| NU CIT | PLACE LABEL FROM POSTCARD IN BLOCK TY OR TOWN, STATE, ZIP CODE TS/MO I.D. NUMBER CHARTER NUMBER FEDERAL I.D. NUMBER Teck Applicable Boxes Attach copy of Federal Return, pages 1–4. Consolidated MO Return Amended Initial Corporate Final Corporate 990C Income Tax Return Return Bankruptcy A. Check this box and sign below if your assets in Missouri (Form MO-FT, Line 6a), or apportioned to Missouri (Form MO-FT, Line 6b) do not exceed \$1,000,000. You do not owe fran- | P.O. Box 3365 Jefferson City, MO 65105-3365 FORM Missouri Corporation INCOME TAX Return for 2001 or Fiscal Year Beginning, 20 Ending, 20 Balance Sheet Date (MM | FRANCHISE TAX Return for 2002 or Fiscal Year Beginning, 20 Ending, 20 MDDYY) CORPORATE TAX ONLY |
|-------------------|--|---|--|
| AX. | chise tax. If your assets do exceed the \$1,000,000 threshold, you must complete and attach Form MO-FT and enter the franchise tax due on the Form MO-1120, Line 15 below. 1. Federal Taxable Income (not less than 0) from Federal Form 1120, Line 30 | | FRANCHISE TAX ONLY 1 00 |
| OF INCOME TAX | Columbia deducted in determining federal taxable income 2 3. Missouri modifications — Additions (complete Page 2, Part 1) 3 4. Total additions — add Lines 2 and 3 | 00 | 4 00 5 00 |
| COMPUTATION OF | Balance — Line 1 plus Line 4 less Line 5 Federal Income Tax — current year (complete Page 2, Part 3) Missouri Taxable Income — all sources — Line 6 less Line 7 Missouri Taxable Income — if all Missouri income, repeat Line 8. If not, complete Form MO-MS | S and enter apportionment | 6 00 7 00 8 00 |
| COMPL | method chosen, and the applicable %,, Multiply Line 8 by t 10. Missouri Dividends Deduction (see instructions before entering an amount) | | 9 00 10 00 11 00 12 00 |
| TAX | 13. Corporation Income Tax — 6.25% of Line 12 | 20 pe instructions) | 13 00 14 00 15 00 16 00 |
| CREDITS/PAYMENTS | | | 17 00 18 00 19 00 20 00 |
| CREDITS/P | | usted 2 2 | 21 00 22 00 23 00 |
| TAX DUE | 24. If Line 23 is greater than Line 16, enter OVERPAYMENT here 25. Amount remitted or amount of tax overpayment to be contributed to the following trust funds. Place the total amount contributed on Line 25e. Children's Trust Fund a Veterans Trust Fund Children's Trust Fund a b C C | ly Home ered Meals Missouri National Guard Trust Fund | 24 00 25e 00 |
| REFUND OR TAX DUE | 26. Overpayment to be applied to next filing period 27. Overpayment to be refunded — Line 24 less Lines 25e and 26 28. If Line 23 is less than Line 16, enter UNDERPAYMENT here Interest Penalty Fo | REFUND 2 | 26 00 27 00 28 00 |
| REF | 29. Enter total amount on Line 29 \$ \$ 30. TOTAL DUE — add Lines 28 and 29 (U.S. funds only) | \$ 2 | 29 00 30 00 to discuss my ves DOR |
| SIGNATURE | and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which basks have trouvlaride. As provided in Chanter 143, RSMs, a possibly of in to | d attachments with the preparer or any r internally prepared, any member of the PHONE NUMBER | member of his/her NO internal staff. DATE SIGNED |
| SIGN | PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER) PREPARER'S FEIN, SSN, OR PTIN | PHONE NUMBER | DATE SIGNED DATE SIGNED |

