

MISSOURI DEPARTMENT OF REVENUE P.O. BOX 898 JEFFERSON CITY, MO 65105-0898 (573) 751-2326 TDD 1-800-735-2966 **CREDIT UNION TAX RETURN**



2013	TAXABLE YEAR BASED ON THE 2012 CALENDAR YEAR INCOME PERIOD	DUF D	ATE April 15, 2013					
NAME		2020						
ADDRE	28							
CITY, S	STATE, ZIP CODE							
FEDEF	AL EMPLOYER IDENTIFICATION NUMBER COUNTY NAME C	OUNTY CODE	1					
PAR	E: A COPY OF THE NASCUS/NCUA CALL REPORT MUST BE ATTACHED.							
PAR								
1.	Total gross income from NASCUS/NCUA Call Report as of December 31, 2012	1						
	ADDITIONS							
2.	Recoveries of bad debts from call report							
3.	Missouri Credit Union tax expensed on call report							
4.	Missouri taxes claimed as credits on this return from Schedule A							
5.	Other additions (attach detailed schedule)	5						
6.	Total of Lines 1 through 5	6						
PAR	T II DEDUCTIONS							
7.	Total operating expenses from NASCUS/NCUA Call Report as of December 31, 2012	7						
8.	Dividends and interest paid on general shares from call report							
9.	Loans charged off as bad debts from call report	9						
10.	Other deductions (complete detailed schedule on page 2)	10						
11.	Total of Lines 7 through 10	11						
12.	Taxable income (Line 6 less Line 11)	12						
PART III COMPUTATION OF TAX								
16								
13.	portionment required, see instructions. Tax — Line 12 multiplied by 7% or from apportionment schedule	13						
14.	Tax credits from Line 4 above							
15.	Tax due (Line 13 less Line 14)							
	Less tentative payment or amount previously paid							
	Miscellaneous credits (attach schedule and approved authorizations)							
	Enterprise Zone Credit (attach certificate of eligibility)							
17.	Overpayment of previous year's tax							
18.	Balance due or overpaid (Line 15 less Lines 16A, 16B, 16C, and 17)							
19.	Interest for delinquent payment after April 15, 2013 (see instructions)							
20.	TOTAL AMOUNT DUE OR OVERPAYMENT TO BE REFUNDED (Line 18 plus Line 19)							

DOR-INT-4 (09-2012)

SCHEDULE A — TAXES CLAIMED AS CREDITS									
DESCRIPTION (Do not list r	operty)	AMOUNT							
Total (Enter on Lines 4 and 14, Page 1)									
LINE 10 DETAILED SCHEDULE									
Total (Enter on Line 10, Page									
	1)								
SCHEDULE B — POLITICAL SUBDIVISIONS TAXING THE REPORTING CREDIT UNION									
This section must be completed by credit unions with only one office. If you have more than one office location, you must complete the Financial Institution Tax Schedule B, Form 2331. Information is available from your real or personal property tax receipt.									
PHYSICAL STREET ADDRESS			CITY, STATE, ZIP CODE						
SUBDIVISIONS	NAME OR NUMB	ER							
County									
City									
Road District									
School District									
Library District									
Water District									
Sewer District									
Fire District									
Township/Other Tax Districts									
AUTHORIZATION									
I authorize the Director of Revenue member of the internal staff.	e or delegate to discuss m	ny return and attachme	nts with the preparer or any m	ember of his/her firm	, or if internally prepared, any				
		YES							
SIGNATURE — PLEASE SIGN E	-	thic roturn including		d statements and t	in the best of my knowledge				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. I declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. I also declare that I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any									
contracted services. SIGNATURE OF OFFICER (REQUIRED)		TITLE OF OFFICER		PHONE NUMBER	DATE (MM/DD/YYYY)				
PREPARER'S SIGNATURE (INCLUDING INTER	RNAL PREPARER)	PREPARER'S FEIN, SSN, C	DR PTIN	PHONE NUMBER	// DATE (MM/DD/YYYY) / /				
MAKE CHECK OR MONEY ORDER PAYABLE TO "MISSOURI DEPARTMENT OF REVENUE". If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. MAIL COMPLETED FORM AND ATTACHMENTS TO THE MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 898, JEFFERSON CITY, MO 65105-0898.									