



|                                                                            |                                         |                                          |
|----------------------------------------------------------------------------|-----------------------------------------|------------------------------------------|
| CORPORATION NAME                                                           |                                         |                                          |
| NUMBER AND STREET                                                          |                                         |                                          |
| CITY OR TOWN, STATE, ZIP CODE                                              |                                         |                                          |
| MITS/MO I.D. NUMBER                                                        | CHARTER NUMBER                          | FEDERAL I.D. NUMBER                      |
|                                                                            |                                         |                                          |
| <b>Check Applicable Boxes</b>                                              |                                         |                                          |
| <input type="checkbox"/> Consolidated MO Return                            | <input type="checkbox"/> Amended Return | <input type="checkbox"/> Final Corporate |
| <input type="checkbox"/> Consolidated Federal/<br>Separate Missouri Return | <input type="checkbox"/> Name Change    | <input type="checkbox"/> Bankruptcy      |
|                                                                            | <input type="checkbox"/> Address Change | <input type="checkbox"/> Income Tax      |
|                                                                            |                                         | <input type="checkbox"/> 990C            |
|                                                                            |                                         | <input type="checkbox"/> 990T            |

**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

## FORM MO-1120

### Missouri Corporation INCOME TAX Return for 2004

### Missouri Corporation FRANCHISE TAX Return for 2005

Beginning \_\_\_\_\_, 20\_\_\_\_ Beginning \_\_\_\_\_, 20\_\_\_\_  
Ending \_\_\_\_\_, 20\_\_\_\_ Ending \_\_\_\_\_, 20\_\_\_\_

**Balance Sheet Date (MMDDYY)**

- ☐ 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 \$1,000,000. You do not owe franchise tax. **If your assets do exceed the \$1,000,000 threshold, you must complete and attach Schedule MO-FT and enter the franchise tax due on the Form MO-1120, Line 15 below.**
- ☐ B. Return filed for **BOTH** (income and franchise)  
☐ C. Return filed for **INCOME** tax only  
☐ D. Return filed for **FRANCHISE** tax only

