

CORPORATION NAME				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																																																																																																													
NUMBER AND STREET																																																																																																																			
CITY OR TOWN, STATE, ZIP CODE																																																																																																																			
MO TAX I.D. NUMBER		CHARTER NUMBER		FEDERAL I.D. NUMBER																																																																																																															
<div style="display: flex; justify-content: space-between;"> <div> Check Applicable Boxes <input type="checkbox"/> Amended Return <input type="checkbox"/> Name Change </div> <div> <input type="checkbox"/> Address Change <input type="checkbox"/> Final Corporation Income Tax Return </div> <div> <input type="checkbox"/> Bankruptcy </div> </div>				Balance Sheet Date (MMDDYY) Beginning _____, 20____ Ending _____, 20____		FORM MO-1120S <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Missouri S Corporation INCOME TAX Return for 2007 Beginning _____, 20____ Ending _____, 20____ </div> <div style="width: 45%;"> Missouri S Corporation FRANCHISE TAX Return for 2008 Beginning _____, 20____ Ending _____, 20____ </div> </div>																																																																																																													
				SOFTWARE VENDOR CODE (Assigned by DOR) 001																																																																																																															
<input type="checkbox"/> A. Check this box and sign below if your assets in Missouri (Schedule MO-FT, Line 6a), or apportioned to Missouri (Schedule MO-FT, Line 6b) do not exceed \$1,000,000. You do not owe franchise tax. If your assets do exceed the \$1,000,000 threshold, you must complete and attach Schedule MO-FT and enter the franchise tax due on the Form MO-1120S, Line 16 below. If Box A is checked, Box C must not be checked.																																																																																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> B. Return filed for BOTH (income and franchise) <input type="checkbox"/> C. Return filed for INCOME tax only <input type="checkbox"/> D. Return filed for FRANCHISE tax only </div> </div>																																																																																																																			
S CORP. 1. Does the S corporation have ANY Missouri modifications? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Lines 1–15 below and page 2. 2. Does the S corporation have ANY nonresident shareholders? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Lines 1–15 below and Schedule MO-NRS. 3. Does S corporation have income derived from sources other than Missouri? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete and attach Schedule MO-MSS.																																																																																																																			
MISSOURI S CORPORATION ADJUSTMENT Additions (attach detailed explanation of each item) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1a. State and local income taxes deducted on Federal Form 1120S</td> <td style="width: 10%; border: 1px solid black; text-align: center;">1a</td> <td style="width: 10%; border: 1px solid black; text-align: center;">00</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>1b. Less: Kansas City & St. Louis earnings taxes. Enter Lines 1a less 1b on Line 1 ..</td> <td style="border: 1px solid black; text-align: center;">1b</td> <td style="border: 1px solid black; text-align: center;">00</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: right;">00</td> </tr> <tr> <td>2a. 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ALLOCATION OF MISSOURI S CORPORATION ADJUSTMENT TO SHAREHOLDERS

CORPORATION NAME		MO TAX I.D. NUMBER	CHARTER NUMBER	FEDERAL I.D. NUMBER	
1. NAME OF EACH SHAREHOLDER. ALL SHAREHOLDERS MUST BE LISTED. USE ATTACHMENT IF NECESSARY.	2. CHECK BOX IF SHAREHOLDER IS NONRESIDENT	3. SOCIAL SECURITY NUMBER	4. SHAREHOLDER'S SHARE %	5. SHAREHOLDER'S CORPORATION ADJUSTMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> SUBTRACTION	
a)	<input type="checkbox"/>		%		00
b)	<input type="checkbox"/>		%		00
c)	<input type="checkbox"/>		%		00
d)	<input type="checkbox"/>		%		00
e)	<input type="checkbox"/>		%		00
f)	<input type="checkbox"/>		%		00
g)	<input type="checkbox"/>		%		00
h)	<input type="checkbox"/>		%		00
i)	<input type="checkbox"/>		%		00
j)	<input type="checkbox"/>		%		00
k)	<input type="checkbox"/>		%		00
l)	<input type="checkbox"/>		%		00
m)	<input type="checkbox"/>		%		00
n)	<input type="checkbox"/>		%		00
o)	<input type="checkbox"/>		%		00
p)	<input type="checkbox"/>		%		00
q)	<input type="checkbox"/>		%		00
r)	<input type="checkbox"/>		%		00
s)	<input type="checkbox"/>		%		00
t)	<input type="checkbox"/>		%		00
u)	<input type="checkbox"/>		%		00
v)	<input type="checkbox"/>		%		00
w)	<input type="checkbox"/>		%		00
x)	<input type="checkbox"/>		%		00
TOTAL			100 %		00

