

CORPORATION NAME
NUMBER AND STREET
CITY OR TOWN, STATE, ZIP CODE
MO TAX I.D. NUMBER
CHARTER NUMBER
FEDERAL I.D. NUMBER
Check Applicable Boxes
Attach copy of Federal Return, pages 1-5

MAIL TO: Balance Due
Missouri Department of Revenue
P.O. Box 3365
Jefferson City, MO 65105-3365
MAIL TO: Refund or No Amount Due
Missouri Department of Revenue
P.O. Box 700
Jefferson City, MO 65105-0700

FORM MO-1120

Missouri Corporation
INCOME TAX
Return for 2011

Missouri Corporation
FRANCHISE TAX
Return for 2012

Beginning, 20
Ending, 20
Beginning, 20
Ending, 20

Balance Sheet Date (MMDDYY)
SOFTWARE VENDOR CODE
(Assigned by DOR)
001

- A. Check this box if your assets in Missouri (Schedule MO-FT, Line 6a), or apportioned to Missouri (Schedule MO-FT, Line 6b) do not exceed \$10,000,000. You do not owe franchise tax. If your assets do exceed the \$10,000,000 threshold, you must complete and attach Schedule MO-FT and enter the franchise tax due on the Form MO-1120, Line 15 below. If Box A is checked, Box C must not be checked.
B. Return filed for BOTH (income and franchise)
C. Return filed for INCOME tax only
D. Return filed for FRANCHISE tax only

COMPUTATION OF INCOME TAX
1. Federal Taxable Income from Federal Form 1120, Line 30
2. Corporation income tax from Missouri, or other states, their subdivisions, and District of Columbia deducted in determining federal taxable income
3. Missouri modifications — Additions (complete Page 2, Part 1)
4. Total additions — Add Lines 2 and 3
5. Missouri modifications — Subtractions (complete Page 2, Part 2)
6. Balance — Line 1 plus Line 4 less Line 5
7. Small Business Deduction for New Jobs under Section 143.173, RSMo (complete Form MO-NJD)
8. Federal Income Tax — current year (complete Page 2, Part 3)
9. Missouri Taxable Income — all sources — Line 6 less Line 7 and Line 8
10. Missouri Taxable Income — if all Missouri income, repeat Line 9. If not, complete Schedule MO-MS and enter apportionment method chosen, and the applicable % Multiply Line 9 by the percentage
11. Missouri Dividends Deduction (see instructions before entering an amount)
12. Enterprise Zone or Rural Empowerment Zone Income Modification
13. Missouri Taxable Income — Line 10 less Line 11 and Line 12
14. Corporation Income Tax — 6.25% of Line 13
15. Recapture of Missouri Low Income Housing Credit (attach a copy of Federal Form 8611) (see instructions)
16. Corporation Franchise Tax (Complete Schedule MO-FT and attach balance sheet)
17. Total Tax — Add Lines 14, 15, and 16
18. Tax credits — (attach Form MO-TC)
19. Estimated tax payments (include approved overpayments applied from previous year)
20. Payments with Form MO-7004
21. AMENDED RETURN ONLY: Tax paid with (or after) the filing of the original return
22. Subtotal — Add Lines 18 through 21
23. AMENDED RETURN ONLY: Overpayment, if any, as shown on original return or as later adjusted
24. Total — Line 22 less Line 23
25. If Line 24 is greater than Line 17, enter OVERPAYMENT here
26. Amount remitted or amount of tax overpayment to be contributed to the trust funds listed to the right
27. Overpayment to be applied to next filing period
28. Overpayment to be refunded — Line 25 less Lines 26 and 27
29. If Line 24 is less than Line 17, enter UNDERPAYMENT here
30. Enter total amount on Line 30
31. TOTAL DUE — Add Lines 29 and 30 (U.S. funds only)

SIGNATURE
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any corporation which files a frivolous return. I declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. I also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services, and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services.
I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm, or if internally prepared, any member of the internal staff.
SIGNATURE OF OFFICER (REQUIRED)
TITLE OF OFFICER
PHONE NUMBER
DATE SIGNED
PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER)
PREPARER'S FEIN, SSN, OR PTIN
PHONE NUMBER
DATE SIGNED

