



MISSOURI DEPARTMENT OF REVENUE
**STATEMENT OF INCOME TAX PAYMENTS FOR
 NONRESIDENT INDIVIDUAL PARTNERS OR
 S CORPORATION SHAREHOLDERS**

**2009
 FORM
 MO-2NR**

DLN

| | | | | | | | |
|---|-------|----------|---|---------------------------|----|--------|--|
| FOR CALENDAR YEAR 2009 OR FISCAL YEAR BEGINNING | | | | , 2009 AND ENDING | | , 2010 | |
| 1. NAME OF PARTNERSHIP/S CORPORATION | | | DOR ONLY | 2. MISSOURI TAX ID NUMBER | | | |
| ADDRESS | | | | 3. FEDERAL ID NUMBER | | | |
| CITY OR TOWN | STATE | ZIP CODE | 4. TYPE OF ENTITY <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company (Treated as a Partnership) | | | | |
| 5. NAME OF PARTNER/SHAREHOLDER | | | 6. SOCIAL SECURITY NUMBER | | | | |
| ADDRESS | | | 7. INCOME SUBJECT TO TAX | | 00 | | |
| CITY OR TOWN | STATE | ZIP CODE | 8. MISSOURI INCOME TAX PAYMENT | | 00 | | |
| Partner/Shareholder copy — Keep this copy for your records | | | | Copy A | | | |

MO 860-2855 (09-2009)

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| Attach to Form MO-1NR. See instructions for Line 1 of MO-1NR. | | | | Copy C | | | |

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