COLUMN 4 — Enter percentages from Federal Schedule K-1(s). Round percentages to whole numbers.

COLUMN 5 — Enter Missouri S corporation adjustment from Form MO-1120S, Line 14 or 15, as total of Column 5. Multiply each percentage in Column 4 by the total in Column 5. Indicate at the top of Column 5 whether the adjustments are additions or subtractions. The amount after each shareholder's name in Column 5 must be reported as a modification by the shareholder on his/her Form MO-1040, Individual Income Tax Return either as an addition to, or subtraction from, federal adjusted gross income.



MISSOURI DEPARTMENT OF REVENUE
**CORPORATION FRANCHISE
TAX SCHEDULE**

SCHEDULE
MO-FT

Attachment Sequence No. 1120-03 and 1120S-01

**Schedule MO-FT must be filed with the
Form MO-1120 or Form MO-1120S.**

CORPORATION NAME	MITS/MO I.D. NUMBER	CHARTER NUMBER	FEIN NUMBER
FILE PERIOD BEGINNING (MMDDYY) _____ 20____, ENDING _____ 20____			
BALANCE SHEET DATE (MMDDYY) _____			
Do your assets include an interest in a partnership and/or limited liability company? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you must provide a detailed reconciliation of partnership assets.			
Has there been a change in your accounting period? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, state prior accounting period _____			
Read instructions before completing this schedule. NOTE: You cannot file a consolidated franchise tax return.			
• Corporations having all assets within Missouri complete Lines 1, 2, 6a, and 7 ONLY . • Corporations having assets both within and without Missouri complete all lines except 6a.			
1. Par value of issued and outstanding stock (For no-par value stock, see instructions) (not less than zero)	1		00
2. Assets			
2a. Total assets per attached balance sheet	2a		00
2b. Less: Investments in and advances to subsidiaries over 50% owned (Attach Schedule MO-5071 or a schedule showing name of corporations, percentage of ownership, and amount)	2b		00
2c. Adjusted total (Line 2a less Line 2b)	2c		00
3. Allocation per attached balance sheet or schedule (See instructions.)			
	(A) MISSOURI	(B) EVERYWHERE	
3a. Accounts receivable (net of allowance for bad debt)	3a	3a	00
3b. Inventories (net, book value)	3b	3b	00
3c. Land and fixed assets (net of accumulated depreciation)	3c	3c	00
3d. Total allocated assets (add Lines 3a, 3b, and 3c)	3d	3d	00
4. Missouri percentage for apportionment (Line 3d, Column A divided by Column B) Extend the apportionment percentage to six digits to the right of the decimal point.	4		
5. Assets apportioned to Missouri (Line 2c times Line 4)	5		00
6. Tax basis:			
6a. Corporations having all assets within Missouri (Line 2c or Line 1, whichever is greater)	6a		00
6b. Corporations having assets both within and without Missouri (Line 5 or the product of Line 1 times Line 4, whichever is greater.)	6b		00
If Line 6a or Line 6b is \$1,000,000 or less, STOP HERE and check Box A on Form MO-1120 or Box A on Form MO-1120S.			
7. Tax Computation			
7a. Tax — 1/30th of 1% (.000333 of Line 6a or Line 6b)	7a		00
7b. Short periods (see instructions) —			
Line 7a x _____ (insert number of months in short period) = Prorated Tax Due	7b		00
12			
7c. Tax due (Line 7a or Line 7b, whichever applies) Enter here and on Form MO-1120, Page 1, Line 15 or Form MO-1120S, Page 1, Line 16	7c		00