	Form MO-P		EVENU 23 Pass-TI come Tax I	J≝ hrough En [:]	tity			Departmen (MM/DD/Y)		Only					
		2				Beginning (MM/DD/YY)			Endir (MM/	ng DD/YY)				
Miss Nurr	souri Ta nber	ax I.D.					Federal Em I.D. Number								
Cha Num															_
Nam	ne														
Add	ress														
City								State		ZIP			_		
	Sect	tion 143.43	5 <mark>, RSMo</mark> , fo	ecting to beco r the tax peri	od for whic	h this return	is filed.							d by	_
			-	in approved											_
Sele	ect app	plicable boxe	es. Failure t	o select the	address cha	ange box m	ay result in	mailings	going	to the la	ast addr	ess on fi	ile. ¬		
	Amer	nded Return	└── Na	me Change	L Add	dress Chang	je 📖 i	Final Retu	irn and	d Close	Accoun	t 🗋	Bankru	ptcy	
	Publi	c Law 86-27	2												_
Sele	ect typ	e of entity (s	elect one)		S Corpora	tion	Partne	rship							_
	1. S	oum of sepa	rately and no	onseparately	computed	items. See	instructions	3			1)
	2. To	otal Additior	s – Enter Li	ne 5 from Pa	age 3, PTE	Adjustments	3				2			00)
Тах	3. T	otal Subtrac	tions – Ente	er Line 12 fro	m Page 3,	PTE Adjustr	nents				3			. 00)
come	4. F	ederal Qual	ified Busine	ss Income D	eduction						4			. 00)
of In	5. B	alance – Lir	ie 1 plus Lin	e 2, minus L	ines 3 and	4					5			. 00)
Computation of Income Tax		eliminary M		ncome (loss) <u>TE</u> .	- If all Miss	ouri income	, enter am	ount from	Line 5	5.					_
Com	Γ	Method	Perc	ent		Multip	ly Line 5 b	y the perc	entag	е	6			. 00	<u>)</u>
		ggregate dis ntities. See		are of Misso		me (loss) fro		er affected	d busir	ness	7			. 00)
	8. N	lissouri net l	oss to be us	ed from affe	cted busine	ess entity's p	orior tax ye	ar(s). See	instru	ictions.	8			. 00)
Υοι	u may	contribute to	o any one oi	all of the tru	ist funds on	Line 21. Se	e pages 4	-5 of the ir	nstruc	tions for	more t	rust fund	l informat	on.	
MO Me Honor	edal of Fund	Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals I Trust Fund	Missouri National Guard Trust Fund	Workers' Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Mili Family Reli Fund	tary ief	General Revenue General Revenue Fund	Organ Program	Donor E	Kansas City Regional Law Inforcement Memorial undation Fund	Soldie Memo Military M in St. Loui	orial luseum

MO Medal of Honor Fund

MO-PTE Page 1

Тах			_
me	9. Missouri net income (loss) - Line 6 minus Line 7 and 8	9	00
of Incol	10. Pass-through entity income tax - Multiply Line 9 by 4.95% - If result is less than 0, enter 0	10	00
tion o	11.Tax Credits - Attach Form MO-TC	. 0	00
Computa	12. Pass-through entity income tax liability - Subtract Line 11 from Line 10 - Result may be less than 0	12	00

	13. Anticipated tax payments - Include approved overpayments applied from previous year	13	. 00
	14. Payments with Form MO-7004.	14	. 00
ents	15. Amended return only - Tax paid with (or after) the filing of the original return	15	. 00
Paym	16. Subtotal - Add Lines 13 through 15	16	. 00
	17. Amended return only - Overpayment, if any, as shown on original return or as later adjusted	17	. 00
	18. Total - Line 16 minus Line 17	18	. 00

19. If Line 18 is more than Line 12, enter overpayment here	19	.[00	<u>_</u>
20. Amount of Line 19 to be applied to your anticipated 2024 pass-through entity income tax	20	 .[00)

21. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

: Due	21a. Children's . 00 21b. Veterans . 00 21b. Trust Fund . 00 21c. Elderly Home Delivered Meals . 00 21c. Trust Fund	Missouri National Guard 21d. Trust Fund
Amount	Workers' 21e. Memorial Fund .00 21f. Testing Fund .00 21g. Relief Fund .00 21g. Relief Fund	. 00 21h. Revenue Fund . 00
Refund or Amount Due	Organ Donor Organ Donor Soldiers 21i. Organ Fund .00 21j. Foundation Fund .00	. 00 21I. Medal of Honor Fund . 00
-	Additional Additional Additional Additional	0
	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 of	only)

	Ad	ditions					
	1a.	State and local income taxes deducted on Federal Form 1120S or 1065.	1	a	00		
	1b.	Kansas City & St. Louis earnings taxes. Enter Line 1a minus Line 1b on Line 1		b	. 00	1	. 00
		State and local bond interest (except Missouri) Related expenses (omit if less than \$500).	2	ża	. 00		
	20.	Enter Line 2a minus Line 2b on Line 2	2	'b	. 00	2	. 00
	3.	Partnership Fiduciary Other adjustments (_)	3	00
nents	4.	Business interest expense carryforward				4	. 00
ajustr		Total Additions - Add Lines 1 through 4				5	. 00
А́ Ц	Sul	btractions					
ז	6a.	Interest from exempt federal obligations	6	а	. 00		
art A -	6b.	Related expenses (omit if less than \$500). Enter Line 6a minus Line 6b on Line 6	6	Sb	. 00	6	. 00
L		Amount of the state income tax refund(s) included in the sum of se computed items.			7	. 00	
	8.	Federally taxable - Missouri exempt obligations				8	. 00
	9.	Partnership Fiduciary Build America and Re	COV	erv Zone Bond Interes	t		
	0.			-			
		Missouri Public-Private Transportation Act Other ad	just	ments ()	9	. 00
	10.	Agricultural Disaster Relief.				10	. 00
	11.	Disallowed business interest expense				11	. 00
	12.	Total Subtractions - Add Lines 6 through 11				12	. 00
		Select here if the pass-through entity is re-designating the same a prior tax year.	Affe	cted Business Entity R	Repres	entative as was	used in the
	mar is fil	ler penalties of perjury, I declare that the above information and any attached nager, or member further declares, under penalties of perjury, that he or she ed and that he or she is authorized to make the above election for the entity tion 143.436, RSMo, for the tax period for which this return is filed.	is ar	n officer, manager, or men	nber of	the entity for which	this return
		thorize the Director of Revenue or delegate to discuss my return and attachn nber of his or her firm, or if internally prepared, any member of the internal s				Ye	es 🗌 No
	Sigr	Prin Prin	ted]
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Inat	-	nature of Affected Prin iness Representative Nam					
5	Dus		10	L			

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S)

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 Telephone
 Date Signed

 Number
 (MM/DD/YY)

 Preparer's Signature
 Preparer's FEIN,

 (Including Internal Preparer)
 SSN, or PTIN

 Telephone
 Date Signed

 Number
 Date Signed

Pass-Through Entity Name																					ouri Tax lumber	"								
Federal Employer				Charter Number																										
		1. Name	Name of each member. All must be ed. 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)]											Q	%					00		
	b)]											C	%		00					
	c)]											Q	%					00		
	d)]											Q	%					00		
	e)]											Q	%					00		
	f)]											%						00		
nt	g)]																	00		
Part B - Member's Share Percent	h)]											ç	%					00		
Share	i)]											Q	%					00		
oer's S	j)]											Q	%					00		
Mem	k)]											ç	%					00		
rt B -	I)]											ç	%					00		
Ра	m)]											Q	%					00		
	n)]											Q	%					00		
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	r)	[]											ç	%					00		
	s)]											Q	%					00		
	Tot Col	tal lumn 4 — Ent	er pe	ercenta	ges f	ron	n Feo	deral	Sche	edule K-1(s). Ro	ound t	o th	e ne	arest	two	o deo	cimal	plac	es.		ç	%					00		

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

Form MO-PTE (Revised 12-2023)

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

> **Phone:** (573) 751-4541 **Fax:** (573) 522-1721

Email: pteincome@dor.mo.gov

Visit: dor.mo.gov/faq/taxation/business/entity-tax.html

for additional information.

Ever served on active duty in the United States Armed Forces? If yes, visit <u>dor.mo.gov/military/</u> 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/.