		_ MAIL T	O:		MAIL	TO:	
CO	DRPORATION NAME	Balance Du		D		or No Amount	
		P.O. Box 33		Revenue	P.O. Box	i Department of F x 700	Revenue
NU	MBER AND STREET	Jefferson C		05-3365		n City, MO 6510	05-0700
			FOF	SM W	/O-1	120S	
		Missou	ri S Corpo			ouri S Corpor	ration
CIT	TY OR TOWN, STATE, ZIP CODE		OME T			NCHISE	
			urn for 20			eturn for 201	
MO	TAX I.D. NUMBER CHARTER NUMBER FEDERAL I.D. NUMBER		g			ing,	
IVIC	TAX I.D. NOWIDER CHARLEN NOWIDER	_	9 ———		_		
Oh	Joseph Amplicable C. A. J. I. B. J. C. A. J. B. J. A. J. B. J. C. A. J. B. J. A. J. B. J. C. A. J. B. J. J. A. J. J. B. J. J. A. J. J. B. J.					SOFTWARE VEND	
	neck Applicable Amended Return Address Final Corporation Bankruptcy Dixes Name Change Change Income Tax Return	Balance S	neet Date	e (IVIIVIDI	ן (יייט	(Assigned by I	
	Traine Strange Strange Internet Text Text					001	
L	A. Check this box if your assets in Missouri (Schedule MO-FT, Line 6a), or apportioned to Missouri (S		_		,	income and frar	nchise)
	MO-FT, Line 6b) do not exceed \$10,000,000. You do not owe franchise tax. If your assets do ex \$10,000,000 threshold, you must complete and attach Schedule MO-FT and enter the franch		_			E tax only	
	due on the Form MO-1120S, Line 15 below. If Box A is checked, Box C must not be checked		」D. Retu	rn filed fo	r FRANC	HISE tax only	
٦.	1. Does the S corporation have ANY Missouri modifications? YES NO If YES, comp	plete Lines 1-	-15 below	and pag	e 2.		
CORP.	2. Does the S corporation have ANY nonresident shareholders? YES NO If YES, comp					D-NRS.	
SC	3. Does S corporation have income derived from sources other than Missouri? YES NC						
-	Additions (attach detailed explanation of each item)	,					
	1a. State and local income taxes deducted on Federal Form 1120S		00				
	1b. Less: Kansas City & St. Louis earnings taxes. Enter Lines 1a less 1b on Line 1 1b		00	1			00
	2a. State and local bond interest (except Missouri)		00				- 00
TS	2b. Less: related expenses (omit if less than \$500)		- 00				
딢	Enter Line 2a less Line 2b on Line 2		00	2			00
Ξ	3. ☐ Partnership ☐ Fiduciary ☐ Other adjustments (list)	١	- 100	3			00
CORPORATION ADJUSTMENTS	Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income, Section 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.) o 105.647.DC	:Ma	4			00
ģ	5. Total of Lines 1 through 4			5			00
ž	Subtractions (attach detailed explanation of each item)			5			00
읃	6a. Interest from exempt federal obligations		00				
RA	6b. Less: related expenses (omit if < \$500) Enter Line 6a less Line 6b on Line 6 6b		00	6			00
<u>P</u>			1	7			00
OR	7. Amount of any state income tax refund included in federal ordinary income						
၁	8. Federally taxable — Missouri exempt obligations			8			00
<u>~</u>	9. Partnership Fiduciary Build America and Recovery Zone Bond Interest			_			00
SSOURI	☐ 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 of Lines 6 through 11					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. Corporation Franchise Tax (Complete Schedule MO-FT and attach balance sheet)			15			00
Ϋ́	16. Tax credits — (attach Form MO-TC and only include corporation franchise tax credits)			16			00
FRANCHISE TAX	17. Approved overpayments applied from last file period			17			00
SE.	18. Payments with Form MO-7004			18			00
ᅙ	19. AMENDED RETURN ONLY: Tax paid with (or after) the filing of the original return			19			00
Æ	20. Subtotal — add Lines 16 through 19			20			00
Ξ	21. AMENDED RETURN ONLY: Overpayment, if any, as shown on original return or as later adju			21			00
	22. Total — Line 20 less Line 21			22			00
띡	23. If Line 22 is greater than Line 15, enter OVERPAYMENT here			23			00
REFUND/TAX DUE	24. Overpayment to be applied to next filing period			24			00
	25. Overpayment to be refunded — Line 23 less Line 24			25			00
2	26. If Line 22 is less than Line 15 enter UNDERPAYMENT here			26			00
3	27. Enter total amount on Line 27 Interest Penalty]	27			00
삤	28. TOTAL DUE — add Lines 26 and 27 (U.S. funds only)	T01	TAL DUE	28			00
_	If you pay by check, you authorize the Department of Revenue to process the check electronically. Any retu	urned check n	nust be pres	sented ag	ain electro	onically.	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informations.	to the best of	authorize	the Directo	or of Rever	ue YES	DOR
	he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any corporation frivolous return. I declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and	n which files a	or delegate attachments	to discuss	my return	and 🗆 NO	ONLY
뿚	eligible for any tax exemption, credit or abatement if I employ such aliens. I also declare that if I am a business entity, I participa work authorization program with respect to the employees working in connection with any contracted services and I do not knowing	ate in a federal	member of	his/her firm	n, or if inter	nally	□ S
AT	person who is an unauthorized alien in connection with any contracted services.	g., cimpioy ally	prepared, a	ny membe	r of the inte	ernai staff.	_
SIGNATURE	SIGNATURE OF OFFICER (REQUIRED)		PHONE NUMB	ER		DATE SIGNED	□ E
တ	DEPARTOR CONSTITUTE (MOLLIDING INTERNAL PREPARTS)		()			DATE CIONET	⊢□ B
	PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER) PREPARER'S FEIN, SSN, OR PTIN		PHONE NUMB	EK		DATE SIGNED	