**MISSOURI MODIFICATIONS — ADDITIONS**

<b>PART 1</b>	1a. State and local bond interest (except Missouri).....	1a		00		
	1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1 ....	1b		00	1	00
	2. Fiduciary and partnership adjustment (enter share of adjustment from Form MO-1041, Page 2, Part 1, Line 18 or Form MO-1065, Line 17).....				2	00
	3. Net operating loss modification (Section 143.431.4, RSMo) (Do not enter NOL carryover).....				3	00
	4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income, Section 135.647, RSMo.....				4	00
	5. Total — Add Lines 1 through 4. Enter here and on Page 1, Line 3.....				5	00

**MISSOURI MODIFICATIONS — SUBTRACTIONS**

<b>PART 2</b>	1a. Interest from exempt federal obligations (must attach a detailed schedule).....	1a		00		
	1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1 ....	1b		00	1	00
	2. Federally taxable — Missouri exempt obligations.....				2	00
	3. Reduction in gain due to basis difference (See 12 CSR 10-2.020 and Section 143.121.3(2), RSMo).....				3	00
	4. Previously taxed income.....				4	00
	5. Amount of any state income tax refund included in federal taxable income.....				5	00
	6. Capital gain exclusion from the sale of low income housing project.....				6	00
	7. Fiduciary and partnership adjustment (enter share of adjustment from Form MO-1041, Page 2, Part 1, Line 19 or Form MO-1065, Line 18).....				7	00
	8. Missouri depreciation basis adjustment (Section 143.121.3(7), RSMo).....				8	00
	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	00
	10. Depreciation recovery on qualified property that is sold (Section 143.121.3(9), RSMo).....				10	00
	11. Build America and Recovery Zone Bond Interest.....				11	00
	12. Missouri Public-Private Partnerships Transportation Act.....				12	00
	13. Total — Add Lines 1 through 12. Enter here and on Page 1, Line 5.....				13	00

**FEDERAL INCOME TAX — CURRENT YEAR — Consolidated Federal/Separate Missouri Return — See Instructions.**

<b>PART 3</b>	1. Federal tax from Federal Form 1120, Schedule J, Line 10.....	1		00
	2. Foreign tax credit (from Federal Form 1120, Schedule J, Line 5a) .....	2		00
	3. Federal income tax — add Lines 1 and 2; <b>multiply the total by 50%</b> ; and enter here and on Page 1, Line 7. <b>Consolidated federal/separate Missouri returns must complete Lines 4–6</b> .....	3		00
	4. Numerator (the amount of separate company federal taxable income).....	4		00
	5. Denominator (enter the total positive separate company federal taxable income).....	5		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"/> <input type="text"/> <input type="text"/> Multiply by Line 3. Enter here and on Page 1, Line 8. (Consolidated federal/separate Missouri return filers must attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies. <b>If information is not sent, the federal income tax deduction may be reduced to zero.</b> ) .....	6		00

**CORPORATION INCOME — REASON FOR AMENDMENT**

<b>PART 4</b>	Check one box indicating the reason for this amended Missouri return. The applicable Federal Form 1139, 1120X, 4549, 4549A, 870AD, and/or 5278 must be attached. This includes consolidated federal/separate Missouri filers. <b>NOTE: A separate amended Form MO-1120 must be filed for each reason.</b>					
	<input type="checkbox"/> A. MISSOURI CORRECTION ONLY	<input type="checkbox"/> B. FEDERAL CORRECTION	<input type="checkbox"/> C. LOSS CARRYBACK	<input type="checkbox"/> D. FEDERAL TAX CREDIT CARRYBACK	<input type="checkbox"/> E. IRS AUDIT (RAR)	<input type="checkbox"/> F. MISSOURI TAX CREDIT CARRYBACK*
	*Enter on Part 5, Line 1 the first year that the credit became available.					<b>DOR ONLY</b>

**LOSS CARRYBACK OR FEDERAL TAX CREDIT CARRYBACK — AMENDED RETURN ONLY**

<b>PART 5</b>	If a loss carryback or federal tax credit carryback is involved in this amended return, complete the following section. Consolidated federal/separate Missouri filers should report figures attributable to this separate Missouri return and attach a copy of the Federal Consolidated Form 1139 or 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 or Missouri tax credit carryback, enter year that the credit first became available.)							
	1. Year of loss .....	1	M	M	D	D	Y	Y
	2. Total net capital loss carryback.....	2						00
	3. Total net operating loss carryback.....	3						00
	4. Federal income tax adjustment — Consolidated federal/separate Missouri filers must attach computations.....	4						00



