



MISSOURI DEPARTMENT OF REVENUE 2024 Credit Institution Tax Return

- Amended Return - Select if filing an amended return.
Federal Extension - Select this box if you have an approved federal extension.

2025 Taxable year based on the 2024 calendar year income period.

Due date April 15, 2025

Name, Address, City, State, Zip Code, Federal Employer Identification Number (FEIN)

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

A copy of the federal return and supporting schedules must be attached to this return.

Table with 3 columns: Description, Line Number, Amount. Rows include Federal taxable income, state obligations, federal securities, charitable contributions, bad debt, Missouri tax, federal credits, other additions, net bad debt charge offs, federal income tax deduction, total income before deduction, charitable deduction, port cargo expansion, international trade facility, qualified trade activities, taxable income, tax at 4.48%, less credits, tax due, tentative payment, overpayment, miscellaneous credits, subtotal, amended return adjustments, balance due, interest for payment, total amount due, and overpayment refund.

**Schedule A - Taxes Claimed As Credits**

Description (Do not list tangible personal property tax on leased property)	Amount
Total (Enter on Lines 8 and 22, Page 1)	

**Tax Credit Schedule**

Benefit Number	Credit Name	Amount Claimed
		00
		00
		00
		00
	Total (Enter on Line 24C, Page 1)	00

**Complete Additional Information**

1. List all Missouri offices or locations for which this return is made. Indicate the complete physical address, including city, state, zip code and county of each office or location in which the address is located. Post Office Boxes are not considered physical addresses and will not be accepted. If there are more than 30 locations, please email a list of the locations in a spreadsheet, along with this return, to the Department at the e-mail shown below. Include the percentage of gross income of each office or location to the total income of the company in Missouri. (Attach a separate page if additional space is needed.)

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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.

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3. What is the principal source of income? \_\_\_\_\_

4. If the business is a pawnbroker, what percent of the total business is your loan business? \_\_\_\_\_

**Authorization and Signature**

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his or her firm, or if internally prepared, any member of the internal staff.....  Yes  No

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, complete, and correct. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge.

Signature of Officer: \_\_\_\_\_ Printed Name of Officer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date Signed (MM/DD/YY): \_\_\_\_\_

Preparer's Signature (Including Internal Preparer): \_\_\_\_\_ Preparer's FEIN, SSN, or PTIN: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date Signed (MM/DD/YY): \_\_\_\_\_

Email Address: \_\_\_\_\_

Make check or money order payable to "Missouri Department of Revenue". Mail completed form and attachments to the address below. 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 to:** Taxation Division  
P.O. Box 898  
Jefferson City, MO 65105-0898

**E-mail:** [fit@dor.mo.gov](mailto:fit@dor.mo.gov)  
Visit <http://dor.mo.gov/business/finance> for additional information.

Form 2823 (Revised 12-2024)

**Phone:** (573) 751-2326  
**Fax:** (573) 522-1720  
**TTY:** (800) 735-2966



**Ever served on active duty in the United States Armed Forces?**  
If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at [mvc.dps.mo.gov/MoVeteransInformationSurvey/DOR](http://mvc.dps.mo.gov/MoVeteransInformationSurvey/DOR) to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).

**[Section 148.120 – 148.230, RSMo](#)**

This information is for guidance only and does not state the complete law.

The Form 2823 must be completed and filed by April 15, 2025 (tax becomes delinquent after this date and is subject to interest). An extension of time to file this return may be obtained from the Department of Revenue upon written request. Such request should indicate the extension period requested, the reason for the request and must be accompanied by a tentative return and payment for the estimated tax due. An extension of time to file the return does not extend the time for payment of the tax. An extension of time may not exceed 180 days from the original due date pursuant to [Regulation 12 CSR 10-10.090](#).

**Filing Requirement** — Every person, firm, partnership, or corporation engaged principally in the consumer credit or loan business in the making of loans of money, credit, goods, or things in action, or in the buying, selling or discounting of, or investing in, negotiable or non-negotiable instruments given as security for or in payment of the purchase price of consumer

goods exercising such franchise within the state of Missouri, but shall not include real estate mortgage loan companies, banks, trust companies, credit unions, insurance companies, mutual savings and loans associations and savings and loan associations.

