person who is an unauthorized alien in connection with a service services and I do not knowingly employ any person who is an unauthorized alien in connection with a service service service services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with a service service service service services and I do not know the service services are serviced as the service service service services are serviced as the service service service service services and I do not know the service service services are serviced services and the service service services are serviced services and the service services are serviced services and the service services are serviced services and the service services are serviced services and services are serviced services and services are serviced serviced serviced services are serviced serviced serviced servi | | | | | | | | | | r if internally e internal staff. | □s |
| SIGNATURE | SIGNATURE OF OFFICER (REQUIRED) TITLE OF OFFICER | | | | | | PHONE NU | JMBER | | DATE | SIGNED (MM/DD/YYYY) |]_ ຼ [|
| SIGI | | | | | | | (|) | <u>-</u> | | // | □Ε |
| ٠, | PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER) | PREPARE | PREPARER'S FEIN, SSN, OR PTIN | | | | PHONE NU | JMBER | | DATE | SIGNED (MM/DD/YYYY) | □B |
| | | | | | | | (|) | _ | | / / | |

| ALLOCATION OF MISSOURI S CORPORATION ADJUSTMENT TO SHAREHOLDERS | | | | | | | | | |
|---|--|---------------------------|-----------------------------|--|--|--|--|--|--|
| CORPORATION NAME | MO TAX I.I | D. NUMBER CHARTER NUMBER | FEDERAL I.D. NUMBER | | | | | | |
| | | | | | | | | | |
| 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 ADDITION SUBTRACTION | | | | | |
| a) | | | % | 00 | | | | | |
| b) | | | % | 00 | | | | | |
| c) | | | % | 00 | | | | | |
| d) | | | % | 00 | | | | | |
| e) | | | % | 00 | | | | | |
| f) | | | % | 00 | | | | | |
| g) | | | % | 00 | | | | | |
| h) | | | % | 00 | | | | | |
| i) | | | % | 00 | | | | | |
| j) | | | % | 00 | | | | | |
| k) | | | % | 00 | | | | | |
| 1) | | | % | 00 | | | | | |
| m) | | | % | 00 | | | | | |
| n) | | | % | 00 | | | | | |
| 0) | | | % | 00 | | | | | |
| p) | | | % | 00 | | | | | |
| q) | | | % | 00 | | | | | |
| r) | | | % | 00 | | | | | |
| s) | | | % | 00 | | | | | |
| t) | | | % | 00 | | | | | |
| u) | | | % | 00 | | | | | |
| v) | | | % | 00 | | | | | |
| w) | | | % | 00 | | | | | |
| x) | | | % | 00 | | | | | |
| TOTAL | | | % | 00 | | | | | |

 ${\tt COLUMN~4-Enter~percentages~from~Federal~Schedule~K-1(s).~Round~percentages~to~whole~numbers.}$

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 or her Form MO-1040, Individual Income Tax Return either as an addition to, or subtraction from, federal adjusted gross income.



2013 SCHEDULE MO-FT

Attachment Sequence No. 1120-03 and 1120S-01

Schedule MO-FT must be filed with the Form MO-1120 or Form MO-1120S.

| CORPORATION NAME | | MO TAX | MO TAX I.D. NUMBER CHARTER NUMBER | | | | | FEDERAL I.D. NUMBER | | | | |
|--|---|--|------------------------------------|--|--|-------------------------|-----------|---------------------|------------------|----------|--|--|
| | | | -1 | | | | | | | | | |
| FILE PERIOD | BEGINNING (MM/DD/YYYY) / | _/ | | | ENDING | | _/ | / | | | | |
| BALANCE SH | IEET DATE (MM/DD/YYYY) / | _/ | | | | | | | | | | |
| Do your asse ship assets. | ts include an interest in a partnership or limited liab | ility compa | any? | YES NO | O If yes | you mus | t provide | e a detailed re | econciliation of | partner- | | |
| Has there bee | en a change in your accounting period? YES | NO 🗆 | If y | es, state prior acc | counting peri | od | | | | | | |
| Rea | d instructions before completing this s | chedule | e. No | OTE: You ca | nnot file a | conso | lidated | d franchise | tax return. | | | |
| | ons having all assets within Missouri complete | | | | t 60 | | | | | | | |
| | Corporations having assets both within and without Missouri complete all lines except 6a. 1. Par value of issued and outstanding stock (for no-par value stock, see instructions) (not less than zero) | | | | | | | | | 00 | | |
| | l assets per attached balance sheet | | | | | | 2a | | | 00 | | |
| 2b. Less | : Investments in or advances to subsidiaries over | 50% owne | d (att | ach Schedule MO | O-5071 or a | | 2b | | | 00 | | |
| | schedule showing name of corporations, percentage of ownership, and amount) | | | | | | | | | 00 | | |
| • | Adjusted total (Line 2a less Line 2b) | | | | | | | | ERYWHERE | - 00 | | |
| | | | | (7.1) 1111000 | | 00 | | (5) 21 | | | | |
| 3a. Acco | ounts receivable (net of allowance for bad debt) | | 3a | | | 00 | 3a | | | 00 | | |
| 3b. Inve | ntories (net, book value) | | 3b | | | 00 | 3b | | | 00 | | |
| 3c. Land | d and fixed assets (net of accumulated depreciation | ı) | 3с | | | 00 | 3c | | | 00 | | |
| 3d. Tota | allocated assets (add Lines 3a, 3b, and 3c) | | 3d | | | 00 | 3d | | | 00 | | |
| 4. Missouri | Missouri percentage for apportionment (Line 3d, Column A divided by Column B) Extend the apportionment percentage to six digits to the right of the decimal point | | | | | | 4 | | | % | | |
| | | | | | | | 5 | | | | | |
| Assets ap Tax basis | Assets apportioned to Missouri (Line 2c times Line 4) | | | | | | | | | 00 | | |
| | 6a. Corporations having all assets within Missouri (Line 2c or Line 1, whichever is greater) | | | | | | | | | 00 | | |
| whic | 6b. Corporations having assets both within and without Missouri (Line 5 or the product of Line 1 times Line 4, whichever is greater) | | | | | | | | | 00 | | |
| | ne 6a or Line 6b is \$10,000,000 or less, STOP HEF : A on Form MO-1120S . | RE and che | eck B | ox A on Form N | 10-1120 or | | | | | | | |
| 7. Tax Com 7a.Tax - | nputation — 1/50th of 1% (.000200 of Line 6a or Line 6b) | | | | 7a | | | | 00 | ' | | |
| 7b.Short | 7b.Short periods (see instructions) — Line 7a x (insert number of whole months in short period) = Prorated 12 Tax Due | | | | | | | | | | | |
| Line | | | | | | | | | 00 | | | |
| 7c. Com | nputed current year tax (Enter the amount from Line | e 7a or Lin | e 7b, | whichever applie | es) | | 7c | | | 00 | | |
| Dece franc the f Dece | e Year Franchise Tax. Enter the franchise tax from ember 31, 2010 (before the tax is prorated, if the rechise tax filing requirement for the taxable year end tranchise tax liability for the corporation's first full taxember 31, 2010. If this is the first year the corporation this is a second to the first year the corporation. | turn is for ling on or b xable year on had a fi | a sho before on o iling r | rt period). If the c December 31, 2 after the taxable equirement, | corporation h 2010, the base year ending | ad no e year is J | 7.4 | | | 00 | | |
| | this line and go to Line 7e. | | | | | | 7d | | | 00 | | |
| | due. Enter the smaller of Line 7c or Line 7d here as 15. If no amount was entered on Line 7d, enter the | 7e | | | 00 | | | | | | | |