



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

CORPORATION NAME
NUMBER AND STREET
CITY OR TOWN, STATE, ZIP CODE
MO TAX I.D. NUMBER
CHARTER NUMBER
FEDERAL I.D. NUMBER
Check Applicable Boxes
Amended Return
Address Change
Final Corporation Income Tax Return
Bankruptcy
Name Change

FORM MO-1120S
Missouri S Corporation INCOME TAX Return for 2012
Missouri S Corporation FRANCHISE TAX Return for 2013
Beginning Ending
Balance Sheet Date (MM/DD/YYYY)
SOFTWARE VENDOR CODE (Assigned by DOR) 001

A. Check this box if your assets in Missouri (Schedule MO-FT, Line 6a), or apportioned to Missouri (Schedule MO-FT, Line 6b) do not exceed \$10,000,000. You do not owe franchise tax. If your assets do exceed the \$10,000,000 threshold, you must complete and attach Schedule MO-FT and enter the franchise tax due on the Form MO-1120S, Line 15 below. If Box A is checked, Box C cannot be checked.
B. Return filed for BOTH (income and franchise)
C. Return filed for INCOME tax only
D. Return filed for FRANCHISE tax only

S CORP.
1. Does the S corporation have ANY Missouri modifications? YES NO If YES, complete Lines 1-15 below and page 2.
2. Does the S corporation have ANY nonresident shareholders? YES NO If YES, complete Lines 1-15 below and Schedule MO-NRS.
3. Does S corporation have income derived from sources other than Missouri? YES NO If YES, complete and attach Schedule MO-MSS.

Table with columns for Missouri S Corporation Adjustments (Additions and Subtractions) and rows for various tax items like state and local income taxes, interest, and depreciation.

Table for Franchise Tax with rows for Corporation Franchise Tax, tax credits, overpayments, and total due.

Table for Refund/Tax Due with rows for overpayment, refund, and total due.

SIGNATURE
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 or she has any knowledge.
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.
SIGNATURE OF OFFICER (REQUIRED)
TITLE OF OFFICER
PHONE NUMBER
DATE SIGNED (MM/DD/YYYY)
PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER)
PREPARER'S FEIN, SSN, OR PTIN
PHONE NUMBER
DATE SIGNED (MM/DD/YYYY)
DOR ONLY
S
E
B

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				%	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 13 or 14, 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 or 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**

**2013
 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	MO TAX I.D. NUMBER	CHARTER NUMBER	FEDERAL I.D. NUMBER
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FILE PERIOD BEGINNING (MM/DD/YYYY) ___/___/___ ENDING ___/___/___

BALANCE SHEET DATE (MM/DD/YYYY) ___/___/___

Do your assets include an interest in a partnership or limited liability company? YES NO If yes, you must provide a detailed reconciliation of partnership assets.

Has there been a change in your accounting period? YES NO If yes, state prior accounting period _____

Read instructions before completing this schedule. NOTE: You cannot file a consolidated franchise tax return.

<ul style="list-style-type: none"> 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 or 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	00	00
3b. Inventories (net, book value).....	3b	00	00
3c. Land and fixed assets (net of accumulated depreciation).....	3c	00	00
3d. Total allocated assets (add Lines 3a, 3b, and 3c)	3d	00	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 \$10,000,000 or less, STOP HERE and check Box A on Form MO-1120 or Box A on Form MO-1120S .			
7. Tax Computation			
7a. Tax — 1/50th of 1% (.000200 of Line 6a or Line 6b)	7a		00
7b. Short periods (see instructions) — Line 7a x _____ (insert number of whole months in short period) = Prorated 12 Tax Due	7b		00
7c. Computed current year tax (Enter the amount from Line 7a or Line 7b, whichever applies).....	7c		00
7d. Base Year Franchise Tax. Enter the franchise tax from the return for the taxable year ending on or before December 31, 2010 (before the tax is prorated, if the return is for a short period). If the corporation had no franchise tax filing requirement for the taxable year ending on or before December 31, 2010, the base year is the franchise tax liability for the corporation's first full taxable year on or after the taxable year ending December 31, 2010. If this is the first year the corporation had a filing requirement, skip this line and go to Line 7e.	7d		00
7e. Tax due. Enter the smaller of Line 7c or Line 7d here and on Form MO-1120, Line 16 or Form MO-1120S, Line 15. If no amount was entered on Line 7d, enter the amount from Line 7c.....	7e		00