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |    |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| <b>COMPUTATION OF INCOME TAX</b> | 1. Federal Taxable Income from Federal Forms 1120, Line 30 or 1120A, Line 26                                                                                                                                                                                                                                                                                                                                                                        | 1   | 00 |    |
|                                  | 2. Corporation income tax from Missouri, or other states, their subdivisions, and District of Columbia deducted in determining federal taxable income                                                                                                                                                                                                                                                                                               | 2   | 00 |    |
|                                  | 3. Missouri modifications — Additions (complete Page 2, Part 1)                                                                                                                                                                                                                                                                                                                                                                                     | 3   | 00 |    |
|                                  | 4. Total additions — Add Lines 2 and 3                                                                                                                                                                                                                                                                                                                                                                                                              | 4   | 00 |    |
|                                  | 5. Missouri modifications — Subtractions (complete Page 2, Part 2)                                                                                                                                                                                                                                                                                                                                                                                  | 5   | 00 |    |
|                                  | 6. Balance — Line 1 plus Line 4 less Line 5                                                                                                                                                                                                                                                                                                                                                                                                         | 6   | 00 |    |
|                                  | 7. Federal Income Tax — current year (complete Page 2, Part 3)                                                                                                                                                                                                                                                                                                                                                                                      | 7   | 00 |    |
|                                  | 8. Missouri Taxable Income — all sources — Line 6 less Line 7                                                                                                                                                                                                                                                                                                                                                                                       | 8   | 00 |    |
|                                  | 9. Missouri Taxable Income — if all Missouri income, repeat Line 8. If not, complete Schedule MO-MS and enter apportionment method chosen _____, and the applicable % _____ Multiply Line 8 by the percentage                                                                                                                                                                                                                                       | 9   | 00 |    |
|                                  | 10. Missouri Dividends Deduction (see instructions before entering an amount)                                                                                                                                                                                                                                                                                                                                                                       | 10  | 00 |    |
|                                  | 11. Enterprise Zone or Rural Empowerment Zone Income Modification                                                                                                                                                                                                                                                                                                                                                                                   | 11  | 00 |    |
|                                  | 12. Missouri Taxable Income — Line 9 less Line 10 and Line 11                                                                                                                                                                                                                                                                                                                                                                                       | 12  | 00 |    |
| <b>TAX</b>                       | 13. Corporation Income Tax — 6.25% of Line 12                                                                                                                                                                                                                                                                                                                                                                                                       | 13  | 00 |    |
|                                  | 14. Recapture of Missouri Low Income Housing Credit (attach a copy of Federal Form 8611) (see instructions)                                                                                                                                                                                                                                                                                                                                         | 14  | 00 |    |
|                                  | 15. Corporation Franchise Tax (Complete Schedule MO-FT and attach balance sheet)                                                                                                                                                                                                                                                                                                                                                                    | 15  | 00 |    |
|                                  | 16. Total Tax — Add Lines 13, 14, and 15                                                                                                                                                                                                                                                                                                                                                                                                            | 16  | 00 |    |
| <b>CREDITS/PAYMENTS</b>          | 17. Tax credits — (attach Form MO-TC)                                                                                                                                                                                                                                                                                                                                                                                                               | 17  | 00 |    |
|                                  | 18. Estimated tax payments (include approved overpayments applied from previous year)                                                                                                                                                                                                                                                                                                                                                               | 18  | 00 |    |
|                                  | 19. Payments with Form MO-7004                                                                                                                                                                                                                                                                                                                                                                                                                      | 19  | 00 |    |
|                                  | 20. <b>AMENDED RETURN ONLY:</b> Tax paid with (or after) the filing of the original return                                                                                                                                                                                                                                                                                                                                                          | 20  | 00 |    |
|                                  | 21. Subtotal — Add Lines 17 through 20                                                                                                                                                                                                                                                                                                                                                                                                              | 21  | 00 |    |
|                                  | 22. <b>AMENDED RETURN ONLY:</b> Overpayment, if any, as shown on original return or as later adjusted                                                                                                                                                                                                                                                                                                                                               | 22  | 00 |    |
|                                  | 23. Total — Line 21 less Line 22                                                                                                                                                                                                                                                                                                                                                                                                                    | 23  | 00 |    |
| <b>REFUND OR TAX DUE</b>         | 24. If Line 23 is greater than Line 16, enter OVERPAYMENT here                                                                                                                                                                                                                                                                                                                                                                                      | 24  | 00 |    |
|                                  | 25. Amount remitted or amount of tax overpayment to be contributed to the trust funds listed to the right. Place the total amount contributed on Line 25h.                                                                                                                                                                                                                                                                                          | 25h | 00 |    |
|                                  | 26. Overpayment to be applied to next filing period                                                                                                                                                                                                                                                                                                                                                                                                 | 26  | 00 |    |
|                                  | 27. Overpayment to be refunded — Line 24 less Lines 25h and 26                                                                                                                                                                                                                                                                                                                                                                                      | 27  | 00 |    |
|                                  | 28. If Line 23 is less than Line 16, enter UNDERPAYMENT here                                                                                                                                                                                                                                                                                                                                                                                        | 28  | 00 |    |
|                                  | 29. Enter total amount on Line 29                                                                                                                                                                                                                                                                                                                                                                                                                   | 29  | 00 |    |
|                                  | 30. <b>TOTAL DUE — Add Lines 28 and 29 (U.S. funds only)</b>                                                                                                                                                                                                                                                                                                                                                                                        | 30  | 00 |    |
|                                  | <b>TOTAL DUE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | 30 | 00 |
|                                  | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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 he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any corporation which files a frivolous return. |     |    |    |
|                                  | I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm, or if internally prepared, any member of the internal staff.                                                                                                                                                                                                                                                  |     |    |    |

|                  |                                                    |                               |              |             |                                                                                                                                                                                                        |
|------------------|----------------------------------------------------|-------------------------------|--------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGNATURE</b> | SIGNATURE OF OFFICER (REQUIRED)                    | TITLE OF OFFICER              | PHONE NUMBER | DATE SIGNED | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><b>DOR ONLY</b><br><input type="checkbox"/> S<br><input type="checkbox"/> E<br><input type="checkbox"/> B<br><input type="checkbox"/> F |
|                  | PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER) | PREPARER'S FEIN, SSN, OR PTIN | PHONE NUMBER | DATE SIGNED |                                                                                                                                                                                                        |

