



Missouri Department of Revenue
2016 Partnership Return of Income

For the year January 1 – December 31, 2016, Or Fiscal Year Beginning _____ 2016, and ending _____ 20

<input type="checkbox"/> Amended Return <input type="checkbox"/> Composite <input type="checkbox"/> Final Return	Missouri Tax Identification Number	Federal Employer Identification Number (FEIN)
<input type="checkbox"/> Name, Address, Federal Employer I.D. Change		
Business Name		
Number and Street	E-mail Address	
City or Town	State	Zip Code

Filing Information	If you are a Limited Liability Company being taxed as a partnership, please select this box. <input type="checkbox"/>	1. Does the partnership have any Missouri modifications? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes complete Parts 1 and 2 below.
		2. Does the partnership have any nonresident partners? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete Form MO-NRP . Note: If No to both questions, do not complete remainder of return. Attach a copy of Federal Form 1065 and all its schedules, including Schedule K-1, sign below, and mail.

Part 1 Missouri Partnership Adjustment	Additions (attach detailed explanation of each item)		
	1. State and local income taxes deducted on Federal Form 1065	1	00
	2. Less: Kansas City and St. Louis earnings taxes.....	2	00
	3. Net (subtract Line 2 from Line 1)	3	00
	4. State and local bond interest (except Missouri).....	4	00
	5. Less: related expenses (omit if less than \$500)	5	00
	6. Net (subtract Line 5 from Line 4)	6	00
	7. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list _____)	7	00
	8. Food Pantry Contributions	8	00
	9. Total of Lines 3, 6, 7 and 8	9	00
	Subtractions (attach explanation of each item)		
	10. Interest from exempt federal obligations.....	10	00
	11. Less: related expenses (omit if less than \$500)	11	00
	12. Net (subtract Line 11 from Line 10)	12	00
	13. Amount of any state income tax refund included in federal ordinary income	13	00
	14. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list _____)	14	00
	15. Missouri depreciation adjustment (See Section 143.121, RSMo.)	15	00
	16. Total of Lines 12, 13, 14 and 15	16	00
	17. Missouri partnership adjustment — Net Addition — excess Line 9 over Line 16	17	00
18. Missouri partnership adjustment — Net Subtraction — excess Line 16 over Line 9	18	00	
19. Agriculture Disaster Relief	19	00	

Complete if Part 1 indicates a Partnership Adjustment					
1. Name of each partner. All partners must be listed. Use attachment if more than four.	2. Select box if Partner is nonresident	3. Social Security Number	4. Partner's Share %	5. Partner's Partnership Adjustment <input type="checkbox"/> Addition <input type="checkbox"/> Subtraction	6. Agriculture Relief Subtraction
a)	<input type="checkbox"/>		%	00	00
b)	<input type="checkbox"/>		%	00	00
c)	<input type="checkbox"/>		%	00	00
d)	<input type="checkbox"/>		%	00	00
Total			100 %	00	00

Authorization and Signature	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. <input type="checkbox"/> YES <input type="checkbox"/> NO		Preparer's Phone Number (____) _____ - _____	
	Under penalties of perjury, I declare that the above information and any attached supplement is true, completed, and correct.			
	Signature of General Partner		Preparer's Signature (Other than taxpayer) FEIN, SSN, OR PTIN	
	Date (MM/DD/YYYY) ____/____/____	Phone Number (____) _____ - _____	Preparer's Address and Zip Code _____ Date (MM/DD/YYYY) ____/____/____	

Attach copy of Federal Form 1065 and all its schedules including K-1

Form MO-1065 (Revised 12-2016)

Mail to: Taxation Division
P.O. Box 3000
Jefferson City, MO 65105-3000

Phone: (573) 751-1467
TTY: (800) 735-2966
Fax: (573) 526-7939
E-mail: income@dor.mo.gov

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





Missouri Department of Revenue
2016 Nonresident Partnership Form

Complete this form only if the partnership has one or more nonresident partners and Missouri source income.

