

Department Use Only
(MM/DD/YY)

Three identical empty 2x2 grids, each consisting of four squares, are provided for drawing. Each grid is outlined with a thick black border and is placed on a light blue grid background.

Ending
(MM/DD/YY)

Ending (MM/DD/YY)

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[illegible]

Balance Sheet Date (MM/DD/YYYY)

_____ / _____ / _____

☐ **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.

Last Name, First Name, Middle Initial										Social Security Number									
Spouse's Last Name, First Name, Middle Initial										Social Security Number									
City					State					Zip Code									

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Signature of Officer

Title of Officer

Telephone Number

Date Signed (MM/DD/YYYY)

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_____ / _____ / _____

Form MO-NFT (Revised 12-2014)

Visit <http://www.dor.mo.gov/business/franchise/> for additional information.



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