

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) |
| 07 | () | / |

For Privacy Notice, see the Form MO-1040 Instructions.