Business Name	Missouri Tax Identification Number	Federal Employer Identification Number
Nonresident Partner's Name		Social Security Number

Part 1 - Partnership's Distributive Share Items	Form MO-NRP, Part 1, Lines 1 - 13d correspond to Federal Form 1065, Federal Schedule(s) K and K-1.	(a) Federal Schedule K	(b) Missouri Source	(c) MO %	(d) Federal Schedule K-1	(e) Missouri Source
	1. Ordinary income (loss) from trade or business activities	00	00		00	00
	2. Net income (loss) from rental real estate activities	00	00		00	00
	3c. Net income (loss) from other rental activities	00	00		00	00
	4. Guaranteed payments to partners	00	00		00	00
	5. Total portfolio income (loss) total of Federal Form 1065, Schedules K & K-1, Lines 5-9a	00	00		00	00
	10. Net gain (loss) under section 1231 (other than due to casualty or theft)	00	00		00	00
	11. Other income (loss) (attach schedule)	00	00		00	00
	12. Section 179 expense deduction (attach schedule)	00	00		00	00
	13a. Charitable contributions (attach schedule)	00	00		00	00
	13d. Other deductions (attach schedule)	00	00		00	00

Part 2 - Share of Missouri Partnership Adjustment - Nonresident Partners	Form MO-NRP, Part 2, Column (a) corresponds to Form MO-1065, Part 1.	(a) Missouri Partnership Adjustment	(b) Missouri Source	(c) MO %	(d) Partner's Partnership Adjustment	(e) Missouri Source
	Additions					
	3. Net state and local income taxes deducted on Federal Form 1065.	00	00			
	6. Net state and local bond interest (except Missouri)	00	00			
	7. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments	00	00			
	8. Food Pantry Contributions	00	00			
	9. Total of Lines 3, 6, 7, and 8	00	00			
	Subtractions					
	12. Net interest from exempt federal obligations	00	00			
	13. Amount of any state income tax refund included in federal ordinary income	00	00			
	14. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments	00	00			
	15. Missouri depreciation adjustment (See Section 143.121, RSMo.)	00	00			
	16. Total of Lines 12, 13, 14, and 15	00	00			
	17. Missouri partnership adjustment — Net Addition	00	00		00	00
	18. Missouri partnership adjustment — Net Subtraction	00	00		00	00
	19. Agriculture Disaster Relief	00	00		00	00

Part 3 - Allocation of Income and Deductions - Federal Form	Form MO-NRP, Part 3, Lines 1-8 of Column (a), correspond to Federal Form 1065, Lines 1-8.		(a) Total Federal Return	(b) Amount in Column (a) from Missouri Sources
	1a. Gross receipts or sales \$	1b. Less returns and allowances \$ Balance	1c	00
	2. Cost of goods sold (Attach Federal Form 1125-A)		2	00
	3. Gross profit (subtract Line 2 from Line 1c)		3	00
	4. Ordinary income (loss) from other partnerships and fiduciaries (attach schedule)		4	00
	5. Net farm profit (loss) (attach Federal Form 1040, Schedule F)		5	00
	6. Net gain (loss) (Federal Form 4797, Part II, Line 17)		6	00
	7. Other income (loss) (attach schedule)		7	00
	8. Total income (loss) (combine Lines 3 through 7)		8	00
	9. Enter amount from Federal Form 1065, Page 1, Line 21	9	00	00
	10. Enter amount from Federal Form 1065, Page 1, Line 10	10	00	00
	11. Total expenses — subtract Line 10 from Line 9		11	00
	12. Guaranteed payments and ordinary income (loss) — subtract Line 11 from Line 8 [Line 12 equals total of Federal Form 1065, Schedule K, Lines 1 and 4 and Form MO-NRP, Part 1, Column (a)]* ...		12	00
	13. Missouri sources — subtract Line 11 from Line 8		13	00

*Line 12 may not equal other lines in initial years of partnership due to organizational costs.