

Only complete this form if your corporation's assets are less than or equal to \$10,000,000.

Note: If a corporation fails or neglects to file a Missouri corporation franchise tax report pursuant to Chapter 147, the Director of Revenue will notify the Secretary of State to begin administrative dissolution proceedings.

Last Name, First Name, Middle Initial					Social Security Number								
								1		1		1	
Spou	se's Last Name, First Name, Middle Initial		S			Social Security Number							
City			State				Zip Code						
	plete the information below. (Each co	rporation must cor	mplete a s	eparate F	orm MC	-NF	T, <u>Fo</u>	rm N	<u>10-1</u>	<u>120</u> ,	or <u>F</u>	orm	
<u>MO-1</u>	<u>120\$</u> .)												
7	Zero Franchise Tax Liability — Check this box if your corporation's assets in or apportioned to Missouri are less											an	
or equal to \$10,000,000.									arr ar	10 100	,	ai i	
File F	Period Beginning	File Period Ending				Balance Sheet Date (MM/DD/YYYY)							
						///							
Corp	oration Name	<u> </u>											
Char	ter Number	Federal Employer Ide) Miss	Missouri Tax Identification Number									
										- 1			
	Under penalties of perjury, I declare that the a	hove information and a	uny attached	cupplomont i	c true co	mnlot	o and	corro	~+				
Signature	1 7 7 7												
	Signature of Officer			l itle o	Title of Officer								
	Telephone Number			Date	Date Signed (MM/DD/YYYY)								
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For Privacy Notice, see the Form MO-1040 Instructions.

Mail to: **Taxation Division**

P.O. Box 3365

Jefferson City, MO 65105-3365

Phone: (573) 751-4541 Fax: (573) 522-1721

Visit

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