



MISSOURI DEPARTMENT OF
REVENUE
2023 S-Corporation Income Tax Return

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

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

Federal Employer I.D. Number Charter Number

Corporation Name

Address

City State

ZIP -



23112010001

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

- Does the S-Corporation have any Missouri modifications? Yes No
If Yes, complete Lines 1–15 on pages 1 and 2, and the shareholder information on page 3.
- Does the S-Corporation have any nonresident shareholders? Yes No
If Yes, complete Lines 1–15 on pages 1 and 2, the shareholder information on page 3, and [Form MO-NRS](#).
- Does the S-Corporation have income derived from sources other than Missouri? Yes No
If Yes, complete and attach [Form MO-MSS](#).

S-Corporation Adjustments

Additions

- | | | | | |
|---|----------------------|----------------------|----------------------|----------------------|
| 1a. State and local income taxes deducted on Federal Form 1120S .. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1b. Enter Kansas City and St. Louis earnings taxes on Line 1b.
Enter Lines 1a minus 1b on Line 1..... | <input type="text"/> | <input type="text"/> | 1 | <input type="text"/> |
| 2a. State and local bond interest (except Missouri) | <input type="text"/> | <input type="text"/> | | |
| 2b. Enter expenses related to Line 2a on Line 2b (if less than \$500,
enter zero). Enter Line 2a minus Line 2b on Line 2. | <input type="text"/> | <input type="text"/> | 2 | <input type="text"/> |
| 3. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (.....) | | | 3 | <input type="text"/> |
| 4. Donations claimed for the Food Pantry Tax Credit deducted from federal taxable income | | | 4 | <input type="text"/> |
| 5. Total of Lines 1 through 4 | | | 5 | <input type="text"/> |

Subtractions

- | | | | | |
|---|----------------------|----------------------|---|----------------------|
| 6a. Interest from exempt federal obligations | <input type="text"/> | <input type="text"/> | | |
| 6b. Enter expenses related to Line 6a on Line 6b (if less than \$500,
enter zero). Enter Line 6a minus Line 6b on Line 6. | <input type="text"/> | <input type="text"/> | 6 | <input type="text"/> |
| 7. Amount of any state income tax refund included in federal ordinary income..... | | | 7 | <input type="text"/> |
| 8. Federally taxable — Missouri exempt obligations..... | | | 8 | <input type="text"/> |

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 10 .00

11. Depreciation recovery on qualified property that is sold 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 15 .00

Department Use Only
A R N | S E
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Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of their firm, or if internally prepared, any member of the internal staff. Yes No

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)

Did you pay a tax return preparer to complete your return, but they failed to sign the return or provide their Internal Revenue Service preparer tax identification number? If you marked Yes, please insert their name, address, and phone number in the applicable sections of the signature block above. Yes No



Corporation Name

Missouri Tax I.D. Number

Federal Employer I.D. Number

Charter Number

	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(s)	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Allocation of Missouri S Corporation Shareholder's Adjustment(s)

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 their **Form MO-1040**, Individual Income Tax Return, either as an addition to, or subtraction from, federal adjusted gross income.

Mail to: Missouri Department of Revenue
P.O. Box 336
Jefferson City, MO 65105-0336

E-mail: corporate@dor.mo.gov

Visit: dor.mo.gov/taxation/business/tax-types/corporation-income/ for additional information.

(Revised 12-2023)

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