



MISSOURI DEPARTMENT OF REVENUE
**STATEMENT OF INCOME TAX PAYMENTS FOR
 NONRESIDENT INDIVIDUAL PARTNERS OR
 S CORPORATION SHAREHOLDERS**

**2012
 FORM
 MO-2NR**

DLN

FOR CALENDAR YEAR 2012 OR FISCAL YEAR BEGINNING				, 2012 AND ENDING		, 2013	
1. NAME OF PARTNERSHIP/S CORPORATION			DOR ONLY		2. MISSOURI TAX ID NUMBER		
ADDRESS					3. FEDERAL ID NUMBER		
CITY OR TOWN		STATE	ZIP CODE		4. TYPE OF ENTITY <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company (Treated as a Partnership)		
5. NAME OF PARTNER/SHAREHOLDER					6. SOCIAL SECURITY NUMBER		
ADDRESS					7. INCOME SUBJECT TO TAX		00
CITY OR TOWN		STATE	ZIP CODE		8. MISSOURI INCOME TAX PAYMENT		00
Partner/Shareholder copy — Keep this copy for your records					Copy A		

For additional information visit <http://dor.mo.gov/>

MO-2NR (12-2012)



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Attach to Form MO-1NR. See instructions for Line 1 of MO-1NR.					Copy C		

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MO-2NR (12-2012)