**Credit Institution Tax Return** — If any taxpayer shall operate more than one office in Missouri, the taxpayer shall file one return giving the physical address of each such office and allocating to each office its share of the net income of the taxpayer in the ratio that the gross receipts of that office bears to the total gross receipts of the taxpayer. For each address include the county in which the address is located in. Post Office Boxes are not physical locations and will not be accepted. If there are more than 30 locations, please email a list of the locations in a spreadsheet, along with this return, to the Department at the e-mail shown at the bottom of the return.

## Instructions

**Amended Return:** Select the box at the top of the form if filing an amended return.

**Federal Extension:** Select the box at the top of the form indicating you have an approved federal extension. Attach a copy of the extension to this return.

### Part 1

**Line 1** Taxpayers that are members of an affiliated group filing a consolidated federal income tax return shall compute federal taxable income as if a separate federal tax return had been filed. A pro forma federal return or appropriate schedules should then be attached together with a copy of pages 1 through 4 of the consolidated federal income tax return.

**Line 2** Enter all income received on state or political subdivision obligations excluded from the federal return. This income is taxable on this return. Explain if different from tax-exempt interest shown on the federal return.

**Line 3** Enter all income received on federal securities excluded from the federal return (e.g., non-taxable portion Federal Reserve Bank dividends). This income is taxable on this return.

**Line 4** Enter the charitable contribution deduction claimed on the federal return.

**Line 5** Enter the bad debt claimed on the federal return or any additions to a bad debt reserve claimed as a deduction on the federal return. (The reserve method is not a permissible method on this return.) In the appropriate box, indicate the bad debt method used on the federal return.

**Line 6** Enter the excess, if any, of recoveries of bad debts previously charged off over current year charge offs. Attach schedule of bad debt computation.

**Line 7** Enter any Missouri Credit Institution tax deducted on the federal return. This is not an allowable deduction on this return.

**Line 8** Enter here and on Line 22 taxes to be claimed as credits on this return. All taxes paid directly to the state of Missouri or

any political subdivision thereof are eligible except taxes on real estate, unemployment taxes, credit institution tax, and taxes on tangible personal property owned by the taxpayer and held for lease or rental to others. Show detail on Schedule A.

Attach schedule of taxes deducted on Federal Form 1120, Line 17 or Form 1120S, Line 12 or Form 1065, Line 14 or Form 1040, Schedule C, Line 23 for verification purposes.

An accrual basis taxpayer that is a member of an affiliated group filing a consolidated Missouri income tax return shall allocate a portion of the consolidated Missouri income tax liability for the year by multiplying such liability by a fraction, the numerator of which is the separate Missouri taxable income of such member, and the denominator of which is the sum of the separate Missouri taxable incomes of all members having Missouri taxable income for the year.

A cash basis taxpayer that is a member of an affiliated group filing a consolidated Missouri income tax return shall allocate each component of the consolidated Missouri income tax paid (or refunded) during the year by multiplying each component by a fraction, the numerator of which is the separate Missouri taxable income of such member for the applicable year, and the denominator of which is the sum of the separate Missouri taxable incomes of all members having Missouri taxable income for the applicable year.

In the computation of separate Missouri taxable income, each member of a group filing a consolidated Missouri income tax return shall start with its separate federal taxable income as computed pursuant to the method applicable to the group under Treasury Regulation 1.1552-1. The amount of the federal income tax deduction of each member under [Section 143.171.1, RSMo](#), shall be that portion of the actual federal consolidated income tax liability of the group as is required to be allocated to such member under Internal Revenue Code Section 1552 without regard to any additional allocations under Treasury Regulation 1.1502-33(d).

**Line 9** Enter deductions claimed on the federal return which are not allowable on this return and income not included on the

federal return which is required to be included on this return (attach schedule). Include all income shown on Federal Form 1120S, Schedule K, Lines 2-10. The environmental tax under Section 59A of the Internal Revenue Code must be added back to income.

**Line 10** Enter the total of Lines 1 through 9.

### Part 2

**Line 11** Enter the excess, if any, of bad debt charge offs over current year recoveries. Attach schedule of bad debt computation.

**Line 12** Enter the current year deduction for federal income tax related to the Credit Institution tax. The current year deduction will be the amount actually accrued (if an accrual basis taxpayer) or paid (if a cash basis taxpayer) during the year. Attach a schedule of the computation.

Accrual basis taxpayers that are members of an affiliated group filing a consolidated federal income tax return shall allocate a portion of the consolidated federal tax liability for the year by using the same method used by the group under Internal Revenue Code Section 1552 without regard to any additional allocations under Treasury Regulation 1.1502-33(d).

