				MAIL	TO:		MAIL TO:	Œ					
со	RPORATION NAME		Balance Due			Refund or No Amount I							
				P.O. Bo		Revenue	Missouri Department of F P.O. Box 700	levenue					
NU	MBER AND STREET		Jefferson City, MO 65105-3365		105-3365								
					FO	RM M	0-11205						
			Miss	FORM MO-1120S Missouri S Corporation Missouri S Corpora			ation						
CIT	TY OR TOWN, STATE, ZIP CODE					FRANCHISE 1							
					eturn for 2		Return for 201						
MO	) TAX I.D. NUMBER	CHARTER NUMBER	Beginning , 20		-	Beginning, 20							
WIC	TAX I.D. NOWDEN	ONAMENNONDEN	FEDERAL I.D. NUMBER		a		Ending, 2						
					0								
Check Applicable       Amended Return       Address       Final Corporation       Bankruptcy       Balance Sheet Date (MM/DD/YYYY)       S         Boxes       Name Change       Change       Income Tax Return       Bankruptcy       Income Tax Return       Income Ta								DR)					
	<ul> <li>A. Check this box if your assets in Missouri (Schedule MO-FT, Line 6a), or apportioned to Missouri (Schedule MO-FT, Line 6b) do not exceed \$10,000,000. You do not owe franchise tax. If your assets do exceed the \$10,000,000 threshold, you must complete and attach Schedule MO-FT and enter the franchise tax due on the Form MO-1120S, Line 15 below. If Box A is checked, Box C cannot be checked.</li> <li>B. Return filed for BOTH (income and franchise)</li> <li>C. Return filed for INCOME tax only</li> <li>D. Return filed for FRANCHISE tax only</li> </ul>												
_	due on the Form MO-11	120S, Line 15 below. If Box A is chec	cked, Box C cannot be checked.			in med for							
Ъ.			□ YES □ NO If YES, com										
S CORP.		nave ANY nonresident shareholders?											
S	3. Does S corporation have	e income derived from sources other th	nan Missouri? 🗌 YES 🔲 NC	) If YES,	complete and	attach Sc	hedule MO-MSS.						
		explanation of each item)											
		taxes deducted on Federal Form 112	0S 1a		00								
	1b. Less: Kansas Citv & St.	Louis earnings taxes. Enter Lines 1a les	s 1b on Line 1 1b		00	1		00					
		terest (except Missouri)			00								
SSOURI S CORPORATION ADJUSTMENTS		( ), (( ), ( ), ( ), ( ), ( ), ( ), ( )											
1EN	Enter Line 2a less Line	s (omit if less than \$500) 2 2b on Line 2			00	2		00					
STR		iduciary  Other adjustments (list				3		00					
ŝ		e Food Pantry Tax Credit that were dedu		Sec 1351	647 BSMo	4		00					
Ď		h 4				5		00					
N/	-					5		00					
	Subtractions (attach detai	iled explanation of each item)		00									
RA'	6a. Interest from exempt te	ederal obligations	/	00	0		00						
0		(omit if < \$500) Enter Line 6a less Line				6		00					
Ř		come tax refund included in federal or				7		00					
ö	<ol> <li>Federally taxable — Mi</li> </ol>	issouri exempt obligations			8		00						
s I S	9. 🗌 Partnership 🗌 Fi	iduciary 🔲 Build America and Reco											
UF	Missouri Public-Priv	vate Transportation Act 🛛 Other adj		)	9		00						
SO		pasis adjustment (Section 143.121.3(7		/	10		00						
MIS		on qualified property that is sold (Section			11		00						
_		h 11				12		00					
		adjustment - NET ADDITION - exc				13		00					
		adjustment — NET SUBTRACTION -			14		00						
	1 · · ·												
		Tax (Complete Schedule MO-FT and			15		00						
AX		Form MO-TC and only include corpora				16		00					
Б Ш		s applied from last file period			17		00						
HIS		IO-7004			18		00						
FRANCHISE TAX		ONLY: Tax paid with (or after) the filing			19		00						
RAI		16 through 19			20		00						
Ē		ONLY: Overpayment, if any, as shown			21		00						
		ne 21				22		00					
щ	•	In Line 15, enter OVERPAYMENT her			23		00						
Ы	24. Overpayment to be app			24		00							
REFUND /TAX DUE	25. Overpayment to be refu			25		00							
E	26. If Line 22 is less than L			26		00							
JNL	27. Enter total amount on L	Line 27 Interest	Penalty			27		00					
E	28. TOTAL DUE — add Lir	nes 26 and 27 (U.S. funds only)		1	TOTAL DUE	28		00					
R	If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check must be presented again electronically.												
	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge   authorize the Director of F												
	and belief, it is true, correct, and com As provided in Chapter 143, RSMo, a	has any know	ledge. or deled	ate to discu	ss my return and	DOR ONLY							
ш	perjury that I employ no illegal or unau employ such aliens. I also declare that	dit or abatem	ent if I	ents with the r of his/her fi	e preparer or any NO rm, or if internally								
<b>TUF</b>	connection with any contracted service	es and I do not knowingly employ any person who is a	an unauthorized alien in connection with any c	ontracted ser			ber of the internal staff.	□ S					
SIGNATURE	SIGNATURE OF OFFICER (REQUIRED)		TITLE OF OFFICER		PHONE NUMBER		DATE SIGNED (MM/DD/YYYY)	╎┌┐┍					
<b>I</b> G					()		//						
S	PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER) PREPARER'S FEIN, SSN, OR PTIN				PHONE NUMBER		DATE SIGNED (MM/DD/YYYY)	□B					
					()								
	<u> </u>		1		`′								

MO-1120S (12-2012)

CORPORATION NAME		D. NUMBER CHARTER NUMBER	EDERAL I.D. NUMBER							
			+ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$	5. SHAREHOLDER'S CORPORATION						
1. NAME OF EACH SHAREHOLDER. ALL SHAREHOLDERS MUST BE LISTED. USE ATTACHMENT IF NECESSARY.	2. CHECK BOX IF SHAREHOLDER IS NONRESIDENT	3. SOCIAL SECURITY NUMBER	4. SHAREHOLDER'S SHARE %	ADJUSTMENT						
a)			%	00						
b)			%	00						
c)			%	00						
d)			%	00						
e)			%	00						
f)			%	00						
g)			%	00						
h)			%	00						
i)			%	00						
))			%	00						
k)			%	00						
1)			%	00						
m)			%	00						
n)			%	00						
0)			%	00						
p)			%	00						
q)			%	00						
r)			%	00						
s)			%	00						
t)			%	00						
u)			%	00						
v)			%							
w)			%							
x)			%							
TOTAL	1		%							
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/her Form MO-1040, Individual Income Tax Return either as an addition to, or subtraction from, federal adjusted gross income.