

Only complete this form if your corporation's assets are less than or equal to \$10,000,000.

Note: If a corporation fails or neglects to file a Missouri corporation franchise tax report pursuant to Chapter 147, the Director of Revenue will notify the Secretary of State to begin administrative dissolution proceedings.

Last Name, First Name, Middle Initial		Social Security Number
Spouse's Last Name, First Name, Middle Initial		Social Security Number
City	State	Zip Code

Complete the information below. (Each corporation must complete a separate Form MO-NFT, Form MO-1120, or Form <u>MO-1120S</u>.)

Zero Franchise Tax Liability — Check this box if your corporation's assets in or apportioned to Missouri are less than or equal to \$10,000,000.

File Period Beginning	File Period Ending	Balance Sheet Date (MM/DD/YYYY) //
Corporation Name		6
Charter Number	Federal Employer Identification Number (FEIN)	Missouri Tax Identification Number

	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
ature	Signature of Officer	Title of Officer
Signa	Telephone Number	Date Signed (MM/DD/YYYY)
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For Privacy Notice, see the Form MO-1040 Instructions.

