



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

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

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

| | | | |
|----------------------------------|---|----|----|
| COMPUTATION OF INCOME TAX | 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 |
| TAX | 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 |
| CREDITS/PAYMENTS | 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. AMENDED RETURN ONLY: Tax paid with (or after) the filing of the original return | 20 | 00 |
| | 21. Subtotal — Add Lines 17 through 20 | 21 | 00 |
| | 22. AMENDED RETURN ONLY: Overpayment, if any, as shown on original return or as later adjusted | 22 | 00 |
| | 23. Total — Line 21 less Line 22 | 23 | 00 |
| REFUND OR TAX DUE | 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. | 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 UNDERPAYMENT here | 28 | 00 |
| | 29. Enter total amount on Line 29 | 29 | 00 |
| | 30. TOTAL DUE — Add Lines 28 and 29 (U.S. funds only) | 30 | 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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| MISSOURI MODIFICATIONS — ADDITIONS | | | | | | |
|--|---|----|--|----|----|----|
| PART 1 | 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 17) | | | | 2 | 00 |
| | 3. Net operating loss modification (Section 143.431.4, RSMo) (Do not enter NOL carryover) | | | | 3 | 00 |
| | 4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income, Section 135.647, RSMo | | | | 4 | 00 |
| 5. Total — Add Lines 1 through 4. Enter here and on Page 1, Line 3 | | | | 5 | 00 | |

| MISSOURI MODIFICATIONS — SUBTRACTIONS | | | | | | |
|--|---|----|--|----|----|----|
| PART 2 | 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(2), 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 18) | | | | 7 | 00 |
| | 8. Missouri depreciation basis adjustment (Section 143.121.3(7), RSMo) | | | | 8 | 00 |
| | 9. Subtraction Modification offsetting previous Addition Modification from a Net Operating Loss (NOL) deduction from an applicable year (Section 143.121.2(4), RSMo). | | | | 9 | 00 |
| | 10. Depreciation recovery on qualified property that is sold (Section 143.121.3(9), RSMo) | | | | 10 | 00 |
| | 11. Build America and Recovery Zone Bond Interest | | | | 11 | 00 |
| | 12. Missouri Public-Private Partnerships Transportation Act | | | | 12 | 00 |
| 13. Total — Add Lines 1 through 12. Enter here and on Page 1, Line 5 | | | | 13 | 00 | |

| FEDERAL INCOME TAX — CURRENT YEAR — Consolidated Federal/Separate Missouri Return — See Instructions. | | | | | | |
|---|--|--|--|--|---|----|
| PART 3 | 1. Federal tax from Federal Form 1120, Schedule J, Line 10 | | | | 1 | 00 |
| | 2. Foreign tax credit (from Federal Form 1120, Schedule J, Line 5a) | | | | 2 | 00 |
| | 3. Federal income tax — add Lines 1 and 2; multiply the total by 50%; and enter here and on Page 1, Line 7. Consolidated federal/separate Missouri returns must complete Lines 4–6 | | | | 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. <input type="text"/> Multiply by Line 3. Enter here and on Page 1, Line 7. (Consolidated federal/separate Missouri return filers must attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies. If information is not sent, the federal income tax deduction may be reduced to zero.) | | | | 6 | 00 |

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

| LOSS CARRYBACK OR FEDERAL TAX CREDIT CARRYBACK — AMENDED RETURN ONLY | | | | | | | | |
|---|--|---|---|---|---|---|----|----|
| PART 5 | 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
**MISSOURI DIVIDENDS
 DEDUCTION SCHEDULE**

SCHEDULE
MO-C

Attachment Sequence No. 1120-05

| | | | |
|------------------|--------------------|----------------|---------------------|
| CORPORATION NAME | MO TAX I.D. NUMBER | CHARTER NUMBER | FEDERAL I.D. NUMBER |
|------------------|--------------------|----------------|---------------------|

Complete this schedule when computing the Missouri dividends allowed as a deduction pursuant to Section 143.431.2, RSMo. Complete this schedule only when using single factor apportionment method.

