



CORPORATION NAME				<b>MAIL TO:</b> <b>Balance Due</b> Missouri Department of Revenue P.O. Box 3365 Jefferson City, MO 65105-3365		<b>MAIL TO:</b> <b>Refund or No Amount Due</b> Missouri Department of Revenue P.O. Box 700 Jefferson City, MO 65105-0700	
NUMBER AND STREET				FORM MO-1120S			
CITY OR TOWN, STATE, ZIP CODE							
MO TAX I.D. NUMBER		CHARTER NUMBER		FEDERAL I.D. NUMBER		Beginning _____, 20____ Ending _____, 20____	
<input type="checkbox"/> <b>Check Applicable Boxes</b>		<input type="checkbox"/> Amended Return <input type="checkbox"/> Name Change		<input type="checkbox"/> Address Change <input type="checkbox"/> Final Corporation Income Tax Return <input type="checkbox"/> Bankruptcy			
<input type="checkbox"/> Missouri S Corporation <b>FRANCHISE TAX</b> Return for 2012		Beginning _____, 20____ Ending _____, 20____		Balance Sheet Date (MMDDYY)		SOFTWARE VENDOR CODE (Assigned by DOR) <b>001</b>	
<input type="checkbox"/> 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. <b>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-1120S, Line 15 below. If Box A is checked, Box C must not be checked.</b>							
<input type="checkbox"/> B. Return filed for <b>BOTH</b> (income and franchise) <input type="checkbox"/> C. Return filed for <b>INCOME</b> tax only <input type="checkbox"/> D. Return filed for <b>FRANCHISE</b> tax only							
<b>S CORP.</b> 1. Does the S corporation have ANY Missouri modifications? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Lines 1–15 below and page 2. 2. Does the S corporation have ANY nonresident shareholders? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Lines 1–15 below and Schedule MO-NRS. 3. Does S corporation have income derived from sources other than Missouri? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete and attach Schedule MO-MSS.							
<b>MISSOURI S CORPORATION ADJUSTMENTS</b> <b>Additions (attach detailed explanation of each item)</b> 1a. State and local income taxes deducted on Federal Form 1120S ..... 1a _____ 00 1b. Less: Kansas City & St. Louis earnings taxes. Enter Lines 1a less 1b on Line 1 .... 1b _____ 00 2a. State and local bond interest (except Missouri) ..... 2a _____ 00 2b. Less: related expenses (omit if less than \$500) Enter Line 2a less Line 2b on Line 2 ..... 2b _____ 00 3. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list _____) ..... 3 _____ 00 4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income, Sec. 135.647, RSMo ..... 4 _____ 00 5. Total of Lines 1 through 4 ..... 5 _____ 00 <b>Subtractions (attach detailed explanation of each item)</b> 6a. Interest from exempt federal obligations ..... 6a _____ 00 6b. Less: related expenses (omit if < \$500) Enter Line 6a less Line 6b on Line 6 .... 6b _____ 00 7. Amount of any state income tax refund included in federal ordinary income ..... 7 _____ 00 8. Federally taxable — Missouri exempt obligations ..... 8 _____ 00 9. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Build America and Recovery Zone Bond Interest <input type="checkbox"/> Missouri Public-Private Transportation Act <input type="checkbox"/> Other adjustments (list _____) ..... 9 _____ 00 10. Missouri depreciation basis adjustment (Section 143.121.3(7), RSMo) ..... 10 _____ 00 11. Depreciation recovery on qualified property that is sold (Section 143.121.3(9), RSMo) ..... 11 _____ 00 12. Total of Lines 6 through 11 ..... 12 _____ 00 13. Missouri S corporation adjustment — <b>NET ADDITION</b> — excess Line 5 over Line 12 ..... 13 _____ 00 14. Missouri S corporation adjustment — <b>NET SUBTRACTION</b> — excess Line 12 over Line 5 ..... 14 _____ 00							
<b>FRANCHISE TAX</b> 15. Corporation Franchise Tax (Complete Schedule MO-FT and attach balance sheet) ..... 15 _____ 00 16. Tax credits — (attach Form MO-TC and only include corporation franchise tax credits) ..... 16 _____ 00 17. Approved overpayments applied from last file period ..... 17 _____ 00 18. Payments with Form MO-7004 ..... 18 _____ 00 19. <b>AMENDED RETURN ONLY:</b> Tax paid with (or after) the filing of the original return ..... 19 _____ 00 20. Subtotal — add Lines 16 through 19 ..... 20 _____ 00 21. <b>AMENDED RETURN ONLY:</b> Overpayment, if any, as shown on original return or as later adjusted ..... 21 _____ 00 22. Total — Line 20 less Line 21 ..... 22 _____ 00							
<b>REFUND/TAX DUE</b> 23. If Line 22 is greater than Line 15, enter OVERPAYMENT here ..... 23 _____ 00 24. Overpayment to be applied to next filing period ..... 24 _____ 00 25. Overpayment to be refunded — Line 23 less Line 24 ..... <b>REFUND</b> 25 _____ 00 26. If Line 22 is less than Line 15 enter UNDERPAYMENT here ..... 26 _____ 00 27. Enter total amount on Line 27 <input type="text"/> Interest <input type="text"/> Penalty ..... 27 _____ 00 28. <b>TOTAL DUE</b> — add Lines 26 and 27 (U.S. funds only) <b>TOTAL DUE</b> 28 _____ 00							
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check must be presented again electronically.							
<b>SIGNATURE</b> 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.							
SIGNATURE OF OFFICER (REQUIRED)				TITLE OF OFFICER		PHONE NUMBER ( )	
PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER)				PREPARER'S FEIN, SSN, OR PTIN		PHONE NUMBER ( )	
DATE SIGNED				DATE SIGNED		DATE SIGNED	
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO		<b>DOR ONLY</b> <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> B	

