



CORPORATION NAME

NUMBER AND STREET

CITY OR TOWN, STATE, ZIP CODE

MO TAX I.D. NUMBER      CHARTER NUMBER      FEDERAL I.D. NUMBER

**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**

<b>Missouri Corporation INCOME TAX Return for 2010</b>	<b>Missouri Corporation FRANCHISE TAX Return for 2011</b>
Beginning _____, 20 ____ Ending _____, 20 ____	Beginning _____, 20 ____ Ending _____, 20 ____
<b>Balance Sheet Date (MMDDYY)</b>	<b>SOFTWARE VENDOR CODE (Assigned by DOR) 001</b>

**Check Applicable Boxes**      **Attach copy of Federal Return, pages 1-5**

Consolidated MO Return       Amended Return       Final Corporation       Bankruptcy  
 Consolidated Federal/  
Separate Missouri Return       Name Change       Income Tax       1120C  
 Address Change       Return       990T

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-1120, 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

<b>COMPUTATION OF INCOME TAX</b>	1. Federal Taxable Income from Federal Form 1120, Line 30	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 <b>OVERPAYMENT</b> here	24	00
	25. Amount remitted or amount of tax overpayment to be contributed to the trust funds listed to the right.	25	00
	26. Overpayment to be applied to next filing period	26	00
	27. Overpayment to be refunded — Line 24 less Lines 25 and 26	27	00
	28. If Line 23 is less than Line 16, enter <b>UNDERPAYMENT</b> here	28	00
	29. Enter total amount on Line 29	29	00
	30. <b>TOTAL DUE</b> — Add Lines 28 and 29 (U.S. funds only)	30	00

Children's	Veterans	Elderly Home Delivered Meals	Missouri National Guard	Workers' Memorial	Childhood Lead Testing	Missouri Military Family Relief Fund	General Revenue	After School Retreat	Addl. Trust Fund Code (See Instr.)	Addl. Trust Fund Code (See Instr.)
25	00	00	00	00	00	00	00	00	00	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 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 declare under penalties of 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 or abatement if I 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 employees working 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.

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.  YES  NO

**SIGNATURE**

SIGNATURE OF OFFICER (REQUIRED)	TITLE OF OFFICER	PHONE NUMBER ( )	DATE SIGNED
PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER)	PREPARER'S FEIN, SSN, OR PTIN	PHONE NUMBER ( )	DATE SIGNED

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 B  
 F



