



Missouri Department of Revenue  
**2015 Corporation Income Tax Return**

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

Missouri Corporation Income Beginning (MM/DD/YY)       Ending (MM/DD/YY)

Federal Employer I.D. Number           Charter Number

Corporation Name

Address

City  State

ZIP  -



Select this box if you have an approved federal extension. Attach a copy of the approved Federal Extension (Form 7004).

Select Applicable Boxes. Failure to select the address change box may result in mailings going to the last address on file.

- Consolidated MO Return  Consolidated Federal and Separate Missouri Return  Amended Return  Name Change  
 Address Change  Final Return and Close Corporation Income Tax Account  Bankruptcy  1120C  990T  
 All Missouri source income is from an interest(s) in a partnership(s)

<b>Computation of Income Tax</b>	1. Federal Taxable Income from Federal Form 1120, Line 30.....	<input type="text"/>	<input type="text"/>	.00
	2. Corporation income tax from Missouri, or other states, their subdivisions, and District of Columbia deducted in determining federal taxable income.....	<input type="text"/>	<input type="text"/>	.00
	3. Missouri modifications - Additions (complete Page 3, Part 1).....	<input type="text"/>	<input type="text"/>	.00
	4. Total additions - Add Lines 2 and 3 .....	<input type="text"/>	<input type="text"/>	.00
	5. Missouri modifications - Subtractions (complete Page 3, Part 2) .....	<input type="text"/>	<input type="text"/>	.00
	6. Balance - Line 1 plus Line 4 less Line 5 .....	<input type="text"/>	<input type="text"/>	.00
	7. Federal Income Tax - current year (complete Page 4, Part 3).....	<input type="text"/>	<input type="text"/>	.00
	8. Missouri Taxable Income - all sources - Line 6 less Line 7 .....	<input type="text"/>	<input type="text"/>	.00
	9. Missouri Taxable Income - if all Missouri income, repeat Line 8. If not, complete <b>Form MO-MS</b> and enter apportionment method chosen and the applicable percentage below. Method <input type="text"/> Percent <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Multiply Line 8 by the percentage.....	<input type="text"/>	<input type="text"/>	.00
	10. Missouri Dividends Deduction (see instructions before entering an amount).....	<input type="text"/>	<input type="text"/>	.00
	11. Enterprise Zone or Rural Empowerment Zone Income Modification .....	<input type="text"/>	<input type="text"/>	.00
	12. Missouri Taxable Income - Line 9 less Line 10 and Line 11 .....	<input type="text"/>	<input type="text"/>	.00

Tax

13. Corporation income Tax - 6.25% of Line 12 ..... 13  .00

14. Recapture of Missouri Low Income Housing Credit (attach a copy of Federal Form 8611) (see instructions) ..... 14  .00

15. Total Tax - Add Lines 13 and 14..... 15  .00

Credits and Payments

16. Tax credits - (attach [Form MO-TC](#)) ..... 16  .00

17. Estimated tax payments (include approved overpayments applied from previous year)..... 17  .00

18. Payments with [Form MO-7004](#)..... 18  .00

19. Amended Return Only: Tax paid with (or after) the filing of the original return..... 19  .00

20. Subtotal - Add Lines 16 through 19 ..... 20  .00

21. Amended Return Only: Overpayment, if any, as shown on original return or as later adjusted ..... 21  .00

22. Total - Line 20 less Line 21..... 22  .00

23. If Line 22 is greater than Line 15, enter overpayment here ..... 23  .00

24. Amount remitted or amount of tax overpayment to be contributed to the funds listed below ..... 24  .00

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund	Additional Fund Code (See Instr.)	Additional Fund Code (See Instr.)
<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00

Refund or Tax Due

25. Overpayment to be applied to next filing period..... 25  .00

26. Overpayment to be refunded - Line 23 less Lines 24 and 25 ..... Refund 26  .00

27. If Line 22 is less than Line 15, enter underpayment here ..... 27  .00

28. Enter the total of the below on Line 28 ..... 28  .00

Interest  .00 Penalty  .00 MO-2220  .00

29. Total Due - Add Lines 27 and 28 (U.S. funds only) ..... Total Due 29  .00

If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

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 S  E  F

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. ....  Yes  No

Signature

Signature of Officer  Printed Name

Telephone Number  Date Signed (MM/DD/YY)

Preparer's Signature (Including Internal Preparer)  Preparer's FEIN, SSN, or PTIN

Telephone Number  Date Signed (MM/DD/YY)



Part 1 - Missouri  
Modifications - Additions

1a. State and local bond interest (except Missouri) .....	1a	<input type="text"/>	.00		
1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1 .....	1b	<input type="text"/>	.00	1	<input type="text"/>
2. Fiduciary and partnership adjustment (enter share of adjustment from <a href="#">Form MO-1041</a> , Page 2, Part 1, Line 18 or <a href="#">Form MO-1065</a> , Line 17) .....				2	<input type="text"/>
3. Net operating loss modification ( <a href="#">Section 143.431.4, RSMo</a> ) (Do not enter NOL carryover) . . .				3	<input type="text"/>
4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income, <a href="#">Section 135.647, RSMo</a> .....				4	<input type="text"/>
5. Total - Add Lines 1 through 4. Enter here and on Page 1, Line 3 .....				5	<input type="text"/>

