



MISSOURI DEPARTMENT OF  
**REVENUE**

Form  
**MO-1120S**

**2021 S-Corporation Income Tax Return**

Department Use Only  
(MM/DD/YY)

Missouri Tax  
I.D. Number

Missouri S-Corporation Income  
Tax Return for 2021

Beginning  
(MM/DD/YY)

Ending  
(MM/DD/YY)

Federal Employer

I.D. Number

Charter

Number

Corporation  
Name

Address

City

State

ZIP



21112010001

☐ 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

S-Corporation

1. Does the S-Corporation have any Missouri modifications? ..... ☐ Yes ☐ No  
If Yes, complete Lines 1–15 on pages 1 and 2, and the shareholder information on page 3.
2. Does the S-Corporation have any nonresident shareholders? ..... ☐ Yes ☐ No  
If Yes, complete Lines 1–15 on pages 1 and 2, the shareholder information on page 3, and [Form MO-NRS](#).
3. Does the S-Corporation have income derived from sources other than Missouri? ..... ☐ Yes ☐ No  
If Yes, complete and attach [Form MO-MSS](#).

S-Corporation Adjustments

Additions

- |   |    |  |     |   |
|---|----|--|-----|---|
| 1a. State and local income taxes deducted on Federal Form 1120S ..  | 1a |  | .00 |   |
| 1b. Less: Kansas City & St. Louis earnings taxes. Enter Lines 1a less 1b on Line 1 .....  | 1b |  | .00 | 1 |
| 2a. State and local bond interest (except Missouri) .....   | 2a |  | .00 |   |
| 2b. Less: related expenses (omit if less than \$500)<br>Enter Line 2a less Line 2b on Line 2.....                                 | 2b |  | .00 | 2 |
| 3. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list ..... | 3  |  | .00 |   |
| 4. Donations claimed for the Food Pantry Tax Credit deducted from federal taxable income, .....                                   | 4  |  | .00 |   |
| 5. Total of Lines 1 through 4 .....   | 5  |  | .00 |   |

Subtractions

- |  |    |  |     |   |
|--|----|--|-----|---|
| 6a. Interest from exempt federal obligations .....                                     | 6a |  | .00 |   |
| 6b. Less: related expenses (omit if < \$500) Enter Line 6a less Line 6b on Line 6..... | 6b |  | .00 | 6 |
| 7. Amount of any state income tax refund included in federal ordinary income.....      | 7  |  | .00 |   |
| 8. Federally taxable — Missouri exempt obligations.....                                | 8  |  | .00 |   |

S-Corporation Adjustments

Subtractions (continued)

9. ☐ Partnership ☐ Fiduciary ☐ Build America and Recovery Zone Bond Interest

☐ Missouri Public-Private Transportation Act ☐ Other adjustments (list \_\_\_\_\_) 9 . 00

10. Missouri depreciation basis adjustment ..... 10 . 00

11. Depreciation recovery on qualified property that is sold ..... 11 . 00

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

13. Missouri S-Corporation adjustment — Net Addition — excess Line 5 over Line 12..... 13 . 00

14. Missouri S-Corporation adjustment — Net Subtraction — excess Line 12 over Line 5..... 14 . 00

15. Agriculture Disaster Relief ..... 15 . 00

Department Use Only

A R N S E  
☐ ☐ ☐ ☐ ☐

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

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  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 they failed to sign the return or provide their Internal Revenue Service preparer tax identification number? If you marked Yes, please insert their name, address, and phone number in the applicable sections of the signature block above. ☐ Yes ☐ No



Corporation Name	<div></div>	Missouri Tax I.D. Number	<div></div>
Federal Employer I.D. Number	<div></div>	Charter Number	<div></div>

Allocation of Missouri S Corporation Shareholder's Adjustment(s)	1. Name of each shareholder. All shareholders must be listed. Use attachment if necessary.	2. Select if shareholder is nonresident	3. Social Security Number				4. Shareholder's Share %	5. Shareholder's Adjustment(s)	
								<input type="checkbox"/> Addition	<input type="checkbox"/> Subtraction
	a) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	b) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	c) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	d) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	e) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	f) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	g) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	h) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	i) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	j) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	k) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	l) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	m) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	n) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	o) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	p) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	q) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	r) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	s) <div></div>	<input type="checkbox"/>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> %	<div></div>	<div>00</div>
	Total						<div></div> %	<div></div>	<div>00</div>

Column 4 — Enter percentages from Federal Schedule K-1(s). Round percentages to whole numbers.

Column 5 — Enter Missouri S-Corporation adjustment from Form MO-1120S, Line 13 or 14, as total of Column 5. Multiply each percentage in Column 4 by the total in Column 5. Indicate at the top of Column 5 whether the adjustments are additions or subtractions. The amount after each shareholder's name in Column 5 must be reported as a modification by the shareholder on his or her [Form MO-1040](#), Individual Income Tax Return, either as an addition to, or subtraction from, federal adjusted gross income.

Mail to: Missouri Department of Revenue  
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Jefferson City, MO 65105-0336

E-mail: [corporate@dor.mo.gov](mailto:corporate@dor.mo.gov)

Visit [dor.mo.gov/taxation/business/tax-types/corporation-income/](http://dor.mo.gov/taxation/business/tax-types/corporation-income/) for additional information.

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