

Only complete this form if your corporation's assets are less than or equal to \$10,000,000.

Note: If a corporation fails or neglects to file a Missouri corporation franchise tax report pursuant to Chapter 147, the Director of Revenue will notify the Secretary of State to begin administrative dissolution proceedings.

ast Name, First Name, Middle Initial		Social Security Number									
pouse's Last Name, First Name, Middle Initial		Social Security Number									
					- 1			1			
City	State				Zi	p Co	ode				

Complete the information below. (Each corporation must complete a separate Form MO-NFT, <u>Form MO-1120</u>, or <u>Form MO-1120</u>.)

Zero Franchise Tax Liability — Check this box if your corporation's assets in or apportioned to Missouri are less than or equal to \$10,000,000.

File Period Beginning	File Period Ending	Balance Sheet Date (MM/DD/YYYY)				
		//				
Corporation Name						
Charter Number	Federal Employer Identification Number (FEIN)	Missouri Tax Identification Number				

	Inder penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.					
ture	Signature of Officer	Title of Officer				
jnat						
Sig	Telephone Number	Date Signed (MM/DD/YYYY)				
	()	//				



For Privacy Notice, see the Form MO-1040 Instructions.

Mail to: Taxation Division P.O. Box 3365 Jefferson City, MO 65105-3365
 Phone: (573) 751-4541
 Visit

 Fax: (573) 522-1721
 http://www.dor.mo.gov/business/franchise

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for additional information.



Form MO-NFT (Revised 04-2015)