

CORPORATION NAME _____

NUMBER AND STREET _____ PLACE LABEL FROM POSTCARD IN BLOCK

CITY OR TOWN, STATE, ZIP CODE _____

MO I.D. NUMBER _____ CHARTER NUMBER _____ FEDERAL I.D. NUMBER _____

MAIL TO:
Balance Due
 Missouri Department of Revenue
 P.O. Box 3365
 Jefferson City, MO 65105-3365

MAIL TO:
Refund or No Amount Due
 Missouri Department of Revenue
 P.O. Box 700
 Jefferson City, MO 65105-0700

FORM MO-1120A

Missouri Corporation INCOME TAX Return for 2002	Missouri Corporation FRANCHISE TAX Return for 2003
Beginning _____, 20 ____	Beginning _____, 20 ____
Ending _____, 20 ____	Ending _____, 20 ____
Balance Sheet Date (MMDDYY)	

Check Applicable Boxes

Name Change Bankruptcy 990C

Address Change Accounting Period Change 990T

Final Corporate Income Tax Return If yes, state prior accounting period _____

A. Return filed for **INCOME** tax only

B. Return filed for **FRANCHISE** tax only

C. Return filed for **BOTH** (income and franchise)

Computation of Income Tax	1. Federal Taxable Income (not less than zero) from Federal Form 1120, Line 30. (Federal Form 1120A, Line 26)	1		00				
	2. Corporate income tax from Missouri deducted in determining federal taxable income (attach schedule)	2		00				
	3. Amount of any state income tax refund included in federal taxable income (attach schedule)	3		00				
	4. Federal Income Tax — Multiply Federal Forms 1120, Schedule J, Lines 6a and 11 OR 1120A, Part 1, Line 6 by 50%	4		00				
	5. Missouri Taxable Income (Line 1 plus Line 2, less Lines 3 and 4)	5		00				
	6. Corporation Income Tax — 6.25% of Line 5	6		00				
Computation of Franchise Tax	<ul style="list-style-type: none"> • Corporations having all assets within Missouri complete Lines 7, 8, 9a, and 10 only • Corporations have all assets outside Missouri complete Lines 9b and 10c only 							
	7. Par value of issued and outstanding stock (For no-par value stock, see instructions) (not less than zero)	7		00				
	8. Assets: 8a. Total assets per attached balance sheet	8a		00				
	8b. Less: Investments in and advances to subsidiaries over 50% owned (Attach schedule showing name of corporation, percentage of ownership, and amount)	8b		00				
	8c. Adjusted total (Line 8a less Line 8b)	8c		00				
	9. Tax Basis:							
	9a. Corporations having all assets within Missouri (Line 8c or Line 7, whichever is greater)	9a		00				
	9b. Corporations having all assets outside Missouri and no assets apportioned to Missouri, enter zero	9b		00				
	NOTE: If your assets in Missouri (Line 9a) do not exceed \$1,000,000 or if you have zero assets apportioned to Missouri (Line 9b) check this box <input type="checkbox"/>. You do not owe franchise tax. Enter zero in Line 10c.							
	10. Tax Computation							
10a. Tax — 1/30th of 1% (.000333 of Line 9a)	10a		00					
10b. Short periods (for new corporations and change in accounting periods only) Line 10a x _____ (insert number of months in short period) = prorated tax due	10b		00					
10c. Corporation Franchise Tax due (Line 10a or Line 10b, whichever applies)	10c		00					
Credits/ Payments	11. Total Corporate Income Tax and Franchise Tax Due — Line 6 plus Line 10c	11		00				
	12. Total Tax Credits (Attach Form MO-TC)	12		00				
	13. All tax payments (include payments with Form MO-60 and approved overpayments from prior years)	13		00				
	14. Total — add Lines 12 and Line 13	14		00				
Refund or Tax Due	15. If Line 14 is greater than Line 11, enter OVERPAYMENT here	15		00				
	16. Amount remitted or amount of tax overpayment to be contributed to the following trust funds. Place the total amount contributed on Line 16e.	a	b	c	d	16e		00
	17. Overpayment to be applied to next filing period					17		00
	18. Overpayment to be refunded (Line 15 less Lines 16e and 17)					18	REFUND	00
	19. If Line 14 is less than Line 11, enter UNDERPAYMENT here					19		00
	20. Enter total amount on Line 20.	Interest \$	Penalty \$	Form MO-2220 \$		20		00
	21. TOTAL DUE (Add Lines 19 and 20) (U.S. funds only)					21		00

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. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any corporation which files a frivolous return.

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	SIGNATURE OF OFFICER (REQUIRED)	TITLE OF OFFICER	PHONE NUMBER ()	DATE SIGNED	<input type="checkbox"/> S
	PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER)	PREPARER'S FEIN, SSN, OR PTIN	PHONE NUMBER ()	DATE SIGNED	<input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> F