

MISSOURI DEPARTMENT OF REVENUE

2024 Pass-Through Entity Income Tax Return

Department Use Only (MM/DD/YY)

Three empty boxes for Department Use Only date.

Beginning and Ending dates (MM/DD/YY) with empty boxes.

Missouri Tax I.D. Number with empty boxes.

Federal Employer I.D. Number with empty boxes.

Charter Number with empty boxes.

Name with empty box.

Address with empty box.

City, State, and ZIP with empty boxes.

Select this box if you are electing to become an Affected Business Entity and consent to become subject to the tax imposed by Section 143.436, RSMo, for the tax period for which this return is filed.

Select this box if you have member(s) making an opt-out election. Attach Federal K-1 for each opt-out member.

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

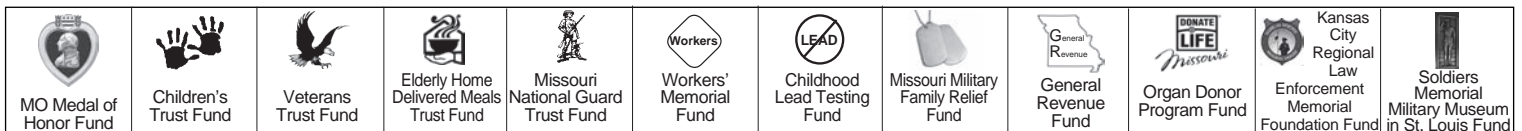
Select applicable boxes. Failure to select the address change box may result in mailings going to the last address on file.

Amended Return, Name Change, Address Change, Final Return and Close Account, Bankruptcy checkboxes.

Select type of entity (select one) S Corporation, Partnership checkboxes.

Table with 8 rows for Computation of Income Tax. Columns include line number, description, and amount boxes.

You may contribute to any one or all of the trust funds on Line 22. See pages 4-5 of the instructions for more trust fund information.



Computation of Income Tax

9. Missouri net income (loss) - Line 5 minus Line 6, 7, and 8.....	9	<input type="text"/>	.00
10. Pass-through entity income tax - Multiply Line 9 by 4.8% - If result is less than 0, enter 0.....	10	<input type="text"/>	.00
11. Tax Credits - Attach Form MO-TC	11	<input type="text"/>	.00
12. Pass-through entity income tax liability - Subtract Line 11 from Line 10 - Result cannot be less than 0.....	12	<input type="text"/>	.00

Payments

13. Excess Refundable Tax Credits- If MO-TC, Line 13 is greater than MO-TC, Line 12, enter difference here.....	13	<input type="text"/>	.00
14. Anticipated tax payments - Include approved overpayments applied from previous year.....	14	<input type="text"/>	.00
15. Payments with Form MO-7004	15	<input type="text"/>	.00
16. Amended return only - Tax paid with (or after) the filing of the original return.....	16	<input type="text"/>	.00
17. Subtotal - Add Lines 13 through 16	17	<input type="text"/>	.00
18. Amended return only - Overpayment, if any, as shown on original return or as later adjusted.....	18	<input type="text"/>	.00
19. Total - Line 17 minus Line 18.....	19	<input type="text"/>	.00

Refund or Amount Due

20. If Line 19 is more than Line 12, enter overpayment here	20	<input type="text"/>	.00									
21. Amount of Line 20 to be applied to your anticipated 2025 pass-through entity income tax.....	21	<input type="text"/>	.00									
22. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.												
22a. Children's Trust Fund	<input type="text"/>	.00	22b. Veterans Trust Fund	<input type="text"/>	.00	22c. Elderly Home Delivered Meals Trust Fund	<input type="text"/>	.00	22d. Missouri National Guard Trust Fund	<input type="text"/>	.00	
22e. Workers' Memorial Fund	<input type="text"/>	.00	22f. Childhood Lead Testing Fund	<input type="text"/>	.00	22g. Missouri Military Family Relief Fund	<input type="text"/>	.00	22h. General Revenue Fund	<input type="text"/>	.00	
22i. Organ Donor Program Fund	<input type="text"/>	.00	22j. Kansas City Regional Law Enforcement Memorial Foundation Fund	<input type="text"/>	.00	22k. Soldiers Memorial Military Museum in St. Louis Fund	<input type="text"/>	.00	22l. Medal of Honor Fund	<input type="text"/>	.00	
22m. Additional Fund Code	<input type="text"/>	Additional Fund Amount	<input type="text"/>	.00	22n. Additional Fund Code	<input type="text"/>	Additional Fund Amount	<input type="text"/>	.00			
Total Donation - Add amounts from Boxes 22a through 22n and enter here										22	<input type="text"/>	.00
23. REFUND - Line 20 minus Lines 21 and 22.....	23	<input type="text"/>	.00									
24. AMOUNT DUE - If Line 19 is less than Line 12, enter underpayment here. (U.S. funds only)	24	<input type="text"/>	.00									