MISSOURI DEPARTMENT OF REVENUE  
**CORPORATION FRANCHISE  
TAX SCHEDULE**

**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. NUMBER		CHARTER NUMBER		FEDERAL I.D. NUMBER	
FILE PERIOD BEGINNING (MMDDYY) _____, ENDING _____							
BALANCE SHEET DATE (MMDDYY) _____							
Do your assets include an interest in a partnership and/or limited liability company? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you must provide a detailed reconciliation of partnership assets.							
Has there been a change in your accounting period? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, state prior accounting period _____							
<b>Read instructions before completing this schedule.</b> <b>NOTE: You cannot file a consolidated franchise tax return.</b>							
<ul style="list-style-type: none"><li>Corporations having all assets within Missouri complete Lines 1, 2, 6a, and 7 <b>ONLY</b>.</li><li>Corporations having assets both within and without Missouri complete all lines except 6a.</li></ul>							
1. Par value of issued and outstanding stock (for no-par value stock, see instructions) ( <b>not less than zero</b> ).....		1					00
2. Assets							
2a. Total assets <b>per attached balance sheet</b> .....		2a					00
2b. Less: Investments in or advances to subsidiaries over 50% owned (attach Schedule MO-5071 or a schedule showing name of corporations, percentage of ownership, and amount) .....		2b					00
2c. Adjusted total (Line 2a less Line 2b) .....		2c					00
3. Allocation per attached balance sheet or schedule (see instructions)		(A) MISSOURI		(B) EVERYWHERE			
3a. Accounts receivable (net of allowance for bad debt) .....	3a		00	3a			00
3b. Inventories (net, book value) .....	3b		00	3b			00
3c. Land and fixed assets (net of accumulated depreciation) .....	3c		00	3c			00
3d. Total allocated assets (add Lines 3a, 3b, and 3c) .....	3d		00	3d			00
4. Missouri percentage for apportionment (Line 3d, Column A divided by Column B) 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) .....		5					00
6. Tax basis:							
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, <b>STOP HERE</b> and <b>check Box A on Form MO-1120 or Box A on Form MO-1120S.</b>							
7. Tax Computation							
7a. Tax — 1/37th of 1% (.000270 of Line 6a or Line 6b) .....		7a					00
7b. Short periods (see instructions) — Line 7a x _____ (insert number of whole months in short period) = Prorated 12 Tax Due .....		7b					00
7c. Computed current year tax (Enter the amount from Line 7a or Line 7b, whichever applies) .....		7c					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 year ending on or before December 31, 2010, skip this line and go to Line 7e. ....		7d					00
7e. Tax due. Enter the smaller of Line 7c or Line 7d here and on Form MO-1120, Line 16 or Form MO-1120S, Line 15. If no amount was entered on Line 7d, enter the amount from Line 7c.....		7e					00

SCHEDULE  
MO-MS

Attachment Sequence No. 1120-01

DO NOT COMPLETE THIS SCHEDULE IF ALL INCOME IS FROM MISSOURI SOURCES.

CORPORATION NAME

MO TAX ID NUMBER

CHARTER NUMBER

FEDERAL ID NUMBER

## APPORTIONMENT ELECTION

- Missouri Statutes provide seven methods of determining Missouri taxable income from Missouri sources.

Check only ONE of the seven boxes and enter the method number and the percentage calculated on Form MO-1120, Line 10.

- ☐ Method One — MULTISTATE ALLOCATION AND THREE FACTOR APPORTIONMENT — Multistate Tax Compact — Section 32.200, RSMo — (COMPLETE PART 2)
- ☐ Method Two — BUSINESS TRANSACTION SINGLE FACTOR APPORTIONMENT — Section 143.451.2(2), RSMo — (COMPLETE PART 1)

Special Methods — **Attach Detailed Explanation**

- ☐ Three — Transportation — Section 143.451.3, RSMo

- ☐
- Four — Railroad — Section 143.451.4. RSMo

- ☐
- Five — Interstate Bridge — Section 143.451.5, RSMo

- ☐ Six — Telephone and Telegraph — Section 143.451.6, RSMo

- ☐ Seven — Other Approved Method — Section 143.461.2, RSMo. Letter of Approval from the Director of Revenue must be attached.

