



MISSOURI DEPARTMENT OF REVENUE
P.O. BOX 898
JEFFERSON CITY, MO 65105-0898
(573) 751-2326 TDD 1-800-735-2966
CREDIT INSTITUTION TAX RETURN

FORM
2823
(REV. 09-2009)

DLN

FOR CALENDAR YEAR 2010 — BASED ON THE YEAR 2009

DUE DATE April 15, 2010

NAME		
ADDRESS	CITY, STATE, ZIP CODE	
FEDERAL EMPLOYER IDENTIFICATION NUMBER / SOCIAL SECURITY NUMBER	COUNTY NAME	COUNTY CODE

During this taxable year, have you been notified of a change in your federal net income taxes for any prior period? ☐ Yes ☐ No
(If yes, submit schedule of changes.)

NOTE: A COPY OF THE FEDERAL RETURN AND SUPPORTING SCHEDULES MUST BE ATTACHED TO THIS RETURN.

PART I		
1. Federal taxable income (loss) from Federal Forms 1120, Line 28 or 1120S, Line 21 or Form 1065, Line 22 or Schedule C, Line 31	1	
ADDITIONS		
2. Income from state and/or political subdivision obligations not included in federal income (explain if different from tax-exempt interest on the federal return)	2	
3. Income from federal government securities not included in federal income	3	
4. Charitable contribution claimed on federal return (attach schedule)	4	
5. Bad debt claimed on federal return (☐ Reserve method ☐ Direct write-off method ☐ Other _____)	5	
6. Net bad debt recoveries	6	
7. Missouri Credit Institution tax deducted on federal return	7	
8. Taxes deducted on federal return, claimed as credits on this return (must be detailed on Schedule A or attachment)	8	
9. Other additions (attach detailed schedule)	9	
10. TOTAL of Lines 1 through 9	10	

PART II DEDUCTIONS		
11. Net bad debt charge offs	11	
12. Federal income tax deduction (see instructions)	12	
13. Other deductions (attach detailed schedule)	13	
14. Total of Lines 11, 12, and 13	14	
15. Total income before charitable contribution deduction (Line 10 less Line 14)	15	
16. Less charitable contribution deduction (limit is 5% of Line 15)	16	
17. Taxable income (Line 15 less Line 16)	17	

PART III COMPUTATION OF TAX		
18. Tax at 7% of Line 17	18	
19. Less credits from Line 8	19	
20. Tax due	20	
21A. Less tentative payment or amount previously paid	21A	
21B. Overpayment of previous year's tax	21B	
21C. Miscellaneous credits (attach schedule and approved authorizations)	21C	
21D. Enterprise Zone Credit (attach certificate of eligibility)	21D	
22. Balance due or overpaid	22	
23. Interest for delinquent payment after April 15, 2010 (see instructions)	23	
24. TOTAL AMOUNT DUE OR OVERPAYMENT TO BE REFUNDED (Line 22 plus Line 23)	24	

SCHEDULE A — TAXES CLAIMED AS CREDITS		
DESCRIPTION (Do not list tangible personal property tax on leased property)	AMOUNT	
TOTAL (Enter on Lines 8 and 19, Page 1)		

ADDITIONAL INFORMATION — MUST BE COMPLETED

1. List all Missouri offices or locations for which this return is made. Indicate the complete address of each office. Include the percentage of gross income of each office to the total income of the company in Missouri. (Attach a separate page if additional space is needed.)

2. Is this return made on the basis of actual receipts and disbursements? If not, describe fully what other basis or method was used in computing net income.

3. State principal source of income

4. If business is a pawnbroker, state what percent of your total business is your loan business.

AUTHORIZATION

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm, or if internally prepared, any member of the internal staff.

☐ YES
☐ NO

SIGNATURE — PLEASE SIGN BELOW

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. I declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. I also declare that I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services.

SIGNATURE OF OFFICER (REQUIRED)	TITLE OF OFFICER	PHONE NUMBER	DATE SIGNED
PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER)	PREPARER'S FEIN, SSN, OR PTIN	PHONE NUMBER	DATE SIGNED

MAKE CHECK OR MONEY ORDER PAYABLE TO “MISSOURI DEPARTMENT OF REVENUE”. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. **MAIL COMPLETED FORM AND ATTACHMENTS TO THE MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 898, JEFFERSON CITY, MO 65105-0898.**