Cash basis taxpayers that are members of an affiliated group filing a consolidated federal income tax return shall allocate each component of the consolidated federal tax paid (or refunded) during the year by using the same method used by the group under Internal Revenue Code Section 1552 for the applicable year without regard to any additional allocations under Treasury Regulation 1.1502-33(d).

**Line 13** Enter the total amount of any deduction claimed on this return and not included on the federal return. These deductions must be itemized on a schedule attached to this return.

**Line 14** Enter the total of Lines 11 through 13.

**Line 15** Subtract Line 14 from Line 10 and enter amount. If "loss", indicate by brackets "( )" and enter "none" on Line 21.

**Line 16** Enter the charitable contribution claimed on this return. The contribution deduction is limited to 5% of taxable income before the contribution deduction. Only current year contributions are allowed. Attach a schedule.

**Line 17** Enter the amount of the Port Cargo Expansion deduction approved by the Missouri Department of Economic Development. Attach a copy of the certificate authorizing the deduction.

**Line 18** Enter the amount of the International Trade Facility deduction approved by the Missouri Department of Economic Development. Attach a copy of the certificate authorizing the deduction.

**Line 19** Enter the amount of the Qualified Trade Activities deduction approved by the Missouri Department of Economic Development. Attach a copy of the certificate authorizing the deduction. The amount of the deduction cannot exceed fifty percent (50%) of Line 10.

**Line 20** Subtract Line 16, 17, 18 and 19 from Line 15 and enter amount.

### Part 3

**Line 21** Multiply the taxable income amount on Line 20 by 4.48% and enter the amount.

**Line 22** Enter the amount from Line 8.

**Line 23** Subtract Line 22 from Line 21 and enter amount. If amount on Line 22 exceeds amount on Line 21, enter "none".

**Line 24A** Enter the amount of tentative payment, if applicable.

**Line 24B** Enter overpayment of previous year's tax.

**Line 24C** Enter the amount of tax credits claimed from the list on the following page. Attach a schedule listing the amounts for each tax credit. A copy of the approved authorization must be attached to the return.

**Line 25** Subtract Lines 24A through 24C from Line 23.

**Line 26** Amended return only: Enter payment(s) applied to your original filed return, including payments applied to penalties and interest. If not filing an amended return, go to line 28.

**Line 27** Amended return only: Enter the overpayment claimed or adjusted on your original return.

**Line 28** Subtract Line 27 from Line 26. If this is not an amended return, enter zero.

**Line 29** Subtract Line 28 from Line 25.

**Line 30** Calculate interest for period which tax payment is delinquent. Interest should be calculated from the original due date of April 15 through date of payment at the annual rate. The annual interest rate can be obtained from the Department's website at: [dor.mo.gov/taxation/statutory-interest-rates.html](http://dor.mo.gov/taxation/statutory-interest-rates.html).

**Line 31** Enter the total of Lines 29 and 30. If a balance due, submit this amount. If an overpayment, indicate the amount to be refunded on Line 31A or the amount to be applied to the next filing period on Line 31B.

**Line 31A** Enter the amount of overpayment from Line 31 to be refunded.

**Line 31B** Enter the amount of overpayment from Line 31 to be applied to the next filing period.

### Available Tax Credits

Affordable Housing Assistance  
Agricultural Products Utilization  
Bond Enhancement  
Brownfield "Jobs and Investment"  
Business Use Incentives for  
Large-scale Development (BUILD)  
Capitol Complex - Artifact Donation  
Capitol Complex - Monetary Donation  
Development  
Development Reserve  
Developmental Disability Care Provider  
Export Finance  
Family Development Account

Family Farms Act  
Historic Preservation  
Infrastructure Development  
Innovation Campus  
Intern and Apprentice Recruitment  
Maternity Home  
Missouri Low Income Housing  
Missouri Quality Jobs  
Missouri Works  
Neighborhood Assistance  
New Enhanced Enterprise Zone  
New Generation Cooperative  
Pregnancy Resource

Rebuilding Communities and  
Neighborhood Preservation Act  
Remediation  
Research Expense Credit  
Residential Treatment Agency  
Shelter for Victims of Domestic  
Violence  
Small Business Incubator  
Special Needs Adoption  
Sporting Contribution  
Sporting Event  
Youth Opportunities

**Mail to:** Taxation Division  
P.O. Box 898  
Jefferson City, MO 65105-0898

**E-mail:** [fit@dor.mo.gov](mailto:fit@dor.mo.gov)

Form 2823 Instructions (Revised 12-2024)

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