| Column A — Enter the amount of dividends entered on Federal Schedule C Column B — Enter the amount of dividends received from Missouri sources Column D — Column (B) times Column (C) | (A) FEDERAL DIVIDENDS RECEIVED | (B) MISSOURI DIVIDENDS | (C) % | (D) MISSOURI DEDUCTIONS (B) X (C) |
|---|---|------------------------------|--------------------------|--|
| 1. Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) | 00 | 00 | 70 | 00 |
| 2. Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) | 00 | 00 | 80 | 00 |
| 3. Dividends on debt-financed stock of domestic and foreign corporations | 00 | 00 | SEE FEDERAL INSTRUCTIONS | 00 |
| 4. Dividends on certain preferred stock of less-than-20%-owned public utilities | 00 | 00 | 42 | 00 |
| 5. Dividends on certain preferred stock of 20%-or-more-owned public utilities | 00 | 00 | 48 | 00 |
| 6. Dividends from less-than-20%-owned foreign corporations and certain FSCs | 00 | 00 | 70 | 00 |
| 7. Dividends from 20%-or-more-owned foreign corporations and certain FSCs | 00 | 00 | 80 | 00 |
| 8. Dividends from wholly owned foreign subsidiaries | 00 | 00 | 100 | 00 |
| 9. Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 | 00 | 00 | 100 | 00 |
| 10. Dividends from affiliated group members | 00 | 00 | 100 | 00 |
| 11. Dividends from certain FSCs | 00 | 00 | 100 | 00 |
| 12. Dividends from foreign corporations not included on Lines 3, 6, 7, 8, 10, or 11 | 00 | 00 | | |
| 13. Income from controlled foreign corporations under subpart F | 00 | 00 | | |
| 14. Foreign dividend gross-up | 00 | 00 | | |
| 15. IC-DISC and former DISC dividends not included on Lines 1, 2, or 3 | 00 | 00 | | |
| 16. Other dividends | 00 | 00 | | |
| 17. Deduction for dividends paid on certain preferred stock of public utilities | | | | 00 |
| 18. Total. Add Column (B), Lines 1 through 16 | | 00 | | |
| 19. Total. Add Column (D), Lines 1 through 17 | | | | 00 |
| 20. Total Missouri dividends deduction. Subtract Line 19 from 18 | | | | 00 |
| 21. Apportionment factor from Schedule MO-MS, Part 1, Line 7 | | | | % |
| 22. Multiply Line 20 by Line 21, enter here and on Form MO-1120, Line 10 | | | | 00 |

LIST BELOW THE SOURCE OF THE MISSOURI DIVIDEND

| PAYOR (CORPORATION NAME) | STATE OF COMMERCIAL DOMICILE | AMOUNT OF DIVIDEND |
|--------------------------|------------------------------|--------------------|
| | | 00 |
| | | 00 |
| | | 00 |
| | | 00 |
| | | 00 |



MISSOURI DEPARTMENT OF REVENUE
**MISCELLANEOUS INCOME
 TAX CREDITS**

| | |
|--------------------------------|---|
| 2010 FORM MO-TC | Attachment Sequence No. 1040-02, 1120-04, 1120S-02 |
| | |

| | | | |
|-----------------------------|--------------------|--|--|
| NAME (LAST, FIRST) | | SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER | |
| SPOUSE'S NAME (LAST, FIRST) | | SPOUSE'S SOCIAL SECURITY NUMBER | |
| CORPORATION NAME | MO TAX I.D. NUMBER | CHARTER NUMBER | |

- Each credit will apply against your tax liability in the order they appear on the form.
- If you are claiming more than 10 credits, attach an additional sheet.
- If you are filing a combined return, both names must be on the certificate/form from the issuing agency.

USE THIS FORM TO CLAIM INCOME TAX CREDITS ON FORM MO-1040, MO-1120, MO-1120S, OR MO-1041. ATTACH TO FORM MO-1040, MO-1120, MO-1120S, OR MO-1041.

| | BENEFIT NUMBER (Assigned by DED only) | ALPHA CODE (3 Characters) from back | CREDIT NAME | • YOURSELF (one income) • Corporation Income • Fiduciary | | • SPOUSE (on a combined return) • Corporation Franchise | |
|-----|--|---|-------------|--|----------|--|----------|
| | | | | Column 1 | Column 2 | Column 1 | Column 2 |
| 1. | | | | 1. | 00 | | 00 |
| 2. | | | | 2. | 00 | | 00 |
| 3. | | | | 3. | 00 | | 00 |
| 4. | | | | 4. | 00 | | 00 |
| 5. | | | | 5. | 00 | | 00 |
| 6. | | | | 6. | 00 | | 00 |
| 7. | | | | 7. | 00 | | 00 |
| 8. | | | | 8. | 00 | | 00 |
| 9. | | | | 9. | 00 | | 00 |
| 10. | | | | 10. | 00 | | 00 |
| 11. | SUBTOTALS — add Lines 1 through 10..... | | | 11. | 00 | | 00 |
| 12. | Enter the amount of the tax liability from Form MO-1040, Line 30Y for yourself and Line 30S for your spouse, or from Form MO-1120, Line 13 plus Line 14 for income or Line 15 for franchise; Form MO-1120S, Line 15 for franchise tax; or Form MO-1041, Line 18..... | | | 12. | 00 | | 00 |
| 13. | Total Credits — add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 17; Form MO-1120S, Line 16; Form MO-1040, Line 37; or Form MO-1041, Line 19.) Line 13 cannot exceed the amount on Line 12, unless the credit is refundable. | | | 13. | | | 00 |

MO 860-2274 (08-2010)

For Privacy Notice, see the instructions.

Instructions

- If you are filing an individual income tax return and you have only **one** income, use Column 1.
 - If you are filing a combined return and **both** you and your spouse have income, use Column 1 for yourself and Column 2 for your spouse.
 - If you are filing a fiduciary return, use Column 1.
 - If you are filing a corporation income tax return, use Column 1. If you are filing a corporation franchise tax return, use Column 2.
- If you are a shareholder or partner and claiming a credit, you must attach a copy of the shareholder listing, specifying your percentage of ownership, including the corporation's percentage of ownership, if applicable.
- Benefit Number:**
 Only the credits issued by the Department of Economic Development (DED) will have a benefit number. The number is located on your Certificate of Eligibility Schedule (Certificate).
- Alpha Code:**
 This is the three character code located on the back of the form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.

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.