



9. Missouri net income (loss) - Line 6 minus Line 7 and 8.....
10. Pass-through entity income tax - Multiply Line 9 by 5.3% - If result is less than 0, enter 0.....
11. Tax Credits - Attach [Form MO-TC](#) .....
12. Pass-through entity income tax liability - Subtract Line 11 from Line 10 - Result may be less than 0.....

9		.00
10		.00
11		.00
12		.00

13. Anticipated tax payments - Include overpayments applied from previous year.....
14. Payments with [Form MO-7004](#).....
15. Amended return only - Tax paid with or after the filing of the original return .....
16. Subtotal - Add Lines 13 through 15 .....
17. Amended return only - Overpayment, if any, as shown on original return or as later adjusted .....
18. Total - Line 16 minus Line 17.....

13		.00
14		.00
15		.00
16		.00
17		.00
18		.00

19. If Line 18 is more than Line 12, enter overpayment here .....
20. Amount of Line 19 to be applied to your anticipated 2023 pass-through entity income tax.....
21. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

19		.00
20		.00

- 21a. Children's Trust Fund  .00
- 21b. Veterans Trust Fund  .00
- 21c. Elderly Home Delivered Meals Trust Fund  .00
- 21d. Missouri National Guard Trust Fund  .00
- 21e. Workers' Memorial Fund  .00
- 21f. Childhood Lead Testing Fund  .00
- 21g. Missouri Military Family Relief Fund  .00
- 21h. General Revenue Fund  .00
- 21i. Organ Donor Program Fund  .00
- 21j. Kansas City Regional Law Enforcement Memorial Foundation Fund  .00
- 21k. Soldiers Memorial Military Museum in St. Louis Fund  .00
- 21l. Medal of Honor Fund  .00
- 21m. Additional Fund Code  Additional Fund Amount  .00
- 21n. Additional Fund Code  Additional Fund Amount  .00

- Total Donation - Add amounts from Boxes 21a through 21n and enter here .....
22. **REFUND** - Line 19 minus Lines 20 and 21. ....
23. **AMOUNT DUE** - If Line 18 is less than Line 12, enter underpayment here. (U.S. funds only) .....

21		.00
22		.00
23		.00

**Additions**

1a. State and local income taxes deducted on Federal Form 1120S or 1065. ....	1a		.00		
1b. Kansas City & St. Louis earnings taxes. Enter Line 1a minus 1b on Line 1 .....	1b		.00	1	
2a. State and local bond interest (except Missouri) .....	2a		.00		
2b. Related expenses (omit if less than \$500). Enter Line 2a minus Line 2b on Line 2.....	2b		.00	2	
3. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments ( .....				3	
4. Business interest expense carryforward .....				4	
5. Total Additions - Add Lines 1 through 4.....				5	

**Subtractions**

6a. Interest from exempt federal obligations .....	6a		.00		
6b. Related expenses (omit if less than \$500). Enter Line 6a minus Line 6b on Line 6 .....	6b		.00	6	
7. Amount of the state income tax refund(s) included in the sum of separately and nonseparately computed items. ....				7	
8. Federally taxable - Missouri exempt obligations. ....				8	
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 ( .....				9	
10. Agricultural Disaster Relief. ....				10	
11. Disallowed business interest expense.....				11	
12. Total Subtractions - Add Lines 6 through 11.....				12	

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. The undersigned officer, manager, or member further declares, under penalties of perjury, that he or she is an officer, manager, or member of the entity for which this return is filed and that he or she is authorized to make the above election for the entity to become an Affected Business Entity subject to the tax imposed by Section 143.436, RSMo, for the tax period for which this return is filed.

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, Manager, or Member		Printed Name	
	Signature of Affected Business Representative		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 the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above ..... ☐ Yes ☐ No

Pass-Through Entity

Name

Missouri Tax

I.D. Number

Federal Employer

I.D. Number

Charter

Number

## Part B - Member's Share Percent

	1. Name of each member. All must be listed. Use an attachment if necessary.	2. Select if member is a nonresident.	3. Social Security Number or FEIN	4. Membership %	5. Shareholder's PTE Tax Credit (see instructions)
a)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
b)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
c)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
d)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
e)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
f)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
g)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
h)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
i)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
j)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
k)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
l)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
m)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
n)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
o)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
p)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
q)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
r)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
s)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> 00
<b>Total</b>				<input type="text"/> %	<input type="text"/> 00

Column 4 — Enter percentages from Federal Schedule K-1(s). Round to the nearest two decimal places.

Column 5 — Enter the member's tax credit to be claimed on MO-1040 or MO-1120.

Form MO-PTE (Revised 01-2023)

**Mail to:** Missouri Department of Revenue  
P.O. Box 3080  
Jefferson City, MO 65105-3080

**Email:** [pteincome@dor.mo.gov](mailto:pteincome@dor.mo.gov)

Visit [dor.mo.gov/faq/taxation/business/entity-tax.html](https://dor.mo.gov/faq/taxation/business/entity-tax.html)

for additional information.

**Phone:** (573) 751-4541

**Fax:** (573) 522-1721

**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](https://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](https://veteranbenefits.mo.gov/state-benefits/).