

## Missouri Department of Revenue 2014 Farmer's Cooperative Credit Associations Intangible Property Tax Return

2015 Taxable year based on the 2014 calen	Due date April 15, 2015	
Name		
Address		
City	State	Zip Code
Federal Employer Identification Number (FEIN)	County Name	County Code

	1.	Gross income derived from all sources during 2014	1	
	2.	Gross income derived from notes and mortgages	2	
1 1	3.	Ratio of Line 2 to Line 1	3	 %
	4.	Total dividends declared and credited (whether paid or not) to share accounts of members in 2014	4	
tatio	5.	Taxable portion of dividends ( % Line 3 multiplied by Line 4)	5	
ndw	6.	Amount of tax (2% of Line 5)	6	 
မိ		6A. Miscellaneous credits (attach schedule)	6A	
Part 1		6B. Enterprise Zone Credit	6B	
ሲ		6C. Missouri tax - Line 6 less Lines 6A and 6B	6C	
	7.	Interest for delinquent payment after April 15, 2015	7	
	8.	Total Amount Due	8	

Subdivisions	Name or Number
County	
City or Town	
Road District	
School District	
Library District	
Water District	
Sewer District	
Fire District	
Other Districts	

This return is to be filed by all Farm	er's Cooperative Credit Associations authorized	d to do business in Missouri.
State of Missouri		
	SS	
County Of		
We, the undersigned		, as President, and
	, as Secretary of	
Association, a corporation organized und	er an Act of Congress known as the Farm Cre	edit Act of 1933 with its principal office
	statements made in the 2014 Farmer's Coop	
	cipal business of said Association during 2014	-
to its members; that said Association, by taxes without charging the same to the action	authority of a resolution of its Board of Director	s, has elected to absorb and pay these
Signature of President		
Signature of Secretary		

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.....

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge.

Signature of Officer (Required)	Title of Officer	Phone Number	Date (MM/DD/YYYY)
		()	//
Preparer's Signature (Including Internal Preparer)	Preparer's FEIN, SSN, or PTIN	Phone Number	Date (MM/DD/YYYY)
		()	//

Make check or money order payable to "Missouri Department of Revenue". Mail completed form and attachments to the address below. 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 to: Taxation Division P.O. Box 898 Jefferson City, MO 65105-0898

Part 3 - Attestation

Authorization and Signature

Phone: (573) 751-2326 TDD: (800) 735-2966 Fax: (573) 522-1721 E-mail: <u>fit@dor.mo.gov</u> Visit <u>http://dor.mo.gov/business/finance</u> for additional information.



Form INT-5 (Revised 11-2014)