



Missouri Department of Revenue
**2015 Statement of Income Tax Payments For
Nonresident Individual Partners or S Corporation Shareholders**

Copy A

For calendar year 2015 or fiscal year beginning _____, 2015 and Ending _____, 2016

Partnership or S Corporation	Name			Missouri Tax I.D. Number			
	Address			Federal Employer I.D. Number			
	City or Town	State	Zip Code	Type of Entity: <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company (Treated as a Partnership)			
Partner or Shareholder	Name			Social Security Number			
	Address			Income Subject to Tax			
	City or Town	State	Zip Code	Missouri Income Tax Payment			

Partner or Shareholder — Keep this copy for your records
Visit <http://dor.mo.gov/> for additional information.

Form MO-2NR (Revised 12-2015)



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Copy B

For calendar year 2015 or fiscal year beginning _____, 2015 and Ending _____, 2016

Partnership or S Corporation	Name			Missouri Tax I.D. Number			
	Address			Federal Employer I.D. Number			
	City or Town	State	Zip Code	Type of Entity: <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company (Treated as a Partnership)			
Partner or Shareholder	Name			Social Security Number			
	Address			Income Subject to Tax			
	City or Town	State	Zip Code	Missouri Income Tax Payment			

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Copy C

For calendar year 2015 or fiscal year beginning _____, 2015 and Ending _____, 2016

Partnership or S Corporation	Name			Missouri Tax I.D. Number			
	Address			Federal Employer I.D. Number			
	City or Town	State	Zip Code	Type of Entity: <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company (Treated as a Partnership)			
Partner or Shareholder	Name			Social Security Number			
	Address			Income Subject to Tax			
	City or Town	State	Zip Code	Missouri Income Tax Payment			

Attach to Form MO-1NR. See instructions for Line 1 of Form MO-1NR
Visit <http://dor.mo.gov/> for additional information.

Form MO-2NR (Revised 12-2015)