Part 2 - Missouri Modifications - Subtractions

1a. Interest from exempt federal obligations (must attach a detailed schedule) .....	1a	<input type="text"/>	.00		
1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1 .....	1b	<input type="text"/>	.00	1	<input type="text"/>
2. Federally taxable - Missouri exempt obligations .....				2	<input type="text"/>
3. Reduction in gain due to basis difference (See <a href="#">12 CSR 10-2.020</a> and <a href="#">Section 143.121.3(2), RSMo</a> ) .....				3	<input type="text"/>
4. Previously taxed income .....				4	<input type="text"/>
5. Amount of any state income tax refund included in federal taxable income .....				5	<input type="text"/>
6. Capital gain exclusion from the sale of low income housing project .....				6	<input type="text"/>
7. Fiduciary and partnership adjustment (enter share of adjustment from Form MO-1041, Page 2, Part 1, Line 19 or Form MO-1065, Line 18) .....				7	<input type="text"/>
8. Missouri depreciation basis adjustment ( <a href="#">Section 143.121.3(7), RSMo</a> ) .....				8	<input type="text"/>
9. Subtraction Modification offsetting previous Addition Modification from a Net Operating Loss (NOL) deduction from an applicable year ( <a href="#">Section 143.121.2(4), RSMo</a> ) .....				9	<input type="text"/>
10. Depreciation recovery on qualified property that is sold ( <a href="#">Section 143.121.3(9), RSMo</a> ) .....				10	<input type="text"/>
11. Build America and Recovery Zone Bond Interest .....				11	<input type="text"/>
12. Missouri Public-Private Partnerships Transportation Act .....				12	<input type="text"/>
13. Total - Add Lines 1 through 12. Enter here and on Page 1, Line 5 .....				13	<input type="text"/>



**Part 3 - Federal Income Tax - Current Year**

Consolidated Federal and Separate Missouri Return - See Instructions

1. Federal tax from Federal Form 1120, Schedule J, Line 11. . . . .	1		.00
2. Foreign tax credit (from Federal Form 1120, Schedule J, Line 5a). . . . .	2		.00
3. Federal income tax - add Lines 1 and 2; multiply the total by 50%; and enter here and on Page 1, Line 7. . . . .	3		.00
Consolidated federal and separate Missouri returns must complete Lines 4-6			
4. Numerator (the amount of separate company federal taxable income) . . . . .	4		.00
5. Denominator (enter the total positive separate company federal taxable income). . . . .	5		.00
6. Divide Line 4 by Line 5. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Multiply by Line 3. Enter here and on Page 1, Line 7. (Consolidated federal and separate Missouri return filers must attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies. If information is not sent, the federal income tax deduction may be reduced to zero.) . . . . .	6		.00

**Part 4 - Amended Reason**

If this is an amended return, select one box indicating the reason. A separate Form MO-1120 must be filed for each reason.

A. Missouri Correction Only  
  B. Federal Correction  
  C. Loss Carryback (Complete Part 5)  
 D. Federal Tax Credit Carryback  
  E. IRS Audit (RAR)  
 F. Missouri Tax Credit Carryback (Enter on Part 5, Line 1 the first year that the credit became available.)  
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 A  R  N  Department Use Only

**Part 5 - Amended Return Loss Carryback or Federal Tax Credit Carryback**

If this is an amended return and if a loss carryback or federal tax credit carryback is involved in this amended return, complete the following section. Consolidated federal and separate Missouri filers should report figures attributable to this separate Missouri return and attach a copy of the Federal Consolidated amended Form 1139 or Form 1120X showing the carryback or page 1 of the Federal Consolidated Form 1120 for the year of the loss to verify that only the separate company had the loss. Also, enclose a copy of the consolidated income statement for this year and the year of the loss. (If NOL or Missouri tax credit carryback, enter year that the credit first became available.)

		M	M	D	D	Y	Y
1. Year of loss. . . . .	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Total net capital loss carryback. . . . .	2						.00
3. Total net operating loss carryback . . . . .	3						.00
4. Federal income tax adjustment - Consolidated federal and separate Missouri filers must attach computations . . . . .	4						.00

**Mail To: Balance Due:**  
 Missouri Department of Revenue  
 P.O. Box 3365  
 Jefferson City, MO 65105-3365

**Refund or No Amount Due:**  
 Missouri Department of Revenue  
 P.O. Box 700  
 Jefferson City, MO 65105-0700

**Phone:** (573) 751-4541  
**Fax:** (573) 522-1721  
**E-mail:** [corporate@dor.mo.gov](mailto:corporate@dor.mo.gov)

Form MO-1120 (Revised 12-2015)



Visit <http://dor.mo.gov/business/corporate/> for additional information.



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