**MISSOURI MODIFICATIONS — ADDITIONS**

|               |                                                                                                                                               |    |  |    |   |    |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----|--|----|---|----|
| <b>PART 1</b> | 1a. State and local bond interest (except Missouri) .....                                                                                     | 1a |  | 00 |   |    |
|               | 1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1 ..                                                 | 1b |  | 00 | 1 | 00 |
|               | 2. Fiduciary and partnership adjustment (enter share of adjustment from Form MO-1041, Page 2, Part 1, Line 18 or Form MO-1065, Line 18) ..... |    |  |    | 2 | 00 |
|               | 3. Missouri depreciation basis adjustment (Section 143.121.2(c) RSMo) .....                                                                   |    |  |    | 3 | 00 |
|               | 4. Net operating loss modification (Section 143.431.4, RSMo) (Do not enter NOL carryover) .....                                               |    |  |    | 4 | 00 |
|               | 5. Total — Add Lines 1 through 4. Enter here and on Page 1, Line 3 .....                                                                      |    |  |    | 5 | 00 |

**MISSOURI MODIFICATIONS — SUBTRACTIONS**

|               |                                                                                                                                               |    |  |    |    |    |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----|--|----|----|----|
| <b>PART 2</b> | 1a. Interest from exempt federal obligations (must attach a detailed schedule) .....                                                          | 1a |  | 00 |    |    |
|               | 1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1 ..                                                 | 1b |  | 00 | 1  | 00 |
|               | 2. Federally taxable — Missouri exempt obligations .....                                                                                      |    |  |    | 2  | 00 |
|               | 3. Reduction in gain due to basis difference (See 12 CSR 10-2.020 and Section 143.121.3(b) RSMo) .....                                        |    |  |    | 3  | 00 |
|               | 4. Previously taxed income .....                                                                                                              |    |  |    | 4  | 00 |
|               | 5. Amount of any state income tax refund included in federal taxable income .....                                                             |    |  |    | 5  | 00 |
|               | 6. Capital gain exclusion from the sale of low income housing project .....                                                                   |    |  |    | 6  | 00 |
|               | 7. Fiduciary and partnership adjustment (enter share of adjustment from Form MO-1041, Page 2, Part 1, Line 19 or Form MO-1065, Line 19) ..... |    |  |    | 7  | 00 |
|               | 8. Missouri depreciation basis adjustment (Section 143.121.3(g) RSMo) .....                                                                   |    |  |    | 8  | 00 |
|               | 9. Net operating loss carryback previously disallowed for Missouri (Section 143.121.2(d) RSMo) .....                                          |    |  |    | 9  | 00 |
|               | 10. Depreciation recovery on qualified property that is sold (Section 143.121.3 (h) RSMo) .....                                               |    |  |    | 10 | 00 |
|               | 11. Total — Add Lines 1 through 10. Enter here and on Page 1, Line 5 .....                                                                    |    |  |    | 11 | 00 |