**ALLOCATION OF MISSOURI S CORPORATION ADJUSTMENT TO SHAREHOLDERS**

CORPORATION NAME		MO TAX I.D. NUMBER	CHARTER NUMBER	FEDERAL I.D. NUMBER	
1. NAME OF EACH SHAREHOLDER. ALL SHAREHOLDERS MUST BE LISTED. USE ATTACHMENT IF NECESSARY.	2. CHECK BOX IF SHAREHOLDER IS NONRESIDENT	3. SOCIAL SECURITY NUMBER	4. SHAREHOLDER'S SHARE %	5. SHAREHOLDER'S CORPORATION ADJUSTMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> SUBTRACTION	
a)	<input type="checkbox"/>		%		00
b)	<input type="checkbox"/>		%		00
c)	<input type="checkbox"/>		%		00
d)	<input type="checkbox"/>		%		00
e)	<input type="checkbox"/>		%		00
f)	<input type="checkbox"/>		%		00
g)	<input type="checkbox"/>		%		00
h)	<input type="checkbox"/>		%		00
i)	<input type="checkbox"/>		%		00
j)	<input type="checkbox"/>		%		00
k)	<input type="checkbox"/>		%		00
l)	<input type="checkbox"/>		%		00
m)	<input type="checkbox"/>		%		00
n)	<input type="checkbox"/>		%		00
o)	<input type="checkbox"/>		%		00
p)	<input type="checkbox"/>		%		00
q)	<input type="checkbox"/>		%		00
r)	<input type="checkbox"/>		%		00
s)	<input type="checkbox"/>		%		00
t)	<input type="checkbox"/>		%		00
u)	<input type="checkbox"/>		%		00
v)	<input type="checkbox"/>		%		00
w)	<input type="checkbox"/>		%		00
x)	<input type="checkbox"/>		%		00
<b>TOTAL</b>			100 %		00

COLUMN 4 — Enter percentages from Federal Schedule K-1(s). Round percentages to whole numbers.

COLUMN 5 — Enter Missouri S corporation adjustment from Form MO-1120S, Line 13 or 14, as total of Column 5. Multiply each percentage in Column 4 by the total in Column 5. Indicate at the top of Column 5 whether the adjustments are additions or subtractions. The amount after each shareholder's name in Column 5 must be reported as a modification by the shareholder on his/her Form MO-1040, Individual Income Tax Return either as an addition to, or subtraction from, federal adjusted gross income.



