7	Missouri Department of Revenue 2018 S-Corporation Income Tax Return	Department Use Only (MM/DD/YY) Missouri Tax	
	Missouri S-Corporation Income Beginning Tax Return for 2018 (MM/DD/YY)	I.D. Number L.D. Sumber Ending (MM/DD/YY)	
I.D. 1	ral Employer Charter Number Oration		
Addr	ess		
City ZIP		State 18112010001	
Sele	Select this box if you have an approved federal extension. Attach a contract Applicable Boxes. Failure to select the address change box may res		
	Amended Return Name Change Address Change	Final Return and Close Account Bankruptcy	
S-Corporation	If Yes, complete Lines 1–14 on pages 1 and 2, and the shareholder	ler information on page 3. Yes formation on page 3, and Form MO-NRS.	No No
nents	Additions 1a. State and local income taxes deducted on Federal Form 1120S 1b. Less: Kansas City & St. Louis earnings taxes. Enter Lines 1a less 1b on Line 1	. 1b . 00 1	00
S-Corporation Adjustments	Partnership Fiduciary Other adjustments (list Donations claimed for the Food Pantry Tax Credit deducted from Section 135.647, RSMo	federal taxable income,	00
S-Corpor	5. Total of Lines 1 through 4 Subtractions 6a. Interest from exempt federal obligations 6b. Less: related expenses (omit if < \$500) Enter Line 6a less Line 6b on Line 6		00
	7. Amount of any state income tax refund included in federal ordinary 8. Federally taxable — Missouri exempt obligations	ry income	00

δ	Subtractions (continued)													
men	9. Partnership Fiduciary Build America and Recovery Zone Bond Interest													
S-Corporation Adjustments	Missouri Public-Private Transportation Act Other adjustments (list) 9													
ation /	10. Missouri depreciation basis adjustment (Section 143.121.3(7), RSMo)													
orpor	11. Depreciation recovery on qualified property that is sold (Section 143.121.3(9), RSMo)													
လ ပ	12. Total Subtractions - Add Lines 6 through 11													
	13. Missouri S corporation adjustment — Net Addition — excess Line 5 over Line 12													
	14. Missouri S corporation adjustment — Net Subtraction — excess Line 12 over Line 5													
	15. Agriculture Disaster Relief (Section 143.121.3(10), RSMo)													
	Department Use Only													
Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, A R N S E complete, and correct.													
	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 Printed Name													
	Telephone Date Signed (MM/DD/YY)													
	Preparer's Signature (Including Internal Preparer) Preparer's FEIN, SSN, or PTIN													
	Telephone Date Signed (MM/DD/YY)													

	propriation															souri Tax																			
Name							_	_	_	_			_			_		_	_			_	_		I.D.	Number	_	_		_					
	umbe	nployer er													arter mbei																				
must be listed. Use attachment if necessary											Select if Shareholder is								Num	nber		4. Shareho Share	Shareholder's Adjustment Addition Subtraction												
	a)																											%							00
	b)																											%							00
	c)																											%							00
	d)																											%							00
ers	e)																											%							00
ehold	f)																											%							00
Shar	g)																											%							00
ent to	h)																											%							00
justm	i)																											%							00
n Ad	j)																											%							00
oratio	k)																											%							00
Corp	I)																											%							00
ouri S	m)																											%							00
Miss	n)																											%							00
Allocation of Missouri S Corporation Adjustment to Shareholders	o)																											%							00
llocat	p)																											%							00
	q) [%							00
	r)																											%							00
	s)								_																			%					_		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.

Mail To: Refund or No Amount Due:

Jefferson City, MO 65105-0700 E-mail: corporate@dor.mo.gov

Visit http://dor.mo.gov/business/corporate/ for additional information.