**FEDERAL INCOME TAX — CURRENT YEAR — Consolidated Federal/Separate Missouri Return — See Instructions.**

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |  |    |  |  |  |  |  |   |  |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|----|--|--|--|--|--|---|--|
| <b>PART 3</b> | 1. Federal tax (from Federal Form 1120, Schedule J, Line 11 or Federal Form 1120A, Part 1, Line 6) .....                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 |  | 00 |  |  |  |  |  |   |  |
|               | 2. Foreign tax credit (from Federal Form 1120, Schedule J, Line 6a) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 |  | 00 |  |  |  |  |  |   |  |
|               | 3. Federal income tax — add Lines 1 and 2; <b>multiply the total by 50%</b> ; and enter here and on Page 1, Line 7.<br><b>Consolidated federal/separate Missouri returns must complete Lines 4–6</b> .....                                                                                                                                                                                                                                                                                                                           | 3 |  | 00 |  |  |  |  |  |   |  |
|               | 4. Numerator (the amount of separate company federal taxable income) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4 |  | 00 |  |  |  |  |  |   |  |
|               | 5. Denominator (enter the total positive separate company federal taxable income) .....                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5 |  | 00 |  |  |  |  |  |   |  |
|               | 6. Divide Line 4 by Line 5. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Multiply by Line 3. Enter here and on Page 1, Line 7.<br>(Consolidated federal/separate Missouri return filers must attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies.<br><b>If information is not sent, the federal income tax deduction may be reduced to zero.</b> ) ..... |   |  |    |  |  |  |  |  | 6 |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |  |    |  |  |  |  |  |   |  |

**CORPORATE INCOME — REASON FOR AMENDMENT**

|               |                                                                                                                                                                                                                                                                                                           |                                                                                               |                                                                                                                                                                                                      |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PART 4</b> | 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. <b>NOTE: A separate amended Form MO-1120 must be filed for each reason.</b> |                                                                                               |                                                                                                                                                                                                      |
|               | <input type="checkbox"/> A. MISSOURI CORRECTION ONLY<br><input type="checkbox"/> D. FEDERAL TAX CREDIT CARRYBACK                                                                                                                                                                                          | <input type="checkbox"/> B. FEDERAL CORRECTION<br><input type="checkbox"/> E. IRS AUDIT (RAR) | <input type="checkbox"/> C. LOSS CARRYBACK<br><input type="checkbox"/> F. MISSOURI TAX CREDIT CARRYBACK*<br><small>*Enter on Part 5, Line 1 the first year that the credit became available.</small> |

**DOR ONLY****LOSS CARRYBACK OR FEDERAL TAX CREDIT CARRYBACK — AMENDED RETURN ONLY**

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |   |   |   |   |    |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|----|
| <b>PART 5</b> | If a loss carryback or federal 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. (If NOL or Missouri tax credit carryback, enter year that the credit first became available.) |   |   |   |   |   |   |    |
|               | 1. Year of loss .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 | M | M | D | D | Y | Y  |
|               | 2. Total net capital loss carryback .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2 |   |   |   |   |   | 00 |
|               | 3. Total net operating loss carryback .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3 |   |   |   |   |   | 00 |
|               | 4. Federal income tax adjustment — Consolidated federal/separate Missouri filers must attach computations .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4 |   |   |   |   |   | 00 |



