	Missouri Department of Revenue 2015 No Franchise Tax Due	Departr (MM/DD		Jse Onl	у						
	Taxable Year Beginning (MM/DD/YY)	Ending (MM/DD/YY	′)								
	iissouri Tax I.D. umber	Federal Employer I.D. Number									
_	harter umber										
Corpo	oration Name				В	Balance S	heet I	Date (N	MM/DD/	YYYY)	
Comp MO-1	If a corporation fails or neglects to file a Missouri coor of Revenue will notify the Secretary of State to begin lete the information below. (Each corporation must contain 1208.) Zero Franchise Tax Liability — Check this box if your corpor equal to \$10,000,000.	administrative d	lisso te Fo	lution	proce	eedings FT, <mark>For</mark> i	<u>т М</u>	<u>0-11</u>	<mark>20</mark> , or	<u>Form</u>	
Last Name, First Name, Middle Initial				Social	Securi	ecurity Number					
Spouse's Last Name, First Name, Middle Initial				Social	Securi	curity Number					
City		State				Zip Coo	de	1			
	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.										
Signature	Signature of Officer			Title of Officer							
	Telephone Number ()			Date Signed (MM/DD/YYYY)//							

For Privacy Notice, see the Form MO-1040 Instructions.

Form MO-NFT (Revised 12-2014)

Mail to: Taxation Division

P.O. Box 3365

Jefferson City, MO 65105-3365

Phone: (573) 751-4541

Fax: (573) 522-1721

http://www.dor.mo.gov/business/franchise/

E-mail: franchise@dor.mo.gov for a

for additional information.

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