



Missouri Department of Revenue
2016 S-Corporation Income Tax Return

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

Missouri S-Corporation Income Tax Return for 2016 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.

Amended Return Name Change Address Change Final Return and Close Account Bankruptcy

S-Corporation

- 1. Does the S corporation have any Missouri modifications?
2. Does the S corporation have any nonresident shareholders?
3. Does the S corporation have income derived from sources other than Missouri?

S-Corporation Adjustments

Additions
1a. State and local income taxes deducted on Federal Form 1120S
1b. Less: Kansas City & St. Louis earnings taxes
2a. State and local bond interest (except Missouri)
2b. Less: related expenses (omit if less than \$500)
3. Partnership Fiduciary Other adjustments (list)
4. Donations claimed for the Food Pantry Tax Credit
5. Total of Lines 1 through 4
Subtractions
6a. Interest from exempt federal obligations
6b. Less: related expenses (omit if < \$500)
7. Amount of any state income tax refund included in federal ordinary income
8. Federally taxable — Missouri exempt obligations

S-Corporation Adjustments

Subtractions (continued)

9. Partnership Fiduciary Build America and Recovery Zone Bond Interest
 Missouri Public-Private Transportation Act Other adjustments (list _____) 9 .00
10. Missouri depreciation basis adjustment ([Section 143.121.3\(7\), RSMo](#)) 10 .00
11. Depreciation recovery on qualified property that is sold ([Section 143.121.3\(9\), RSMo](#)) 11 .00
12. Total Subtractions - Add Lines 6 through 11..... 12 .00
13. Missouri S corporation adjustment — Net Addition — excess Line 5 over Line 12 13 .00
14. Missouri S corporation adjustment — Net Subtraction — excess Line 12 over Line 5..... 14 .00
15. Agriculture Disaster Relief ([Section 143.121.3\(10\), RSMo](#)) 15 .00

Department Use Only

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

A	R	N	S	E
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <input style="width: 90%;" type="text"/> Telephone Number <input style="width: 90%;" type="text"/> Preparer's Signature (Including Internal Preparer) <input style="width: 90%;" type="text"/> Telephone Number <input style="width: 90%;" type="text"/>	Printed Name <input style="width: 90%;" type="text"/> Date Signed (MM/DD/YY) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Preparer's FEIN, SSN, or PTIN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Date Signed (MM/DD/YY) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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Corporation Name

Missouri Tax I.D. Number

Federal Employer I.D. Number

Charter Number

Allocation of Missouri S Corporation Adjustment to Shareholders

	1. Name of each shareholder. All shareholders must be listed. Use attachment if necessary.	2. Select if shareholder is nonresident	3. Social Security Number			4. Shareholder's Share %	5. Shareholder's Adjustment	
							<input type="checkbox"/> Addition	<input type="checkbox"/> Subtraction
a)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
b)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
c)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
d)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
e)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
f)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
g)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
h)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
i)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
j)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
k)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
l)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
m)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
n)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
o)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
p)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
q)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
r)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
s)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
Total						<input type="text"/>	%	<input type="text"/>

Column 4 — Enter percentages from Federal Schedule K-1(s). Round percentages to whole numbers.

Column 5 — Enter Missouri S corporation adjustment from Form MO-1120S, Line 13 or 14, as total of Column 5. Multiply each percentage in Column 4 by the total in Column 5. Indicate at the top of Column 5 whether the adjustments are additions or subtractions. The amount after each shareholder's name in Column 5 must be reported as a modification by the shareholder on his or her [Form MO-1040](#), Individual Income Tax Return, either as an addition to, or subtraction from, federal adjusted gross income.

Mail To: 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

Form MO-1120S (Revised 12-2016)



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



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