MISSOURI DEPARTMENT OF REVENUE  
**CORPORATION FRANCHISE  
TAX SCHEDULE**

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                                                                                                                                                                                                                                                                    |  | MITS/MO I.D. NUMBER |  | CHARTER NUMBER |    | FEIN NUMBER    |    |
| FILE PERIOD BEGINNING (MMDDYY)                                                                                                                                                                                                                                                      |  | 20                  |  | , ENDING       |    | 20             |    |
| BALANCE SHEET DATE (MMDDYY)                                                                                                                                                                                                                                                         |  |                     |  |                |    |                |    |
| Do your assets include an interest in a partnership and/or limited liability company? YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                      |  |                     |  |                |    |                |    |
| Has there been a change in your accounting period? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, state prior accounting period _____                                                                                                                             |  |                     |  |                |    |                |    |
| <b>Read instructions before completing this schedule.</b>                                                                                                                                                                                                                           |  |                     |  |                |    |                |    |
| <ul style="list-style-type: none"><li>Corporations having all assets within Missouri complete Lines 1, 2, 6a, and 7 <b>ONLY</b>.</li><li>Corporations having assets both within and without Missouri complete all lines except 6a.</li></ul>                                        |  |                     |  |                |    |                |    |
| 1. Par value of issued and outstanding stock (For no-par value stock, see instructions) ( <b>not less than zero</b> ) . . . . .                                                                                                                                                     |  |                     |  | 1              |    |                | 00 |
| 2. Assets                                                                                                                                                                                                                                                                           |  |                     |  |                |    |                |    |
| 2a. Total assets per attached balance sheet . . . . .                                                                                                                                                                                                                               |  |                     |  | 2a             |    |                | 00 |
| 2b. Less: Investments in and advances to subsidiaries over 50% owned (Attach schedule showing name of corporations, percentage of ownership, and amount) . . . . .                                                                                                                  |  |                     |  | 2b             |    |                | 00 |
| 2c. Adjusted total (Line 2a less Line 2b) . . . . .                                                                                                                                                                                                                                 |  |                     |  | 2c             |    |                | 00 |
| 3. Allocation per attached balance sheet or schedule (See instructions.)                                                                                                                                                                                                            |  |                     |  | (A) MISSOURI   |    | (B) EVERYWHERE |    |
| 3a. Accounts receivable (net of allowance for bad debt) . . . . .                                                                                                                                                                                                                   |  | 3a                  |  | 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 divided by Column B)<br>Extend the apportionment percentage to six digits to the right of the decimal point. . . . .                                                                                                    |  |                     |  | 4              |    |                |    |
| 5. Assets apportioned to Missouri (Line 2c times Line 4) . . . . .                                                                                                                                                                                                                  |  |                     |  | 5              |    |                | 00 |
| 6. Tax basis:                                                                                                                                                                                                                                                                       |  |                     |  |                |    |                |    |
| 6a. Corporations having all assets within Missouri (Line 2c or Line 1, whichever is greater) . . . . .                                                                                                                                                                              |  |                     |  | 6a             |    |                | 00 |
| 6b. Corporations having assets both within and without Missouri (Line 5 or the product of Line 1 times Line 4, whichever is greater.) . . . . .<br>If Line 6a or Line 6b is \$1,000,000 or less, <b>STOP HERE</b> and <b>check Box A on Form MO-1120 or Box A on Form MO-1120S.</b> |  |                     |  | 6b             |    |                | 00 |
| 7. Tax Computation                                                                                                                                                                                                                                                                  |  |                     |  |                |    |                |    |
| 7a. Tax — 1/30th of 1% (.000333 of Line 6a or Line 6b) . . . . .                                                                                                                                                                                                                    |  |                     |  | 7a             |    |                | 00 |
| 7b. Short periods (for new corporations and change in accounting periods only) —<br><br>Line 7a x _____ (insert number of months in short period) = Prorated Tax Due . . . . .<br>12                                                                                                |  |                     |  | 7b             |    |                | 00 |
| 7c. Tax due (Line 7a or Line 7b, whichever applies) Enter here and on Form MO-1120, Page 1, Line 15 or Form MO-1120S, Page 1, Line 15 . . . . .                                                                                                                                     |  |                     |  | 7c             |    |                | 00 |

# SCHEDULE MO-FT, FRANCHISE TAX SCHEDULE INSTRUCTIONS

This information is for guidance only and does not state the complete law.

## **Corporations/S Corporations Subject to Franchise Tax**

All **domestic** corporations must file a Form MO-1120, Corporation Income Tax/Corporation Franchise Tax Return or Form MO-1120S, S Corporation Income/Franchise Tax Return and Schedule MO-FT, Franchise Tax Schedule and pay any tax due. All **foreign** corporations engaged in business or qualified to do business in Missouri must likewise file a Form MO-1120 or Form MO-1120S and Schedule MO-FT and pay any tax due. Franchise tax is based on the total assets of the corporation or the par value of issued and outstanding capital stock, whichever is greater. For capital stock with no par value, the value is \$5 per share or actual value, whichever is higher.

**If a corporation's assets in Missouri or apportioned to Missouri are \$1,000,000 or less, the corporation is not required to pay franchise tax. However, the corporation must still file and state that their assets do not exceed \$1,000,000. Check Box A on Form MO-1120 or Form MO-1120S to indicate assets do not exceed \$1,000,000 and sign the return.**

To determine the corporation's tax basis, complete Schedule MO-FT, Lines 1 through 6.