**Note:** Complete the information below and enter the percentage on Form MO-1120, Line 10.

## Missouri Miles

### Total Miles

Percent

$$\frac{\text{_____}}{\text{_____}} \div \frac{\text{_____}}{\text{_____}} = \frac{\text{_____}}{\text{_____}} \%$$

- Round percentages on this form to three digits to the right of the decimal point, such as 12.345%.

## PART 1 — SINGLE FACTOR APPORTIONMENT METHOD SCHEDULE

MISSOURI SINGLE FACTOR APPORTIONMENT METHOD SCHEDULE			
1. Amount of sales wholly in Missouri .....	1		00
2. Amount of sales partly within and partly without Missouri .....	2		00
3. Amount of sales wholly without Missouri .....	3		00
4. Total amount — all sources — add Lines 1, 2, and 3 .....	4		00
5. One-half of Line 2 .....	5		00
6. Total amount Missouri — add Lines 1 and 5 .....	6		00
7. Missouri single factor apportionment fraction — divide Line 6 by Line 4 .....	7		%

**NOTE: STOP HERE IF YOU DO NOT HAVE ANY WHOLLY PASSIVE INVESTMENT INCOME FROM OUTSIDE MISSOURI.  
ENTER SCHEDULE MO-MS, PART 1, LINE 7 ON FORM MO-1120, LINE 10.**

8. Missouri taxable income — all sources (Form MO-1120, Line 9) .....	8		00
9. Federal income tax (Form MO-1120, Line 8) .....	9		00
10. Net Operating Loss (from Federal Form 1120, Line 29a) .....	10		00
11. Partial Missouri taxable income — all sources — add Lines 8 through 10 .....	11		00
12. Dividends from a non-Missouri payor.....	12		00
13. Allocation of wholly passive investment income from outside Missouri. ....	13		00
14. Apportionable Income — Line 11 less Line 12 and Line 13.....	14		00
15. Partial Missouri taxable income — Missouri sources — Multiply Line 14 by Line 7.....	15		00
16. Missouri income percentage — Divide Line 15 by Line 11 and enter on Form MO-1120, Line 10.....	16		%

**SCHEDULE MO-MS**

PAGE 2

CORPORATION NAME	MO TAX I.D. NUMBER	CHARTER NUMBER	FEDERAL I.D. NUMBER
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**PART 2 — THREE FACTOR APPORTIONMENT METHOD SCHEDULE**

	TOTAL MISSOURI (a)	TOTAL EVERYWHERE (b)	PERCENT WITHIN MISSOURI (a) ÷ (b)
Land.....	00	00	
Depreciable assets.....	00	00	
Inventory and supplies.....	00	00	
Other (attach schedule).....	00	00	
Net rent, times eight .....	00	00	
<b>1. TOTAL PROPERTY .....</b>	<b>00</b>	<b>00</b>	1    %
<b>2. TOTAL WAGES.....</b>	<b>00</b>	<b>00</b>	2    %
Sales delivered or shipped to Missouri purchasers:			
a) from outside Missouri .....	00		
b) from within Missouri.....	00		
Shipped from Missouri to:			
a) the United States Government.....	00		
b) purchasers in a state where taxpayer would not be taxable .....	00		
Other gross receipts .....	00		
<b>3. TOTAL SALES .....</b>	<b>00</b>	<b>00</b>	3    %
4. Apportionment Factor — add Lines 1 through 3 and divide by number of factors present			4    %
<b>NOTE: STOP HERE IF YOU DO NOT HAVE ANY NONBUSINESS INCOME. ENTER SCHEDULE MO-MS, PART 2, LINE 4 ON FORM MO-1120, LINE 10.</b>			
5. Missouri Taxable Income — all sources (Form MO-1120, Line 9).....			5    00
6. Federal Income Tax (Form MO-1120, Line 8).....			6    00
7. Net Operating Loss (from Federal Form 1120, Line 29a) .....			7    00
8. Partial Missouri Taxable Income — all sources — Add Lines 5 through 7 .....			8    00
9. Nonbusiness Income — all sources — <b>This will not be considered unless a detailed Schedule MO-NBI is attached.</b> .....			9    00
10. Apportionable Income — Line 8 less Line 9.....			10    00
11. Apportioned Missouri Income — Line 10 times Line 4.....			11    00
12. Nonbusiness Income - Missouri sources - <b>This will not be considered unless a detailed Schedule MO-NBI is attached.</b>			12    00
13. Partial Missouri Taxable Income — Missouri sources — Line 11 plus Line 12.....			13    00
14. Missouri Income Percentage — Divide Line 13 by Line 8. Enter on Form MO-1120, Line 10.....			14    %



