

MISSOURI DEPARTMENT OF

REVENUE**2023 Corporation Income Tax Return**Department Use Only
(MM/DD/YY)Missouri Tax
I.D. NumberMissouri Corporation Income
Tax Return for 2023Beginning
(MM/DD/YY)Ending
(MM/DD/YY)Federal Employer
I.D. NumberCharter
NumberCorporation
Name

Address

City

State

ZIP



23111010001





































☐ Select this box if you have an approved federal extension. Attach a copy of the approved Federal Extension (Form 7004).

Select applicable boxes. Failure to select the address change box may result in mailings going to the last address on file.

- ☐ Consolidated MO Return ☐ Consolidated Federal and Separate Missouri Return ☐ Amended Return ☐ Name Change
- ☐ Address Change ☐ Final Return and Close Corporation Income Tax Account ☐ Bankruptcy ☐ 1120C ☐ 990T
- ☐ All Missouri source income is from an interest(s) in a partnership(s) ☐ Public Law 86-272

Computation of Income Tax

- | | | | |
|--|----|--|-----|
| 1. Federal taxable income from Federal Form 1120, Line 30..... | 1 | | .00 |
| 2. Corporation income tax from Missouri, or other states, their subdivisions, and District of Columbia deducted in determining federal taxable income..... | 2 | | .00 |
| 3. Missouri modifications - Additions (complete Page 3, Part 1)..... | 3 | | .00 |
| 4. Total additions - Add Lines 2 and 3 | 4 | | .00 |
| 5. Missouri modifications - Subtractions (complete Page 3, Part 2) | 5 | | .00 |
| 6. Balance - Line 1 plus Line 4 minus Line 5 | 6 | | .00 |
| 7. Federal income tax - Current year (complete Page 4, Part 3) | 7 | | .00 |
| 8. Taxable income - All sources - Line 6 minus Line 7 | 8 | | .00 |
| 9. Preliminary Missouri taxable income - If all Missouri income, enter amount from Line 8. If not, complete Form MO-MS . | | | |
| Method <input type="text"/> Percent <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Multiply Line 8 by the percentage | 9 | | .00 |
| 10. Missouri dividends deduction (see instructions) | 10 | | .00 |
| 11. Enterprise zone or rural empowerment zone income modification | 11 | | .00 |
| 12. Bring jobs home deduction (see instructions) | 12 | | .00 |
| 13. Missouri taxable income - Line 9 minus Lines 10, 11 and 12. | 13 | | .00 |

Tax	14. Corporation income tax - 4% of Line 13.	14		.00														
	15. Recapture of Missouri low income housing credit - Attach a copy of Federal Form 8611 (see instructions)	15		.00														
	16. Total tax - Add Lines 14 and 15	16		.00														
Credits and Payments	17. Tax credits - Attach Form MO-TC	17		.00														
	18. Estimated tax payments - Include approved overpayments applied from previous year.....	18		.00														
	19. Payments with Form MO-7004	19		.00														
	20. Amended return only - Tax paid with (or after) the filing of the original return	20		.00														
	21. Subtotal - Add Lines 17 through 20	21		.00														
	22. Amended return only - Overpayment, if any, as shown on original return or as later adjusted	22		.00														
	23. Total - Line 21 minus Line 22	23		.00														
Refund or Tax Due	24. If Line 23 is more than Line 16, enter overpayment here	24		.00														
	25. Amount remitted or amount of tax overpayment to be contributed to the funds listed below ...	25		.00														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> MO Medal of Honor Fund00</td> <td style="text-align: center;"> Children's Trust Fund00</td> <td style="text-align: center;"> Veterans Trust Fund00</td> <td style="text-align: center;"> Elderly Home Delivered Meals Trust Fund00</td> <td style="text-align: center;"> Missouri National Guard Trust Fund00</td> <td style="text-align: center;"> Workers' Memorial Fund00</td> <td style="text-align: center;"> Childhood Lead Testing Fund00</td> <td style="text-align: center;"> Missouri Military Family Relief Fund00</td> <td style="text-align: center;"> General Revenue Fund00</td> <td style="text-align: center;"> Organ Donor Program Fund00</td> <td style="text-align: center;"> Kansas City Regional Law Enforcement Memorial Foundation Fund00</td> <td style="text-align: center;"> Soldiers Memorial Military Museum in St. Louis Fund00</td> <td style="text-align: center;">Additional Fund Code (See Instr.)00</td> <td style="text-align: center;">Additional Fund Code (See Instr.)00</td> </tr> </table>				 MO Medal of Honor Fund00	 Children's Trust Fund00	 Veterans Trust Fund00	 Elderly Home Delivered Meals Trust Fund00	 Missouri National Guard Trust Fund00	 Workers' Memorial Fund00	 Childhood Lead Testing Fund00	 Missouri Military Family Relief Fund00	 General Revenue Fund00	 Organ Donor Program Fund00	 Kansas City Regional Law Enforcement Memorial Foundation Fund00	 Soldiers Memorial Military Museum in St. Louis Fund00	Additional Fund Code (See Instr.)00	Additional Fund Code (See Instr.)00
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	26. Amount of Line 24 to be applied to your 2024 estimated tax.....	26		.00														
	27. REFUND - Line 24 minus Lines 25 and 26.....	27		.00														
	28. If Line 23 is less than Line 16, enter underpayment here	28		.00														
	29. Enter the total from boxes, A, B, and C below on Line 29	29		.00														
	Interest <input type="text"/> .00 Additions to Tax <input type="text"/> .00 MO-2220 <input type="text"/> .00																	
	30. AMOUNT DUE - Add Lines 28 and 29 (U.S. funds only)	30		.00														
Signature	<p>If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.</p> <p>I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of their firm, or if internally prepared, any member of the internal staff. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																	
	Signature of Officer <input type="text"/>		Printed Name <input type="text"/>															
	Telephone Number <input type="text"/>		Date Signed (MM/DD/YY) <input type="text"/> <input type="text"/> <input type="text"/>															
	Preparer's Signature (Including Internal Preparer) <input type="text"/>		Preparer's FEIN, SSN, or PTIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															
	Telephone Number <input type="text"/>		Date Signed (MM/DD/YY) <input type="text"/> <input type="text"/> <input type="text"/>															
	<p>Did you pay a tax return preparer to complete your return, but they failed to sign the return or provide their Internal Revenue Service preparer tax identification number? If you marked Yes, please insert their name, address, and phone number in the applicable sections of the signature block above. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																	

