

Tax	15. Corporation income Tax - 6.25% of Line 14	15		.00
	16. Recapture of Missouri Low Income Housing Credit (attach a copy of Federal Form 8611) (see instructions)	16		.00
	17. Total Tax - Add Lines 15 and 16	17		.00

Credits and Payments	18. Tax credits - (attach Form MO-TC)	18		.00
	19. Estimated tax payments (include approved overpayments applied from previous year).....	19		.00
	20. Payments with Form MO-7004	20		.00
	21. Amended Return Only: Tax paid with (or after) the filing of the original return.....	21		.00
	22. Subtotal - Add Lines 18 through 21	22		.00
	23. Amended Return Only: Overpayment, if any, as shown on original return or as later adjusted	23		.00
	24. Total - Line 22 less Line 23	24		.00

Refund or Tax Due	25. If Line 24 is more than Line 17, enter overpayment here	25		.00
	26. Amount remitted or amount of tax overpayment to be contributed to the funds listed below	26		.00

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund	Additional Fund Code (See Instr.)	Additional Fund Code (See Instr.)
.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00

Refund or Tax Due	27. Overpayment to be applied to next filing period.....	27		.00
	28. Overpayment to be refunded - Line 25 less Lines 26 and 27 Refund	28		.00
	29. If Line 24 is less than Line 17, enter underpayment here	29		.00
	30. Enter the total of the below on Line 30	30		.00

Interest .00 Penalty .00 MO-2220 .00

Signature	31. Total Due - Add Lines 29 and 30 (U.S. funds only) ... DOR Only <input type="text"/> Total Due	31		.00
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If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Department Use Only		
<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> F

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 type="text"/>	Printed Name <input type="text"/>
	Telephone Number <input type="text"/>	Date Signed (MM/DD/YY) <input type="text"/> <input type="text"/> <input type="text"/>
	Preparer's Signature (Including Internal Preparer) <input type="text"/>	Preparer's FEIN, SSN, or PTIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Telephone Number <input type="text"/>	Date Signed (MM/DD/YY) <input type="text"/> <input type="text"/> <input type="text"/>



**Part 1 - Missouri
Modifications - Additions**

1a. State and local bond interest (except Missouri)	1a	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1	1b	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	1	<input type="text"/>
2. Fiduciary and partnership adjustment (enter share of adjustment from Form MO-1041 , Page 2, Part 1, Line 19 or Form MO-1065 , Line 17)						2	<input type="text"/>
3. Net operating loss modification (Section 143.431.4, RSMo) (Do not enter NOL carryover).....						3	<input type="text"/>
4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income, Section 135.647, RSMo						4	<input type="text"/>
5. Total - Add Lines 1 through 4. Enter here and on Page 1, Line 3						5	<input type="text"/>

Part 2 - Missouri Modifications - Subtractions

1a. Interest from exempt federal obligations (must attach a detailed schedule)	1a	<input type="text"/>	.	<input type="text"/>	<input type="text"/>		
1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1	1b	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	1	<input type="text"/>
2. Federally taxable - Missouri exempt obligations						2	<input type="text"/>
3. Agriculture Disaster Relief (Section 143.121.3(10), RSMo)						3	<input type="text"/>
4. Previously taxed income						4	<input type="text"/>
5. Amount of any state income tax refund included in federal taxable income						5	<input type="text"/>
6. Capital gain exclusion from the sale of low income housing project						6	<input type="text"/>
7. Fiduciary and partnership adjustment (enter share of adjustment from Form MO-1041, Page 2, Part 1, Line 20 or Form MO-1065, Line 18).....						7	<input type="text"/>
8. Missouri depreciation basis adjustment (Section 143.121.3(7), RSMo)						8	<input type="text"/>
9. Subtraction Modification offsetting previous Addition Modification from a Net Operating Loss (NOL) deduction from an applicable year (Section 143.121.2(4), RSMo).....						9	<input type="text"/>
10. Depreciation recovery on qualified property that is sold (Section 143.121.3(9), RSMo)						10	<input type="text"/>
11. Build America and Recovery Zone Bond Interest						11	<input type="text"/>
12. Missouri Public-Private Partnerships Transportation Act						12	<input type="text"/>
13. Total - Add Lines 1 through 12. Enter here and on Page 1, Line 5.....						13	<input type="text"/>



Part 3 - Federal Income Tax - Current Year

Consolidated Federal and Separate Missouri Return - See Instructions

1. Federal tax from Federal Form 1120, Schedule J, Line 11.....	1	<input type="text"/>	.00
2. Foreign tax credit (from Federal Form 1120, Schedule J, Line 5a).....	2	<input type="text"/>	.00
3. Federal income tax - add Lines 1 and 2; multiply the total by 50%; and enter here and on Page 1, Line 7.	3	<input type="text"/>	.00
Consolidated federal and separate Missouri returns must complete Lines 4-6			
4. Numerator (the amount of separate company federal taxable income).....	4	<input type="text"/>	.00
5. Denominator (enter the total positive separate company federal taxable income).....	5	<input type="text"/>	.00
6. Divide Line 4 by Line 5. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Multiply by Line 3. Enter here and on Page 1, Line 7. (Consolidated federal and separate Missouri return filers must attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies. If information is not sent, the federal income tax deduction may be reduced to zero.).....	6	<input type="text"/>	.00

Part 4 - Amended Reason

If this is an amended return, select one box indicating the reason. A separate Form MO-1120 must be filed for each reason.

A. Missouri Correction Only
 B. Federal Correction
 C. Loss Carryback (Complete Part 5)
 D. Federal Tax Credit Carryback
 E. IRS Audit (RAR)
 F. Missouri Tax Credit Carryback (Enter on Part 5, Line 1 the first year that the credit became available.)
 Department Use Only
 A R N Department Use Only

Part 5 - Amended Return Loss Carryback or Federal Tax Credit Carryback

If this is an amended return and if a loss carryback, federal tax credit carryback or Missouri tax credit carryback is involved in this amended return, complete the following section. Consolidated federal and separate Missouri filers should report figures attributable to this separate Missouri return and attach a copy of the Federal Consolidated amended Form 1139 or Form 1120X showing the carryback or page 1 of the Federal Consolidated Form 1120 for the year of the loss to verify that only the separate company had the loss. Also, enclose a copy of the consolidated income statement for this year and the year of the loss. (If NOL, federal tax credit carryback or Missouri tax credit carryback, enter year that the credit first became available.)

		M	M	D	D	Y	Y
1. Year of loss.....	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Total net capital loss carryback.....	2	<input type="text"/>					.00
3. Total net operating loss carryback.....	3	<input type="text"/>					.00
4. Federal income tax adjustment - Consolidated federal and separate Missouri filers must attach computations.....	4	<input type="text"/>					.00

Mail To: Balance Due:
 Missouri Department of Revenue
 P.O. Box 3365
 Jefferson City, MO 65105-3365

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-1120 (Revised 12-2018)



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



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