MISSOURI DEPARTMENT OF REVENUE

## MISCELLANEOUS INCOME TAX CREDITS

**2011**  
FORM  
**MO-TC**

Attachment Sequence No. 1040-02, 1120-04,  
1120S-02

NAME (LAST, FIRST)		SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER	
SPOUSE'S NAME (LAST, FIRST)		SPOUSE'S SOCIAL SECURITY NUMBER	
CORPORATION NAME	MO TAX I.D. NUMBER	CHARTER NUMBER	

- Each credit will apply against your tax liability in the order they appear on the form.
- If you are claiming more than 10 credits, attach an additional sheet.
- If you are filing a combined return, both names must be on the certificate/form from the issuing agency.
- If you are a shareholder or partner and claiming a credit, you must attach a copy of the shareholder listing, specifying your percentage of ownership, including the corporation's percentage of ownership, if applicable.

**USE THIS FORM TO CLAIM INCOME TAX CREDITS ON FORM MO-1040, MO-1120, MO-1120S, OR MO-1041. ATTACH TO FORM MO-1040, MO-1120, MO-1120S, OR MO-1041.**

LINE	BENEFIT NUMBER (Assigned by DED only)	ALPHA CODE (3 Characters) from back	CREDIT NAME	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <b>• YOURSELF</b> (one income) • Corporation Income • Fiduciary </div> <div> <b>• SPOUSE</b> (on a combined return) • Corporation Franchise </div> </div>	
				Column 1	Column 2
1.				00	00
2.				00	00
3.				00	00
4.				00	00
5.				00	00
6.				00	00
7.				00	00
8.				00	00
9.				00	00
10.				00	00
11. SUBTOTALS — add Lines 1 through 10.				00	00
12. Enter the amount of the tax liability from Form MO-1040, Line 30Y for yourself and Line 30S for your spouse, or from Form MO-1120, Line 14 plus Line 15 for income or Line 16 for franchise; Form MO-1120S, Line 15 for franchise tax; or Form MO-1041, Line 18.				00	00
13. Total Credits — add amounts from Line 11, Columns 1 and 2. (Enter here and on Form MO-1120, Line 18; Form MO-1120S, Line 16; Form MO-1040, Line 37; or Form MO-1041, Line 19.) Line 13 cannot exceed the amount on Line 12, unless the credit is refundable.				00	00

**For Privacy Notice, see the instructions.**

MO-TC (10-2011)

## Instructions

- If you are filing an individual income tax return and you have only one income, use Column 1.
- If you are filing a combined return and **both** you and your spouse have income, use Column 1 for yourself and Column 2 for your spouse.
- If you are filing a fiduciary return, use Column 1.
- If you are filing a corporation income tax return, use Column 1. If you are filing a corporation franchise tax return, use Column 2.
- Include a copy of your certificate/form from the issuing agency.

### Benefit Number:

The number is located on your Certificate of Eligibility Schedule (Certificate).

### Alpha Code:

This is the three character code located on the back of the form. Each credit is assigned an alpha code to ensure proper processing of the credit claimed.

I declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. I also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services.





MISSOURI DEPARTMENT OF REVENUE  
**SMALL BUSINESS DEDUCTION**  
**FOR NEW JOBS UNDER SECTION 143.173, RSMO.**

**MO-NJD**

(REV. 11-2011)

NAME OF SMALL BUSINESS	FEDERAL EMPLOYER ID NUMBER _____
ADDRESS	MO TAX ID NUMBER _____
CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER _____

TYPE OF SMALL BUSINESS ☐ SOLE PROPRIETOR ☐ C CORPORATION ☐ LLC TREATED AS A CORPORATION

**NOTE:** If your small business is not one of these types of businesses, it does not qualify for the deduction.

**QUALIFICATIONS**

For all taxable years beginning on or after January 1, 2011, and ending on or before December 31, 2014, if a small business creates new jobs, it may qualify to claim a deduction in the taxable year each new employee completes at least 52 weeks of full-time employment. The deduction is equal to \$10,000 for each new job created or \$20,000 for each new job created by a small business that paid at least 50 percent of all employees' health insurance premiums.