ALLOCATION OF MISSOURI S CORPORATION ADJUSTMENT TO SHAREHOLDERS										
CORPORATION NAME	MO TAX I.D. NUMBER CHARTER NUMBER				FE	EDERAL I.D. NUMBER				
					5. SHAREHOLDER'S CORPORATION					
NAME OF EACH SHAREHOLDER. ALL SHAREHOLDERS MUST BE LISTED. USE ATTACHMENT IF NECESSARY.	2. CHECK BOX IF SHAREHOLDER IS NONRESIDENT	3. SOCIAL SECURITY NUMBER		4. SHAREHOLDER'S SHARE %	ADJUSTMENT ADDITION SUBTRACTION					
a)					%	00				
b)			. , ,–,		%	00				
c)					%	00				
d)					%	00				
e)					%	00				
f)					%	00				
g)					%	00				
h)					%	00				
i)					%	00				
j)					%	00				
k)					%	00				
1)					%	00				
m)					%	00				
n)					%	00				
0)					%	00				
p)					%	00				
q)					%	00				
r)					%	00				
s)					%	00				
t)					%	00				
u)					%	00				
v)					%	00				
w)					%	00				
x)					%	00				
TOTAL					100 %	00				

 ${\tt COLUMN\,4-Enter\,percentages\,from\,Federal\,Schedule\,\,K-1(s).\,\,Round\,percentages\,\,to\,\,whole\,\,numbers.}$

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



2012 SCHEDULE MO-FT

Attachment Sequence No. 1120-03 and 1120S-01

Schedule MO-FT must be filed with the Form MO-1120 or Form MO-1120S.

CORPORATION NAME	MO TAX I.D	MO TAX I.D. NUMBER		CHARTER NUMBER			FEDER	FEDERAL I.D. NUMBER			
FILE PERIOD BEGINNING (MMDDYY) , ENDING											
BALANCE SHEET DATE (MMDDYY)											
Do your assets include an interest in a partnership and/or limpartnership assets.	nited liability com	pany? YES 🗆] NO	☐ If ye	es, you r	nust pr	rovide a detaile	ed recor	nciliation of		
Has there been a change in your accounting period? YES	□ NO □ If	yes, state prior a	accountin	g period	l						
Read instructions before completing this schedule. NOTE: You cannot file a consolidated franchise tax return.											
 Corporations having all assets within Missouri comple Corporations having assets both within and without N 											
1. Par value of issued and outstanding stock (for no-par value stock, see instructions) (not less than zero)					1				00		
2. Assets	Assets										
Za. Total assets per attached balance sheet Less: Investments in or advances to subsidiaries over 50% owned (attach Schedule MO-5071 or a						2a				00	
schedule showing name of corporations, percentage						2b				00	
										00	
Adjusted total (Line 2a less Line 2b)	2c. Adjusted total (Line 2a less Line 2b)					2c	2c (B) EVERYWHERE				
		(A) IVIIC	3300111				(D) LV		ILIIL		
3a. Accounts receivable (net of allowance for bad debt)		Ba			00	3a				00	
3b. Inventories (net, book value)	3	Bb			00	3b				00	
3c. Land and fixed assets (net of accumulated depreciat	tion) 3	Вс			00	3c				00	
3d. Total allocated assets (add Lines 3a, 3b, and 3c)		3d			00	3d				00	
Missouri percentage for apportionment (Line 3d, Column A divided by Column B)										0/	
Extend the apportionment percentage to six digits to the right of the decimal point						4				%	
5. Assets apportioned to Missouri (Line 2c times Line 4)6. Tax basis:					5				00		
6a. Corporations having all assets within Missouri (Line 2c or Line 1, whichever is greater)						6a				00	
6b. Corporations having assets both within and without Missouri (Line 5 or the product of Line 1 times Line 4, whichever is greater)						6b				00	
If Line 6a or Line 6b is \$10,000,000 or less, STOP H Box A on Form MO-1120S.											
7. Tax Computation				_				00			
7a. Tax — 1/37th of 1% (.000270 of Line 6a or Line 6l 7b. Short periods (see instructions) —			/a				00				
Line 7a x (insert number of whole month	ns in short period	d) = Prorated Tax Due .		7b				00			
7c. Computed current year tax (Enter the amount from Line 7a or Line 7b, whichever applies)								<u>'</u>		00	
7d. Base Year Franchise Tax. Enter the franchise tax from the return for the taxable year ending on or before December 31, 2010 (before the tax is prorated, if the return is for a short period). If the corporation had no											
franchise tax filing requirement for the taxable yea and go to Line 7e.	ar ending on or b	efore December	31, 2010	, skip th	is line	7d				00	
7e. Tax due. Enter the smaller of Line 7c or Line 7d h Line 15. If no amount was entered on Line 7d, en	nere and on Forn	n MO-1120, Line	16 or Fo	rm MO-1	1120S,	7e				00	