	Missouri Department of Revenue 2015 S-Corporation Income Tax Return	Department Use Only (MM/DD/YY) Missouri Tax
Ļ	Missouri S-Corporation Income Beginning Tax Return for 2015 (MM/DD/YY)	I.D. Number Ending (MM/DD/YY)
I.D. N	oral Employer Charter Number Oration	
Addr	ess	
City		State
ZIP ——		15112010001
	Select this box if you have an approved federal extension. Attach a c	opy of the approved Federal Extension (Form 7004).
	у по	approved states and states (1 cm 1 co 1)
Sele	ct Applicable Boxes. Failure to select the address change box may res	ult in mailings going to the last address on file.
	Amended Return Name Change Address Change	Final Return and Close Account Bankruptcy
ation	Does the S corporation have any Missouri modifications? If Yes, complete Lines 1–14 on pages 1 and 2, and the shareholds.	
S-Corporation	 Does the S corporation have any nonresident shareholders?	ormation on page 3, and Form MO-NRS.
	Additions 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	
S	2a. State and local bond interest (except Missouri)2b. Less: related expenses (omit if less than \$500)	2a
meni	Enter Line 2a less Line 2b on Line 2	2b . 00 2 . 00
S-Corporation Adjustments	3. Partnership Fiduciary Other adjustments (list 4. Donations claimed for the Food Pantry Tax Credit deducted from	federal taxable income,
atio	Section 135.647, RSMo	4 .00
rpol	5. Total of Lines 1 through 4	5 . 00
သင္	Subtractions 6a. Interest from exempt federal obligations	6a . 00
•	6b. Less: related expenses (omit if < \$500) Enter Line 6a less Line 6b on Line 6	
	7. Amount of any state income tax refund included in federal ordinar	y income
	Federally taxable — Missouri exempt obligations	8 Form MO-1120S (Revised 12-2015)

ts	Subtractions (continued)													
men	9. Partnership Fiduciary Build America and Recovery Zone Bond Interest													
Adjust	Missouri Public-Private Transportation Act Other adjustments (list	9	. 00											
S-Corporation Adjustments	10. Missouri depreciation basis adjustment (Section 143.121.3(7), RSMo)	10	. 00											
orpo	11. Depreciation recovery on qualified property that is sold (Section 143.121.3(9), RSMo)		. 00											
လ	12. Total Subtractions - Add Lines 6 through 11	12	. 00											
	13. Missouri S corporation adjustment — Net Addition — excess Line 5 over Line 12	13	. 00											
	14. Missouri S corporation adjustment — Net Subtraction — excess Line 12 over Line 5	14	. 00											
	15. Approved overpayments applied from last file period to be refunded	15	. 00											
		Departme	ent Use Only											
		Departine	one dod dring											
	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete,and correct.		N S E											
ē	complete, and correct. I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any	AR												
nature	complete, and correct. I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any	AR	N S E											
Signature	complete, and correct. I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any	AR	N S E											
Signature	complete,and correct. 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, or if internally prepared, any member of the internal staff. Signature of Officer Telephone Date Signed	AR	N S E											
Signature	complete,and correct. 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, or if internally prepared, any member of the internal staff. Signature of Officer Telephone Number Preparer's Signature Preparer's FEIN, Preparer's FEIN,	AR	N S E											

oration														souri Tax Number			
eral Employ Number	er					Charter Number											
	ne of eac be listed					2. Select i hareholdei nonresidei	is	3. S	ocial \$	Securi	ity N	umbe	er	4. Shareho Share	lder's	arehold	ljustmer Subtract
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s)															%		
Total Column 4															%		

Mail To: Refund or No Amount Due:

Jefferson City, MO 65105-0700 E-mail: corporate@dor.mo.gov

Visit http://dor.mo.gov/business/corporate/ for additional information.



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 or her Form MO-1040, Individual Income Tax Return, either as an addition to, or subtraction from, federal adjusted gross income.

