



2024 Pass-Through Entity Income Tax Return

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[illegible]

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2		.	00
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3		.00
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4		.00
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5		.00
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6		.	00
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		00
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9. Missouri net income (loss) - Line 5 minus Line 6, 7, and 8.....
10. Pass-through entity income tax - Multiply Line 9 by 4.8% - If result is less than 0, enter 0.....
11. Tax Credits - Attach [Form MO-TC](#)
12. Pass-through entity income tax liability - Subtract Line 11 from Line 10 - Result cannot be less than 0.....

9		.00
10		.00
11		.00
12		.00

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

13		.00
14		.00
15		.00
16		.00
17		.00
18		.00
19		.00

20. If Line 19 is more than Line 12, enter overpayment here
21. Amount of Line 20 to be applied to your anticipated 2025 pass-through entity income tax.....
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		.00	22b. Veterans Trust Fund		.00	22c. Elderly Home Delivered Meals Trust Fund		.00	22d. Missouri National Guard Trust Fund		.00
22e. Workers' Memorial Fund		.00	22f. Childhood Lead Testing Fund		.00	22g. Missouri Military Family Relief Fund		.00	22h. General Revenue Fund		.00
22i. Organ Donor Program Fund		.00	22j. Kansas City Regional Law Enforcement Memorial Foundation Fund		.00	22k. Soldiers Memorial Military Museum in St. Louis Fund		.00	22l. Medal of Honor Fund		.00
22m. Additional Fund Code			Additional Fund Amount		.00	22n. Additional Fund Code			Additional Fund Amount		.00

- Total Donation - Add amounts from Boxes 22a through 22n and enter here
23. **REFUND** - Line 20 minus Lines 21 and 22.....
24. **AMOUNT DUE** - If Line 19 is less than Line 12, enter underpayment here. (U.S. funds only)

22		.00
23		.00
24		.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	
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	
3. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (.....				3	
4. Business interest expense carryforward				4	
5. Total Additions - Add Lines 1 through 4				5	

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	
7. Amount of the state income tax refund(s) included in the sum of separately and nonseparately computed items				7	
8. Federally taxable - Missouri exempt obligations				8	
9. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Build America and Recovery Zone Bond Interest <input type="checkbox"/> Missouri Public-Private Transportation Act <input type="checkbox"/> Other adjustments (.....				9	
10. Agricultural Disaster Relief				10	
11. Disallowed business interest expense				11	
12. Total Subtractions - Add Lines 6 through 11				12	

☐ 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

Charter Number

Federal Employer I.D. Number

Missouri Tax I.D. Number

Part B - Member's Share Percent

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)

b)

c)

d)

e)

f)

g)

h)

i)

j)

k)

l)

m)

n)

o)

Total

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

Phone: (573) 751-4541
Fax: (573) 522-1721

Email: pteincome@dor.mo.gov

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

Form MO-PTE (Revised 12-2024)

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