19 IN.

DLN

2000	TAXABLE YEAR BASED ON THE 1999 CALENDAR YEAR INCOME PERIOD.	DUE	E BY APRIL 17,	2000
NAME		ı		
ADDRE				
CITY (TATE 7/D CODE	COLIN	ITV	
CITY, S	STATE, ZIP CODE	COUN	IY	
FEDER	RAL EMPLOYER IDENTIFICATION NUMBER	'		
NOT	E: A COPY OF THE NASCUS/NCUA CALL REPORT MUST BE ATTACHED.			
PAR	ті			
1.	Total gross income from NASCUS/NCUA Call Report as of December 31, 1999	1	\$	
2.	Recoveries of bad debts	2		
3.	Missouri credit union tax	3		
4.	Missouri taxes claimed as credits on this return from Schedule A	4		
5.	Other additions (attach schedule)	5		
6.	Total of Lines 1 through 5	6	\$	
PAR	ТШ			
7.	DEDUCTIONS Total operating expenses from NASCUS/NCUA Call Report as of December 31, 1999	7	\$	
		8	Φ	
8.	Dividends and interest paid on general shares (NASCUS/NCUA Call Report)			
9.	Loans charged off as bad debts	9		
10.	Other deductions (attach schedule)	10		
11.	Total of Lines 7 through 10	11		
12.	Taxable income (Line 6 less Line 11)	12	\$	
PAR	T III COMPUTATION OF TAX			-
If app	portionment required, see instructions.			
13.	Tax — Line 12 multiplied by 7% or from apportionment schedule	13	\$	
14.	Tax credits from Line 4 above	14		
15.	Tax due (Line 13 less Line 14)	15		
16A.	Less tentative payment or amount previously paid	16A		
16B.	Miscellaneous credits (attach schedule)	16B		
16C.	Enterprise zone credit	16C		
17.	Overpayment of previous year's tax (attach approved credit authorization)	17		
18.	NET TAX DUE (Line 15 less Lines 16A, 16B, 16C and 17)	18		
19.	Plus interest for delinquent payment (see instructions)	19		
20.	TOTAL AMOUNT DUE (Line 18 plus Line 19)	20	\$	

MAKE CHECK PAYABLE TO: "FINANCIAL INSTITUTION TAX". SEND COMPLETED RETURN AND REQUIRED ATTACHMENTS TO: DIVISION OF TAXATION AND COLLECTION, P.O. BOX 898, JEFFERSON CITY, MO 65105-0898.

	TAXES CLAIMED AS CRE					
DESCRIPTION (I	AMOUNT					
					\$	
Total (Enter on Li	\$					
SCHEDULE B —	POLITICAL SUBDIVISIONS	S TAXING THE REPOR	TING CREDIT U	NION		
	SECTION This must be filled out — Info your Real or Personal Pro	SECTION 2 Do not fill out — For State Use				
SUBDIVISIONS		ME OR NUMBER		RATE	AMOUNT	
County						
City or Town						
Road District						
School District						
Library District						
Water District						
Sewer District						
Fire District						
Other Districts						
AUTHORIZATIO	N/NON-AUTHORIZATION					
I authorize th delegate to dis- the preparer or	e Director of Revenue or s my return and attachm y member of his/her firm.					
SIGNATURE — I	PLEASE SIGN BELOW					
	ents contained in this return, dge and belief, and that th	including the accompan	ying schedules (and correct, accordin	g to
SIGNATURE OF OFFICE	R	DATE	PREPARER'S SIGNAT	URE (OTHER THAN TAXPAYER)	DATE	
TITLE OF OFFICER		PHONE NUMBER	PREPARER'S ADDRESS AND ZIP CODE FEIN OR PTIN		FEIN OR PTIN	