



2013 TAXABLE YEAR — BASED ON THE 2012 CALENDAR YEAR INCOME PERIOD **DUE DATE April 15, 2013**

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

PART I		
1. Gross income derived from all sources during 2012	1	
2. Gross income derived from notes and mortgages.....	2	
3. Ratio of Line 2 to Line 1	3	%
4. Total of dividends declared and credited (whether paid or not) to share accounts of members in 2012	4	
5. Taxable portion of dividends (_____ % Line 3 multiplied by Line 4).....	5	
6. Amount of tax for 2013 (2% of Line 5).....	6	
6A. Miscellaneous credits (attach schedule).....	6A	
6B. Enterprise Zone Credit.....	6B	
6C. Missouri tax — Line 6 less Lines 6A and 6B	6C	
7. Interest for delinquent payment after April 15, 2013.....	7	
8. Total Amount Due	8	

PART II — POLITICAL SUBDIVISIONS TAXING THE REPORTING ASSOCIATION

This must be completed — Information is shown on your Real or Personal Property Tax Receipt

SUBDIVISIONS	NAME OR NUMBER
County	
City or Town	
Road District	
School District	
Library District	
Water District	
Sewer District	
Fire District	
Other Districts	

This return is to be filed by all Farmer's Cooperative Credit Associations authorized to do business in Missouri.

PART III

STATE OF MISSOURI

SS

COUNTY OF _____

We, the undersigned _____, as President, and _____, as Secretary of _____

Association, a corporation organized under an Act of Congress known as the Farm Credit Act of 1933 with its principal office at _____, Missouri, state that the statements made in the above return are true; that the principal business of said Association during 2012 was the extension of agricultural credit to its members; that said Association, by authority of a resolution of its Board of Directors, has elected to absorb and pay these taxes without charging the same to the accounts of its individual members.

PRESIDENT

SECRETARY

AUTHORIZATION

I authorize the Director of Revenue or his/her 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 (MM/DD/YYYY) _ _ / _ _ / _ _ _ _
PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER)	PREPARER'S FEIN, SSN, OR PTIN	PHONE NUMBER	DATE (MM/DD/YYYY) _ _ / _ _ / _ _ _ _

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.**