2001 FORM MO-1120 PAGE 2 MISSOURI MODIFICATIONS — ADDITIONS 00 1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1 . . | 1b 00 00 2. Fiduciary and partnership adjustment (enter share of adjustment from Form MO-1041, Page 2, Part 1, 00 00 3. Total — Add Lines 1 and 2. Enter here and on Page 1, Line 3. MISSOURI MODIFICATIONS — SUBTRACTIONS 00 1a. Interest from exempt federal obligations (must attach a detailed schedule) 1a 00 00 1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1 . . 1b 00 00 3. Reduction in gain due to basis difference 00 4. Previously taxed income 5 00 00 6 7. Fiduciary and partnership adjustment (enter share of adjustment from Form MO-1041, Page 2, Part 1, Line 16 or Form MO-1065, Line 16) 00 Total — Add Lines 1 through 7. Enter here and on Page 1, Line 5 00 FEDERAL INCOME TAX — CURRENT YEAR — Consolidated Federal/Separate Missouri Return See Instructions. 00 1 00 3. Federal income tax — add Lines 1 and 2; multiply the total by 50%; and enter here and on Page 1, Line 7. 00 3 00 4. Numerator (the amount of separate company federal taxable income) 00 5 6. Divide Line 4 by Line 5. Multiply by Line 3. Enter here and on Page 1, Line 7. (Consolidated federal/separate Missouri return filers must attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies. If information is not sent, the federal income tax deduction may be reduced to zero.) 00 **CORPORATE INCOME — REASON FOR AMENDMENT** Check one box indicating the reason for this amended Missouri return. The applicable Federal Form 1139, 1120X, 4549, 4549A, 870AD, and/or 5278 must be attached. This includes consolidated federal/separate Missouri filers. NOTE: A separate amended Form MO-1120 must be filed for each reason **DOR ONLY** A. MISSOURI CORRECTION ONLY B. FEDERAL CORRECTION C. LOSS CARRYBACK D. TAX CREDIT CARRYBACK E. IRS AUDIT (RAR) LOSS CARRYBACK OR TAX CREDIT CARRYBACK — AMENDED RETURN ONLY If a loss carryback or tax credit carryback is involved in this amended return, complete the following section. Consolidated federal/separate Missouri filers should report figures attributable to this separate Missouri return and attach a copy of the Federal Consolidated Form 1139 or 1120X showing the carryback or page 1 of the Federal Consolidated Form 1120 for the year of the loss to verify that only the separate company had the loss. Also, enclose a copy of the consolidated income statement for this year and the year of the loss. 00 2. Total net capital loss carryback 3 00 00 Federal income tax adjustment — Consolidated federal/separate Missouri filers must attach computations



FORM MO-FT

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

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

| CORPORATION NAME | | MITS/MO I.D. NUMBER CHARTER N | | CHARTER NUMBER | R | FEIN NUME | BER |
|------------------|---|-------------------------------|---------------------------------------|-------------------|-------------|-----------|--------------|
| | E DEDICO DECININO (AMADDICA) | | | FNIDING | | | |
| | E PERIOD BEGINNING (MMDDYY) | | 20 | , ENDING | | | 20 |
| БА | LANCE SHEET DATE (MMDDYY) | | | | | | |
| Do | your assets include an interest in a partnership and/or limited | d liability compa | any? YES 🗆 | NO \square | | | |
| На | s there been a change in your accounting period? YES | NO 🗌 If y | es, state prior a | ccounting period | | | |
| | READ INSTRUC | TIONS BEF | ORE COMP | LETING THIS FO | RM | | |
| | Corporations having all assets within Missouri complete Corporations having assets both within and without Miss | | | | | | |
| | Par value of issued and outstanding stock (For no-par value Assets | stock, see ins | tructions) | | 1 | | 00 |
| | 2a. Total assets per attached balance sheet | | | | <u>2a</u> | | 00 |
| | 2b. Less: Investments in and advances to subsidiaries over corporations, percentage of ownership, and amount) | | | | <u>2b</u> | | 00 |
| 3. | Adjusted total (Line 2a less Line 2b) | | (A) MIS | | 2c | (B) EVER | 00 YWHERE |
| | 3a. Accounts receivable (net of allowance for bad debt) | 3a | | (|)0 3a | | 00 |
| | 3b. Inventories (net, book value) | | | (| 00 3b | | 00 |
| | 3c. Land and fixed assets (net of accumulated depreciation | n) 3c | | (|)O 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 c Extend the apportionment percentage to six digits to the righ | | | | 4 | | |
| | Assets apportioned to Missouri (Line 2c times Line 4) Tax basis: | | | | 5 | | 00 |
| | 6a. Corporations having all assets within Missouri (Line 2c | or Line 1, whic | hever is greate | ·) | <u>6a</u> | | 00 |
| | 6b. Corporations having assets both within and without Miss whichever is greater.) If Line 6a or Line 6b is \$1,000,000 or less, STOP HERE Box A on Form MO-1120S. | | · · · · · · · · · · · · · · · · · · · | | 6b | | 00 |
| 7. | Tax Computation 7a. Tax — 1/30th of 1% (.000333 of Line 6a or Line 6b) 7b. Short periods (for new corporations and change in accorporations) | | | | . <u>7a</u> | | 00 |
| | Line 7a x (insert number of months in short pe | eriod) = Prora | ted Tax Due | | . 7b | | 00 |
| | 7c. Tax due (Line 7a or Line 7b, whichever applies) Enter h | nere and on Fo | rm MO-1120, P | age 1, Line 15 or | 70 | | 00 |