## **Corporations/S Corporations Exempt From Filing Franchise Tax**

Not-for-profit corporations, industrial development authorities, insurance companies, which pay an annual tax on their premium receipts in this state, certain electric and telephone corporations, mutual insurance corporations not having shares, savings and loan associations, and regulated investment companies (see Section 147.010.2, RSMo), or banking institutions subject to the franchise tax imposed by Sections 148.010–148.110, RSMo, are exempt from filing corporation franchise tax.

## **New Domestic and Foreign Corporations**

Corporations required to file a franchise tax return will have the return due by the 15th day of the fourth month after the date of incorporation (date of qualification in Missouri if a foreign corporation) whether it be a short period or a full 12 months.

## **Rate and Basis of Tax**

Section 147.010, RSMo, requires 1/30 of 1 percent (.000333) of the value of the tax basis.

## **Balance Sheet**

A copy of the balance sheet and supporting schedules as of the beginning of the corporation's taxable period must be attached. Only include those schedules pertaining to asset information. A new corporation should submit its balance sheet as of the date of its incorporation/authorization or date in which operations began in Missouri, when filing the franchise tax schedule. An explanation must be attached with the report if an alternate accounting method is used.

## **Definitions**

**A. INVESTMENTS IN AND ADVANCES TO SUBSIDIARIES:** Submit a schedule of investments and advances to all subsidiaries. Indicate the names and percentage of ownership in each and the amount of investments or advances. Ownership of the subsidiary

must be over 50 percent to qualify. **Subsidiaries must be corporations.**

**B. ALLOCATION AND APPORTIONMENT:** A corporation having assets both within and without Missouri, apportions its total assets based on the amount of accounts receivable, inventory, land, and fixed assets allocated to Missouri. Corporations doing business within and without Missouri should submit a schedule of Missouri assets in addition to the balance sheet. **Extend the apportionment percentage on Schedule MO-FT, Line 4, to six digits to the right of the decimal point:** such as 12.34565 percent is .123457 and 1.2345 percent is .012345. **NOTE:** An alternative method of apportionment may only be used with prior approval from the Missouri Director of Revenue.

**C. ACCOUNTS RECEIVABLE:** Include as Missouri assets all notes, accounts, and contracts receivable that are based upon Missouri destination sales. Receivables which are not derived from sales must be included as Missouri assets if the borrower is located in Missouri. If accounts receivable from subsidiaries are included in Line 2b, do not include in Line 3a. Receivables must be reported net of allowance for bad debt.

**D. INVENTORIES:** Include as Missouri assets the amount of all inventories owned by the corporation and used in Missouri. The value of inventories should be reported net and at book value.

**E. LAND AND FIXED ASSETS:** Include as Missouri assets all land and fixed assets located in Missouri owned by the corporation. The value is the original cost less accumulated depreciation. Include property and equipment under construction and leasehold improvements and depletable assets less depletion.

**F. NEGATIVE ASSETS:** Negative assets as shown on the balance sheet constitute a liability and are not deductible. Add negative figures back to total assets.

## **Administrative Dissolution**

If a corporation required to file franchise tax, fails to file and/or pay the tax within 90 days from the original due date (or 90 days from the extension due date), it shall forfeit its charter (or Certificate of Authority for a foreign corporation) in this state under the provisions of Section 351.525, RSMo.

## **Foreign Corporations Acting as General Partners**

The Limited Partnership Law (Chapter 359) does not require foreign corporations acting as general partners of limited partnerships to qualify as foreign corporations doing business in Missouri. Nevertheless, these foreign corporations may owe a franchise tax. If they do, they should indicate on their franchise tax schedule that they are a general partner of a limited partnership. Calculate the tax liability based upon either the partner's capital account or the corporation's initial investment. Include percentage proportionate share in both total assets (Line 2a) and apportioned assets (Line 3a, b, or c).