

2009 FORM MO-NFT

Only complete if your corporation's assets are less than or equal to \$1,000,000.

LAST NAME FII	RST NAME	MI	SOCIAL SE	SOCIAL SECURITY NUMBER	
LAST NAME FII	RST NAME	MI	SPOUSE'S	S SOCIAL SECURITY NUMBER	
CITY		STATE	·	ZIP CODE	
Zero Franchise Tax Liability — Check this box if your corporation's assets in or apportioned to Missouri are less than or equal to \$1,000,000. Note: If a corporation fails or neglects to file a Missouri corporation franchise tax report pursuant to Chapter 147, the Director of Revenue will notify the Secretary of State to begin administrative dissolution proceedings.					
Complete the information below. (Each corporation must complete a separate Form MO-NFT, or Form MO-1120 or MO-1120S.)					
FILE PERIOD BEGINNING	FILE PERIOD ENDING	FILE PERIOD ENDING		BALANCE SHEET DATE (MMDDYY)	
CORPORATION NAME		MO TAX I.D. NUMBER			
CHARTER NUMBER		FEDERAL I.D. NUMBER			
SIGNATURE OF OFFICER			DATE S	DATE SIGNED	
TITLE OF OFFICER		PHONE	PHONE NUMBER		

MO 860-3013 (09-2008)

For Privacy Notice, see the instructions.