

Department Use Only
(MM/DD/YY)

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Corporation Name	Balance Sheet Date (MM/DD/YYYY)
	____/____/____

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.

Complete the information below. (Each corporation must complete a separate Form MO-NFT, [Form MO-1120](#), or [Form MO-1120S](#).)

☐ **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.

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

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
	Signature of Officer	Title of Officer
	Telephone Number	Date Signed (MM/DD/YYYY)
	() -	/ /

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

Mail to: Taxation Division
P.O. Box 3365
Jefferson City, MO 65105-3365

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Fax: (573) 522-1721
E-mail: franchise@dor.mo.gov <http://www.dor.mo.gov>

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



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