**************************************	MISSOURI DEPARTMENT OF REVENUE
	STATEMENT OF INCOME TAX PAYMENTS FOR
	NONRESIDENT INDIVIDUAL PARTNERS OR
Minimizer	S CORPORATION SHAREHOLDERS

2010	DLN
FORM	
IO-2NR	

S CORPORATION	SHAREHOLDERS	MO-2NR			
FOR CALENDAR YEAR 2010 (OR FISCAL YEAR BEGINNING		, 2010 AND ENDING		, 2011
1. NAME OF PARTNERSHIP/S CORPOR	ATION	DOR ONLY	2. MISSOURI TAX ID NUMBER		
ADDRESS			3. FEDERAL ID NUMBER		
CITY OR TOWN	STATE	ZIP CODE	4. TYPE OF ENTITY Partnership S Corporation		bility Company s a Partnership)
5. NAME OF PARTNER/SHAREHOLDER			6. SOCIAL SECURITY NUMBER	1 1	
ADDRESS			7. INCOME SUBJECT TO TAX		00
CITY OR TOWN	STATE	ZIP CODE	8. MISSOURI INCOME TAX PAYMENT 0		
Partner/Shareholder copy — Keep this copy for your records			Сору А		·
MO 860-2855 (08-2010)	This publication is available upon requ	est in alternative a	accessible format(s).		

MISSOURI DEPARTMENT OF REV STATEMENT OF INCOME TAX NONRESIDENT INDIVIDUAL P S CORPORATION SHAREHOL	PAYMENTS FOR ARTNERS OR	2010 FORM MO-2NR	DLN		
FOR CALENDAR YEAR 2010 OR FISCAL YE	AR BEGINNING		, 2010 AND ENDING		, 2011
1. NAME OF PARTNERSHIP/S CORPORATION		DOR ONLY	2. MISSOURI TAX ID NUMBER		
ADDRESS			3. FEDERAL ID NUMBER		
CITY OR TOWN	STATE	ZIP CODE	4. TYPE OF ENTITY ☐ Partnership ☐ S Corporation ☐ [imited Liability C Treated as a Par	ompany tnership)
5. NAME OF PARTNER/SHAREHOLDER			6. SOCIAL SECURITY NUMBER		
ADDRESS			7. INCOME SUBJECT TO TAX		00
CITY OR TOWN	STATE	ZIP CODE	8. MISSOURI INCOME TAX PAYMENT		00
Partnership/S Corporation copy — Keep this copy for your records			Сору В		

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MISSOURI DEPARTMENT OF REVENUE STATEMENT OF INCOME TAX PAYMEN' NONRESIDENT INDIVIDUAL PARTNERS S CORPORATION SHAREHOLDERS	2010 FORM MO-2NR	DLN				
FOR CALENDAR YEAR 2010 OR FISCAL YEAR BEGIN	NING	1	, 2010 AND END	DING		, 2011
1. NAME OF PARTNERSHIP/S CORPORATION		DOR ONLY	2. MISSOURI TAX ID NU	MBER		
ADDRESS			3. FEDERAL ID NUMBER	3		
CITY OR TOWN	STATE	ZIP CODE	4. TYPE OF ENTITY Partnership S	Corporation \Box Li	imited Liab	oility Company a Partnership)
5. NAME OF PARTNER/SHAREHOLDER			6. SOCIAL SECURITY N	UMBER		
ADDRESS			7. INCOME SUBJECT TO	O TAX		00
CITY OR TOWN	STATE	ZIP CODE	8. MISSOURI INCOME T	AX PAYMENT		00
Attach to Form MO-1NR. See instructions for Line 1 of MO-1NR.			Copy C			