Additions

1a. State and local income taxes deducted on Federal Form 1120S or 1065. 1a .00

1b. Kansas City & St. Louis earnings taxes. Enter Line 1a minus Line 1b on Line 1 1b .00 1 .00

2a. State and local bond interest (except Missouri) 2a .00

2b. Related expenses (omit if less than \$500). Enter Line 2a minus Line 2b on Line 2 2b .00 2 .00

3. Partnership Fiduciary Other adjustments () 3 .00

4. Business interest expense carryforward 4 .00

5. Total Additions - Add Lines 1 through 4 5 .00

Subtractions

6a. Interest from exempt federal obligations 6a .00

6b. Related expenses (omit if less than \$500). Enter Line 6a minus Line 6b on Line 6 6b .00 6 .00

7. Amount of the state income tax refund(s) included in the sum of separately and nonseparately computed items 7 .00

8. Federally taxable - Missouri exempt obligations 8 .00

9. Partnership Fiduciary Build America and Recovery Zone Bond Interest Missouri Public-Private Transportation Act Other adjustments () 9 .00

10. Agricultural Disaster Relief 10 .00

11. Disallowed business interest expense 11 .00

12. Total Subtractions - Add Lines 6 through 11 12 .00

Select here if the pass-through entity is re-designating the same Affected Business Entity Representative as was used in the prior tax year.

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. The undersigned officer, manager, member, or Affected Business Entity Representative further declares, under penalties of perjury, that he or she is an officer, manager, member, or Affected Business Entity Representative of the entity for which this return is filed and that he or she is authorized to make the above election for the entity to become an Affected Business Entity subject to the tax imposed by [Section 143.436, RSMo](#), for the tax period for which this return is filed.

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 Yes No

Signature

Signature of Officer, Manager or Member Printed Name

Signature of Affected Business Entity Representative Printed Name

Telephone Number Date Signed (MM/DD/YY)

Preparer's Signature (Including Internal Preparer) Preparer's FEIN, SSN, or PTIN

Telephone Number Date Signed (MM/DD/YY)

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above Yes No

Pass-Through Entity Name

Missouri Tax I.D. Number

Charter Number

Federal Employer I.D. Number

	1. Name of each member. All must be listed. Use an attachment if necessary.	2. Select if member is a nonresident.	3. Select if member has made an opt-out election	4. Social Security Number or FEIN	5. Membership %	6. Shareholder's PTE Tax Credit (see instructions)	7. Members not eligible for PTE Tax Credit (see instructions)
a)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00	<input type="checkbox"/>
b)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00	<input type="checkbox"/>
c)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00	<input type="checkbox"/>
d)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00	<input type="checkbox"/>
e)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00	<input type="checkbox"/>
f)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00	<input type="checkbox"/>
g)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00	<input type="checkbox"/>
h)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00	<input type="checkbox"/>
i)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00	<input type="checkbox"/>
j)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00	<input type="checkbox"/>
k)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00	<input type="checkbox"/>
l)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00	<input type="checkbox"/>
m)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00	<input type="checkbox"/>
n)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00	<input type="checkbox"/>
o)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00	<input type="checkbox"/>
Total					<input type="text"/> %	<input type="text"/> 00	

Part B - Member's Share Percent

Column 5 — Enter percentages from Federal Schedule K-1(s). Round to the nearest two decimal places.
 Column 6 — Enter the member's tax credit to be claimed on MO-1040, MO-1041, or MO-1120.

Mail to: Missouri Department of Revenue
 P.O. Box 3080
 Jefferson City, MO 65105-3080

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Fax: (573) 522-1721

Email: pteincome@dor.mo.gov
Visit: dor.mo.gov/faq/taxation/business/entity-tax.html for additional information.