Mailing instructions on page 4



23111020001

Part 1 - Missouri
Modifications - Additions

1a. State and local bond interest (except Missouri)	1a		.00		
1b. Related expenses (omit if less than \$500) - Enter Line 1a minus Line 1b on Line 1	1b		.00	1	.00
2. Fiduciary and partnership adjustment - Enter share of adjustment from Form MO-1041 , Part 1, Line 19 or Form MO-1065 , Line 11				2	.00
3. Net operating loss modification from Form MO-5090 (do not enter NOL carryover)				3	.00
4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income.				4	.00
5. Business interest expense carryforward				5	.00
6. Total - Add Lines 1 through 5. Enter here and on page 1, Line 3				6	.00

Part 2 - Missouri Modifications - Subtractions

1a. Interest from exempt federal obligations - Attach a detailed schedule	1a		.00		
1b. Related expenses. (omit if less than \$500) - Enter Line 1a minus Line 1b on Line 1	1b		.00	1	.00
2. Federally taxable - Missouri exempt obligations				2	.00
3. Agriculture disaster relief				3	.00
4. Previously taxed income				4	.00
5. Amount of any state income tax refund included in federal taxable income				5	.00
6. Capital gain exclusion from the sale of low income housing project				6	.00
7. Fiduciary, partnership, and other adjustments - (see instructions)				7	.00
8. Missouri depreciation basis adjustment				8	.00
9. Subtraction modification offsetting previous addition modification from a net operating loss deduction from an applicable year (only enter previously disallowed NOL carryback)				9	.00
10. Depreciation recovery on qualified property that is sold				10	.00
11. Build America and recovery zone bond interest				11	.00
12. Missouri public-private partnerships transportation act				12	.00
13. Disallowed business interest expense				13	.00
14. Total - Add Lines 1 through 13. Enter here and on Page 1, Line 5				14	.00



Consolidated federal and separate Missouri return (see instructions)

1. Federal tax from Federal Form 1120, Schedule J, Line 11 1 .00
2. Foreign tax credit from Federal Form 1120, Schedule J, Line 5a. 2 .00
3. Federal income tax - Add Lines 1 and 2. Multiply the total by 50%; and enter here and on page 1, Line 7. 3 .00
- Consolidated federal and separate Missouri returns must complete Lines 4 through 6.**
4. Numerator - Enter the amount of separate company federal taxable income 4 .00
5. Denominator - Enter the total positive separate company federal taxable income 5 .00
6. Divide Line 4 by Line 5. . Multiply by Line 3. Enter here and on Page 1, Line 7. Consolidated federal and separate Missouri return filers must attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies. If information is not sent, the federal income tax deduction may be reduced to zero. 6 .00

If this is an amended return, select one box indicating the reason. A separate Form MO-1120 must be filed for each reason.

- ☐ A. Missouri correction only ☐ B. Federal correction ☐ C. Loss carryback (complete Part 5)
- ☐ D. Federal tax credit carryback ☐ E. IRS audit (RAR)
- ☐ F. Missouri tax credit carryback - Enter on Part 5, Line 1 the first year that the credit became available.

Department Use Only A ☐ R ☐ N ☐ Enter date of federal amended return, if filed (MM/DD/YY)

If this is an amended return and if a loss carryback, federal tax credit carryback or Missouri tax credit carryback is involved in this amended return, complete the following section. Consolidated federal and separate Missouri filers should report figures attributable to this separate Missouri return and attach a copy of the federal consolidated amended Form 1139 or Form 1120X showing the carryback or page 1 of the federal consolidated Form 1120 for the year of the loss to verify that only the separate company had the loss. Enclose a copy of the consolidated income statement for this year and the year of the loss. If NOL, federal tax credit carryback or Missouri tax credit carryback, enter year that the loss or credit first became available.

1. Year of loss or credit M M D D Y Y 1
2. Total net capital loss carryback..... 2 .00
3. Total net operating loss carryback 3 .00
4. Federal income tax adjustment - Consolidated federal and separate Missouri filers must attach computations 4 .00

Form MO-1120 (Revised 12-2023)

Mail To:**E-mail:** corporate@dor.mo.gov**Balance Due:**

Missouri Department of Revenue
PO Box 3365
Jefferson City, MO 65105-3365

Visit: dor.mo.gov/taxation/business/tax-types/corporation-income/ for additional information.**Phone:** (573) 751-4541**Fax:** (573) 522-1721**Refund or No Amount Due:**

Missouri Department of Revenue
PO Box 700
Jefferson City, MO 65105-0700



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