

2010 FORM MO-NFT

Only complete if your corporation's assets are less than or equal to \$10,000,000.

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AST NAME FIRST NAME		MI	SOCIAL SECURI	SOCIAL SECURITY NUMBER	
LAST NAME FIRS	T NAME MI		SPOUSE'S SOCI	SPOUSE'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 \$10,000,000. 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, Form MO-1120, or MO-1120S.)					
FILE PERIOD BEGINNING	FILE PERIOD ENDING		BALANCE SH	BALANCE SHEET DATE (MMDDYY)	
CORPORATION NAME		MO TAX I.D. NUMBER			
CHARTER NUMBER		FEDERAL I.D. NUMBER			
SIGNATURE OF OFFICER			DATE SIGNE	DATE SIGNED	
TITLE OF OFFICER		PHONE NUM	PHONE NUMBER		

MO 860-3013 (11-2009)

For Privacy Notice, see the instructions.