7	Form MO-22	Aut Cor	souri De horizati poration solidat	on ai n to b	nd Co oe In	onse clude	nt of ed in	Sub a Mi		-		Departn (MM/DD		se Only							
	Tax	able Yea	ar Beginr (MM/D	•								Ending (MM/DD/YY	()								
orporation Common Parent Corporation	Missouri T Number	ax I.D.										l Employer mber									
	Charter Number										14109010001										
	Date Incor (MM/DD/Y	Place Incorporated   Place Inc																			
	Kind of Business																	Active		Inad	ctive
		of Common Corporation																			
	Address									City					S	tate			ZIP		
		For the first year a Missouri consolidated income tax return is filed, this form must be attached to Form MO-1120 for each subsidiary. After the first year, this form is only required of any additional affiliation to the group.																			
	Has the su	ibsidiary ibsidiary ver to eith d membe	corporation corporation corporation	n filed n filed on is Y	Misso	ouri ret	urns ir ırns in	n prior	years years a	as part as part	t of ar	consolidated in affiliated gro affiliated gro h such return	oup filir up filin	ng a coi g a con	nsolid solida	ated ated r	return' eturn?	? [ ]	Yes	s [	No No
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ax of R cons he	return on its Revenue or h solidated inc subsidiary of sents to and	behalf for is or her come tax corporation I agrees	or the taxa delegate) return is cons on, in cons to be bou	to ma to ma or must siderat and by	ar for ke a N be m ion of the p	which  lissou  ade by  the pri  rovisio	this form the a vilege ons of	orm is solidated of join the M	filed; a ted inc d grou ning in issouri	and (b) ome ta p unde the ma incom	the contraction the contractio	at corporation ommon parender on its behaden provisions of of a consolidation and regular and regular in the consolidation and regular in the consolidation in the consolidation in the consolidation in the consolidation in the corporation in	nt corp alf for the Minated re ulation	oration each ta ssouri d turn wi s, agre	(or, in axable conso the theorem the theorem the theorem the conso	n the year lidate com at the	event theread d return mon page tax s	of its after for rn reg arent hall b	failure or which pulation corpor e com	, the D ch a M ons. ration, puted	irector issouri hereby
Signature	the subsid	nalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I also declare that diary named above has authorized me to sign this form on its behalf, and that this form has been examined by me and the information herein is, to the best of my knowledge and belief, true, correct, and complete.																			
	Signature										Title										
	Printed Name													Signed							