	Form NO-1120S	Missouri Departr 2013 S Corpora			irn	Departm (MM/DD	,	uri Tax					
Fede	eral Employer	Missouri Corporatio Tax Return for 201 Missouri Corporatio Tax Return for 2014	3 In Franchise	Beginning (MM/DD/YY) Beginning (MM/DD/YY) Charter			I.D. N Ending (MM/DD/YY Ending (MM/DD/YY						
	Number			Number									
Corp Nam	oration												
Addı													
City											Ctat		
City			Baland	e Sheet Date							State		
ZIP			(MM/D	D/YY)					13112	2010001			
	Select this b	oox if you have an a	approved fe	deral extensio	on Attach a co	opy of the a	oproved Fed	eral Ex	densi	on (For	m 7004	4)	
Solo		Boxes. Failure to s											
					- -						7		
	Amended Re	turn L Name	Change	Address	s Change	— Final Re	turn and Clo	se Aco	count		Bank	ruptcy	
	\$10,000,0	box if your assets 00. You do not owe nd enter the franchi	franchise ta	ax. If your asse	ets do exceed th	ne \$10,000,0	000 threshold	d, you r	nust c	omplete	and a	ttach F	Form
	B. Return file	d for both (income a	and franchis	se) 🗌 C. I	Return filed for	income tax	only	D. Ret	urn fil	ed for fr	anchis	e tax c	only
	 Does the S corporation have any Missouri modifications? If Yes, complete Lines 1–14 on pages 1 and 2, and the shareholder information on page 3. 												
S Corp		e S corporation hav omplete Lines 1–14	Form	MO-I		Yes	s []	No					
		e S corporation hav omplete and attach			ources other th	an Missour	?			[Ye		No
	Additions												
		nd local income tax	es deducte	d on Federal F	orm 1120S	1a		. 00					
		ansas City & St. Lou	•										
	on Line	1				1b		. 00	1				00
	2a. State ar	nd local bond intere	st (except l	2a		. 00							
ents		. Less: related expenses (omit if less than \$500)											
stme	Enter Li	Enter Line 2a less Line 2b on Line 2 2b											. 00
djus	3. Partnership Fiduciary Other adjustments (list)												00
S-Corporation Adjustments		4. Donations claimed for the Food Pantry Tax Credit deducted from federal taxable income, Section 135.647, RSMo											00
por	5. Total of	Lines 1 through 4.							5				00
Cor	Subtractions	6							<u> </u>				
Ϋ́		from exempt federa				6a		. 00	·				
		6b. Less: related expenses (omit if < \$500) Enter Line 6a less Line 6b 6b											00
	7. Amount	7. Amount of any state income tax refund included in federal ordinary income											00
	8. Federal	ly taxable — Misso	uri exempt	obligations					8				00

ts	Subtractions (continued)			
nen	9. Partnership Fiduciary Build America and Recovery Zone Bond Interest			
Adjustments	Missouri Public-Private Transportation Act Other adjustments (list)	9		. 00
	10. Missouri depreciation basis adjustment (Section 143.121.3(7), RSMo)	10		. 00
S-Corporation	11. Depreciation recovery on qualified property that is sold (Section 143.121.3(9), RSMo)	11		. 00
s v	12. Total Subtractions - Add Lines 6 through 11	12		. 00
	13. Missouri S corporation adjustment — Net Addition — excess Line 5 over Line 12	13		. 00
	14. Missouri S corporation adjustment — Net Subtraction — excess Line 12 over Line 5	14		. 00
	15. Corporation Franchise Tax (Complete Form MO-FT and attach balance sheet)	15		. 00
	16. Tax credits — (attach Form MO-TC and only include corporation franchise tax credits)	16		. 00
ах	17. Approved overpayments applied from last file period	17		. 00
ise Ta	18. Payments with Form MO-7004	18		. 00
Franchise T	19. Amended Return Only: Tax paid with (or after) the filing of the original return	19		. 00
LL.	20. Subtotal — add Lines 16 through 19	20		. 00
	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
	23. If Line 22 is greater than Line 15, enter overpayment here	23		. 00
Due	24. Overpayment to be applied to next filing period	24		. 00
or Tax	25. Overpayment to be refunded — Line 23 less Line 24Refund	25		. 00
Refund o	26. If Line 22 is less than Line 15 enter underpayment here	26		. 00
Rei	27. Enter total amount on Line 27 Interest Penalty	27		. 00
	28. Total Due — add Lines 26 and 27 (U.S. funds only)Total Due	28		. 00
	If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. Under penalties of perjury, I declare that the above		Department Use	Only
	information and any attached supplement is true, complete,and correct. I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any		S E	В
e	member of his or her firm, or if internally prepared, any member of the internal staff.		Yes	No
Signature	Signature Printed Name			
Sig	Telephone Date Signed Number (MM/DD/YY)			
	Preparer's Signature (Including Internal Preparer) Preparer's FEIN, SSN, or PTIN			
	Telephone Date Signed Number (MM/DD/YY)			



