



Missouri Department of Revenue
2014 Partnership Return of Income

For the year January 1 – December 31, 2014, Or Fiscal Year Beginning _____ 2014, and ending _____ 20

<input type="checkbox"/> Amended Return	<input type="checkbox"/> Composite	<input type="checkbox"/> Final Return	Missouri Tax Identification Number	Federal Employer Identification Number (FEIN)
<input type="checkbox"/> Name, Address, Federal Employer I.D. Change				
Business Name				
Number and Street			E-mail Address	
City or Town			State	Zip Code

Filing Information	If you are a Limited Liability Company, being taxed as a partnership, please select this box. <input type="checkbox"/>	1. Does the partnership have any Missouri modifications? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes complete Parts 1 and 2 below.
		2. Does the partnership have any nonresident partners? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete Form MO-NRP . Note: If No to both questions, do not complete remainder of return. Attach a copy of Federal Form 1065 and all its schedules, including Schedule K-1, sign below, and mail.

Part 1 Missouri Partnership Adjustment	Additions (attach detailed explanation of each item)			
	1. State and local income taxes deducted on Federal Form 1065	1	00	
	2. Less: Kansas City and St. Louis earnings taxes.....	2	00	
	3. Net (subtract Line 2 from Line 1)		3	00
	4. State and local bond interest (except Missouri).....	4	00	
	5. Less: related expenses (omit if less than \$500)	5	00	
	6. Net (subtract Line 5 from Line 4)		6	00
	7. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list		7	00
	8. Food Pantry Contributions		8	00
	9. Total of Lines 3, 6, 7 and 8		9	00
	Subtractions (attach explanation of each item)			
	10. Interest from exempt federal obligations.....	10	00	
	11. Less: related expenses (omit if less than \$500)	11	00	
	12. Net (subtract Line 11 from Line 10)		12	00
	13. Amount of any state income tax refund included in federal ordinary income		13	00
	14. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list		14	00
	15. Missouri depreciation adjustment (See Section 143.121, RSMo.)		15	00
	16. Total of Lines 12, 13, 14 and 15		16	00
17. Missouri partnership adjustment — Net Addition — excess Line 9 over Line 16		17	00	
18. Missouri partnership adjustment — Net Subtraction — excess Line 16 over Line 9		18	00	

Part 2 - Allocation of Missouri Partnership Adjustment to Partners	Complete if Part 1 indicates a Partnership Adjustment				
	1. Name of each partner. All partners must be listed. Use attachment if more than four.	2. Select box if Partner is nonresident	3. Social Security Number	4. Partner's Share %	5. Partner's Partnership 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
	Total			100 %	00
	Column 4 — Enter percentages from Federal Form 1065, Schedule K-1. Round percentages to whole numbers. Column 5 — Enter Missouri partnership adjustment from Part 1, Line 17 or 18. 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. A copy of this part (or its information) must be provided to each partner. The amount after each partner's name in Column 5 must be reported as a modification on his or her Form MO-1040 , Individual Income Tax Return, Part 1 of the Form MO-A , as a partnership addition to, or subtraction from, the federal adjusted gross income. Each partner must attach an explanation for the adjustment to his or her return.				

Authorization and Signature	I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his or her firm. <input type="checkbox"/> YES <input type="checkbox"/> NO		Preparer's Phone Number (____) _____	
	Under penalties of perjury, I declare that the above information and any attached supplement is true, completed, and correct.			
	Signature of General Partner		Preparer's Signature (Other than taxpayer)	
	Date (MM/DD/YYYY) ____/____/____		Preparer's Address and Zip Code _____ Date (MM/DD/YYYY) ____/____/____	

Attach copy of Federal Form 1065 and all its schedules including K-1

Form MO-1065 (Revised 12-2014)

Mail to: Taxation Division
P.O. Box 3000
Jefferson City, MO 65105-3000

Phone: (573) 751-3505
TDD: (800) 735-2966
Fax: (573) 526-7939
E-mail: income@dor.mo.gov

Visit <http://dor.mo.gov/business/partner/>
for additional information.

