

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 12-2018)



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



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