Corpo Name	ration		 													uri Tax		Τ			
Feder	al Emp umber					Charter Number															
		Name of on Name of on Name of on Name of Name				2. Select i shareholder nonresider	r is	3.	Soc	cial S	ecur	ity N	umbe	er	S	4. Shareholder' Share %	's [nareh Additio		justmen ubtracti
é	a)] [q	%				0
ł	o)] [d	%				0
	c)] [q	%				0
(d)] [q	%				0
ŝrs	e)] [q	%				0
shold	f)] [q	%				0
Share	g)] [Q	%				0
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ustme	i)] [Q	%				0
n Adj	j)] [Q	%				0
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Misso	n)] [q	%				0
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Allocation of Missouri S Corporation Adjustment to Shareholders	o)] [q	%				0
	q)] [q	%			 	0
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	6)] [d	%			 	0
	otal							 	_								%			 	0
	Colum					dule K-1(s)									-		-				

olumn 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.

Mail To: Balance Due:

Missouri Department of Revenue P.O. Box 3365 Jefferson City, MO 65105-3365 Refund or No Amount Due: Missouri Department of Revenue P.O. Box 700

Phone: (573) 751-4541 Fax: (573) 522-1721 E-mail: <u>corporate@dor.mo.gov</u>



) 65105-3365 Jefferson City, MO 65105-0700 **E-mail:** <u>cd</u> Visit <u>http://dor.mo.gov/business/corporate/</u> for additional information.



N		Missouri Department of Revenue 2014 Corporation Franchise Tax Schedule Missouri Tax I.D. Number m MO-FT must be filed with the Form MO-1120 or Form MO-1120S. Read instructions for these forms prior to completing. Note: You cannot file a consolidated franchise tax return.												
		File Period Beginning (MM/DD/YY) Ending (MM/DD/YY) Attachment Sequence No. 1120-03 and 1120S-01												
Fede I.D. N		nployer Charter Number												
	Corporation Name													
	Balance Sheet Date (MM/DD/YY)													
E-ma Addre														
Do y	our Nc	assets include an interest in a partnership or limited liability company?												
Has	the Nc	e been a change in your accounting period? If yes, state prior accounting period Yes (MM/DD/YY) through (MM/DD/YY)												
	-	ations having all assets within Missouri complete Lines 1, 2, 6a, and 7 only. ations having assets both within and without Missouri complete all lines except 6a.												
ule	1.	Par value of issued and outstanding stock (for no-par value stock, see instructions) (not less												
	2.	Assets												
e Tax		2a. Total assets per attached balance sheet												
Franchise Tax Sched		2b. Less: Investments in or advances to subsidiaries over 50% owned (attach Form 5071 or a schedule showing name of corporations, percentage of ownerships, and amount) 2b 00												
		2c. Adjusted total (Line 2a less Line 2b)												

Continued on Page 2



	3.	Allocation per attached balance sheet or schedule (see instructions)	(A) Missouri		(B)	Everywhere									
		3a. Accounts receivable (net of allowance for bad debt)	. <u>3a</u>	00	3a		. 00								
		3b. Inventories (net, book value)	. 3b	. 00	3b		. 00								
		3c. Land and fixed assets (net of accumulated depreciation)	3c	. 00	3c		. 00								
		3d. Total allocated assets (add Lines 3a, 3b, and 3c)	3d	00	3d		. 00								
	4.	Missouri percentage for apportionment (Line 3d, Column A div Extend the apportionment percentage to four digits to the right		4			%								
	5.	Assets apportioned to Missouri (Line 2c times Line 4)			5		. 00								
	6.	Tax Basis:													
dule		6a. Corporations having all assets within Missouri (Line 2c or Line 1, whichever is greater)													
Franchise Tax Schedule		6b. Corporations having assets both within Missouri and without Missouri (Line 5, or the product of Line 1 times Line 4, whichever is greater)													
Franc	7.	Tax Computation													
		7a. Tax 1/75th of 1% (.000133 of Line 6a or Line 6b)		7a		. 00									
		7b. Short period Returns Prorated Tax Due (see instructions)													
		Line 7a x $($ insert number of whole months in sl	hort period)	7b		. 00									
		7c. Computed current year tax (enter the amount from Line 7a	or Line 7b, whichever ap	plies)	7c		. 00								
		 7d. Base Year Franchise Tax. Enter the franchise tax from the return for the taxable year ending on or before December 31, 2010, (before the tax is prorated, if the return is for a short period). If the corporation had no franchise tax filing requirement for the taxable year ending on or before December 31, 2010, the base year is the franchise tax liability for the corporation's first full taxable year on or after the taxable year ending December 31, 2010. If this is the first year the corporation had a filing requirement, skip this line and go to Line 7e. 													
		7e. Tax due. Enter the smaller of Line 7c or Line 7d here and Form MO-1120S, Line 15. If no amount was entered on Li from Line 7c	ne 7d, enter the amount		7e		. 00								
	ich 1	to Form MO-1120 or MO-1120S Balance Due:		Ref		m MO-FT (Revised	,								

Attach to Form MO-1120 or MO-1120S and mail to the Missouri Department of Revenue. Balance Due: P.O. Box 3365 Jefferson City, MO 65105-3365

14103020001

Refund or No Amount Due: P.O. Box 700 Jefferson City, MO 65105-0700