



**Subtractions (continued)**

S-Corporation Adjustments

9.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Fiduciary	<input type="checkbox"/> Build America and Recovery Zone Bond Interest		
	<input type="checkbox"/> Missouri Public-Private Transportation Act	<input type="checkbox"/> 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**

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 their 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"/> <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

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1234567890123456789012345678901234567890123456789012345678901234567890123456789012345

Corporation Name: [Redacted] Missouri Tax I.D. Number: [Redacted]  
Federal Employer I.D. Number: [Redacted] Charter Number: [Redacted]

	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)	
								Addition	Subtraction
a)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
b)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
c)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
d)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
e)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
f)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
g)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
h)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
i)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
j)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
k)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
l)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
m)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
n)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
o)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
p)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
q)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
r)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
s)	[Redacted]	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	%	[Redacted]	00
Total							%	[Redacted]	00

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  
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E-mail: [corporate@dor.mo.gov](mailto:corporate@dor.mo.gov)  
Visit: [dor.mo.gov/taxation/business/tax-types/corporation-income/](http://dor.mo.gov/taxation/business/tax-types/corporation-income/) for additional information.

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