

MISSOURI DEPARTMENT OF

REVENUE

## 2025 Pass-Through Entity Income Tax Return

Beginning  
(MM/DD/YY)

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Ending  
(MM/DD/YY)

Missouri Tax I.D.  
Number

|  |  |  |  |  |  |  |  |
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Federal Employer  
I.D. Number

|  |  |  |  |  |  |  |  |  |
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Charter  
Number[illegible]

Name

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Address

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City

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State

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- ☐ 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

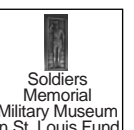
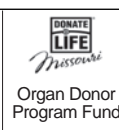
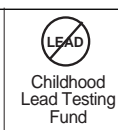
Select type of entity (select one)

- ☐ S Corporation      ☐ Partnership

## Computation of Income Tax

- |   |   |  |     |
|---|---|--|-----|
| 1. Sum of separately and nonseparately computed items. See instructions .....   | 1 |  | .00 |
| 2. Total Additions – Enter Line 5 from Page 3, PTE Adjustments.....   | 2 |  | .00 |
| 3. Total Subtractions – Enter Line 12 from Page 3, PTE Adjustments .....  | 3 |  | .00 |
| 4. Balance – Line 1 plus Line 2, minus Line 3 .....   | 4 |  | .00 |
| 5. Preliminary Missouri net income (loss) - If all Missouri income, enter amount from Line 4.<br>If not, complete and attach <a href="#">MO-MS PTE</a> .  |   |  |     |
| Method <input type="text"/> Percent <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> Multiply Line 5 by the percentage | 5 |  | .00 |
| 6. Missouri Business Income Deduction- Attach <a href="#">Schedule PTE-BD</a> .....   | 6 |  | .00 |
| 7. Aggregate distributive share of Missouri net income (loss) from lower-tier affected business entities. See instructions .....  | 7 |  | .00 |
| 8. Missouri net loss to be used from affected business entity's prior tax year(s). See instructions.  | 8 |  | .00 |

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.



9. Missouri net income (loss) - Line 5 minus Line 6, 7, and 8.....
10. Pass-through entity income tax - Multiply Line 9 by 4.7% - 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 2026 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. Member's PTE Tax Credit (see instructions)

7. Members not eligible for PTE Tax Credit (see instructions)

|       |  |  |  |  |   |  |    |  |
|-------|--|--|--|--|---|--|----|--|
| a)    |  |  |  |  | % |  | 00 |  |
| b)    |  |  |  |  | % |  | 00 |  |
| c)    |  |  |  |  | % |  | 00 |  |
| d)    |  |  |  |  | % |  | 00 |  |
| e)    |  |  |  |  | % |  | 00 |  |
| f)    |  |  |  |  | % |  | 00 |  |
| g)    |  |  |  |  | % |  | 00 |  |
| h)    |  |  |  |  | % |  | 00 |  |
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| j)    |  |  |  |  | % |  | 00 |  |
| k)    |  |  |  |  | % |  | 00 |  |
| l)    |  |  |  |  | % |  | 00 |  |
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| o)    |  |  |  |  | % |  | 00 |  |
| Total |  |  |  |  | % |  | 00 |  |