**The Small Business:**

- Must employ fewer than 50 full-time or part-time employees at all times during the tax year for which the deduction is requested to qualify for the deduction. Any small business affiliated with another business must consider each employee of all affiliated businesses in determining if it employs fewer than 50 full-time or part-time employees. Two businesses are affiliated if either party has power to control the other, or a third party controls or has the power to control both parties. For purposes of the deduction, a part-time employee is defined as one who works fewer than 30 hours per week.
- Must be subject to income taxes imposed in Chapter 143, RSMo.
- Must ensure all new employees have completed at least 52 weeks of full-time employment prior to including them in the deduction calculation. Upon completion of at least 52 weeks, the employee becomes a qualifying full-time employee and the small business may choose a date to compare the number of qualifying full-time employees employed in the previous calendar year. See the example below for further instruction.
- Must pay wages of at least the county average wage or the state average wage if the county wage is in excess of the state wide average. The county average wage is calculated by the Department of Economic Development and can be found at: [www.missourieconomy.org/indicators/countywage.stm](http://www.missourieconomy.org/indicators/countywage.stm).
- Must pay at least 50 percent of the health insurance premium for all full-time employees, not just for new employees, to claim the \$20,000 deduction.

**The Employee:**

- Must complete at least 52 consecutive weeks of employment and work an average of at least 35 hours per week before the small business may claim the deduction.
- May not have been previously employed in Missouri by the small business or any business affiliated with the small business for a period of 12 months prior to the creation of the new job.

**Example:** A small business chooses November 1 as its comparison date. On that date in 2011, the business had 25 full-time employees who had been employed for at least 52 weeks, and five employees who had been employed for 20 weeks. Also on that date, the business hires two new employees who had not been employed by the business. If all these employees remain employed through November 1, 2012, the small business is eligible to claim deductions for seven of its employees in determining its 2012 tax liability. Although five of these employees had been employed prior to November 1, 2011, they would not qualify as full-time employees on that date because they had not completed 52 weeks of employment. Although those five employees could have qualified for the deduction prior to November 1, 2012, the two employees hired on November 1, 2011 could not. Because a small business can select only one comparison date per year, the small business selected November 1, 2012 so it could claim the deduction for all seven employees.

**INSTRUCTIONS**

1. Comparison Date: Each small business must choose a date to compare the number of full-time employees in the deduction year and the number employed in the immediately preceding year. Enter your comparison date: (MMDDYYYY).....	1	____/____/____
2. Employees in Deduction Year: The number of full-time employees employed on your comparison date in the deduction year.	2	
3. Employees in Previous Year: The number of full-time employees employed on your comparison date in the immediately preceding year.....	3	
4. Subtract Line 3 from Line 2 to determine the number of eligible employees.....	4	

**IN THE TABLE ON PAGE TWO, ENTER THE REQUESTED INFORMATION FOR EACH NEW EMPLOYEE REFLECTED ON LINE 4.**

**Note:** If the employee worked in more than one county, enter the county in which he or she worked for the majority of his or her 52 weeks of employment.

I hereby certify to the Department of Revenue that the employees listed on page 2 meet the requirements outlined in Section 143.173, RSMo, and the small business claiming a deduction meets the requirements outlined in this document and in Section 143.173, RSMo. Under penalties of perjury, I declare that I have examined the above information, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. I also declare under penalties of perjury that the business does not employ any illegal or unauthorized aliens as defined under federal law and that the business is not eligible for any tax exemption, credit or abatement if it employs such aliens. I also declare that the business participates in a federal work authorization program with respect to the employees working in connection with any contracted services, and the business does not knowingly employ any person who is an unauthorized alien in connection with any contracted services. I am the owner of or an officer of the above business and am authorized to apply for the small business deduction for new jobs on behalf of the small business identified above.

SIGNATURE	TITLE	DATE ____/____/____
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**PAGE 2**

EMPLOYEE NAME FIRST, MIDDLE INITIAL, LAST	EMPLOYEE SOCIAL SECURITY NUMBER	EMPLOYEE TITLE/ POSITION CODE	COUNTY WHERE EMPLOYEE WORKED	ANNUAL COUNTY AVERAGE WAGE	TOTAL WAGES PAID FOR 52 CONSECUTIVE WEEKS	TOTAL DEDUCTION
1.				\$	\$	\$
2.				\$	\$	\$
3.				\$	\$	\$
4.				\$	\$	\$
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Total Deduction: Enter your total deduction here and on Form MO-1040, Line 18; or on Form MO-1120, Line 7. ....						\$
If you hired more than 30 new employees, please print an additional page.						