MISSOURI DEPARTMENT OF REVENUE  
**CORPORATION FRANCHISE  
TAX SCHEDULE**

**2012  
SCHEDULE  
MO-FT**

Attachment Sequence No. 1120-03 and 1120S-01

**Schedule MO-FT must be filed with the  
Form MO-1120 or Form MO-1120S.**

CORPORATION NAME		MO TAX I.D. NUMBER		CHARTER NUMBER		FEDERAL I.D. NUMBER	
FILE PERIOD BEGINNING (MMDDYY) _____, ENDING _____							
BALANCE SHEET DATE (MMDDYY) _____							
Do your assets include an interest in a partnership and/or limited liability company? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you must provide a detailed reconciliation of partnership assets.							
Has there been a change in your accounting period? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, state prior accounting period _____							
<b>Read instructions before completing this schedule.</b> <b>NOTE: You cannot file a consolidated franchise tax return.</b>							
<ul style="list-style-type: none"><li>Corporations having all assets within Missouri complete Lines 1, 2, 6a, and 7 <b>ONLY</b>.</li><li>Corporations having assets both within and without Missouri complete all lines except 6a.</li></ul>							
1. Par value of issued and outstanding stock (for no-par value stock, see instructions) ( <b>not less than zero</b> ).....		1					00
2. Assets							
2a. Total assets <b>per attached balance sheet</b> .....		2a					00
2b. Less: Investments in or advances to subsidiaries over 50% owned (attach Schedule MO-5071 or a schedule showing name of corporations, percentage of ownership, and amount).....		2b					00
2c. Adjusted total (Line 2a less Line 2b) .....		2c					00
3. Allocation per attached balance sheet or schedule (see instructions)		(A) MISSOURI		(B) EVERYWHERE			
3a. Accounts receivable (net of allowance for bad debt) .....	3a		00	3a			00
3b. Inventories (net, book value).....	3b		00	3b			00
3c. Land and fixed assets (net of accumulated depreciation) .....	3c		00	3c			00
3d. Total allocated assets (add Lines 3a, 3b, and 3c) .....	3d		00	3d			00
4. Missouri percentage for apportionment (Line 3d, Column A divided by Column B) Extend the apportionment percentage to six digits to the right of the decimal point. ....		4					%
5. Assets apportioned to Missouri (Line 2c times Line 4).....		5					00
6. Tax basis:							
6a. Corporations having all assets within Missouri (Line 2c or Line 1, whichever is greater) .....		6a					00
6b. Corporations having assets both within and without Missouri (Line 5 or the product of Line 1 times Line 4, whichever is greater) .....		6b					00
If Line 6a or Line 6b is \$10,000,000 or less, <b>STOP HERE</b> and <b>check Box A on Form MO-1120 or Box A on Form MO-1120S.</b>							
7. Tax Computation							
7a. Tax — 1/37th of 1% (.000270 of Line 6a or Line 6b) .....		7a					00
7b. Short periods (see instructions) — Line 7a x _____ (insert number of whole months in short period) = Prorated 12 Tax Due .....		7b					00
7c. Computed current year tax (Enter the amount from Line 7a or Line 7b, whichever applies) .....		7c					00
7d. Base Year Franchise Tax. Enter the franchise tax from the return for the taxable year ending on or before December 31, 2010 (before the tax is prorated, if the return is for a short period). If the corporation had no franchise tax filing requirement for the taxable year ending on or before December 31, 2010, skip this line and go to Line 7e. ....		7d					00
7e. Tax due. Enter the smaller of Line 7c or Line 7d here and on Form MO-1120, Line 16 or Form MO-1120S, Line 15. If no amount was entered on Line 7d, enter the amount from Line 7c.....		7e					00



MISSOURI DEPARTMENT OF REVENUE

## MISCELLANEOUS INCOME TAX CREDITS

**2011**  
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.
- 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.

**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.**

LINE	BENEFIT NUMBER (Assigned by DED only)	ALPHA CODE (3 Characters) from back	CREDIT NAME	<div style="font-size: 0.8em; margin: 0;"> <div>• YOURSELF (one income) • Corporation Income • Fiduciary</div> <div>• SPOUSE (on a combined return) • Corporation Franchise</div> </div>	
				Column 1	Column 2
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11. SUBTOTALS — add Lines 1 through 10.					
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 14 plus Line 15 for income or Line 16 for franchise; Form MO-1120S, Line 15 for franchise tax; or Form MO-1041, Line 18.					
13. Total Credits — add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 18; 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.					

**For Privacy Notice, see the instructions.**

MO-TC (10-2011)

## 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.
- Include a copy of your certificate/form from the issuing agency.

**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.