

2011 INT-4

(Rev. 10-2011)

2012	TAXABLE YEAR BASED ON THE 2011 CALENDAR YEAR	DUE D	DUE DATE April 17, 2012	
NAME				
ADDRE	SS			
CITY, S	STATE, ZIP CODE			
FEDER	AL EMPLOYER IDENTIFICATION NUMBER	COUNTY CODE	NTY CODE	
NOT	E: A COPY OF THE NASCUS/NCUA CALL REPORT MUST	BE ATTACHED.		
PAR	ГІ			
1.	Total gross income from NASCUS/NCUA Call Report as of I	1		
	ADDITIONS			
2.	Recoveries of bad debts from call report	2		
3.	Missouri Credit Union tax expensed on call report	3		
4.	Missouri taxes claimed as credits on this return from Schedu	4		
5.	Other additions (attach detailed schedule)			
6.	Total of Lines 1 through 5		6	
PAR	T II DEDUCTIONS			
7.	Total operating expenses from NASCUS/NCUA Call Report	as of December 31, 2011	7	
8.	Dividends and interest paid on general shares from call repo	8		
9.	Loans charged off as bad debts from call report	9		
10.	Other deductions (complete detailed schedule on page 2)			
11.	Total of Lines 7 through 10			
12.	Taxable income (Line 6 less Line 11)			
PAR				,
If app	portionment required, see instructions.			
13.	Tax — Line 12 multiplied by 7% or from apportionment sche-			
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 and approved author	rizations)	16B	
16C.	Enterprise Zone Credit (attach certificate of eligibility)			
17.	Overpayment of previous year's tax		17	
18.	Balance due or overpaid (Line 15 less Lines 16A, 16B, 16C,	18		
19.	Interest for delinquent payment after April 17, 2012 (see inst	ructions)	19	
20.	TOTAL AMOUNT DUE OR OVERPAYMENT TO BE REFUN	NDED (Line 18 plus Line 19)	20	

SCHEDULE A — TAXES CLAIMED AS CREDITS									
DESCRIPTION (Do not list re	perty)	AMOUNT							
Total (Enter on Lines 4 and 14									
LINE 10 DETAILED SCHEDU									
Total (Enter on Line 10, Page									
SCHEDULE B — POLITICAL	SUBDIVISIONS TAXI	NG THE REPORT	ING CREDIT UNION						
This section must be completed by credit unions with only one office. If you have more than one office location, you must complete the Financial Institution Tax Schedule B, Form 2331. Information is available from your real or personal property tax receipt.									
PHYSICAL STREET ADDRESS			CITY, STATE, ZIP CODE						
SUBDIVISIONS	NAME OR NUMBE	ER	l						
County									
City									
Road District									
School District									
Library District									
Water District									
Sewer District									
Fire District									
Township/Other Tax Districts									
AUTHORIZATION									
I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm, or if internally prepared, any member of the internal staff.									
SIGNATURE — PLEASE SIGN BELOW									
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. I declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. I also declare that I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services. SIGNATURE OF OFFICER (REQUIRED) TITLE OF OFFICER PHONE NUMBER DATE SIGNED									
, ,		TITLE OF OFFICER		PHONE NUMBER	DATE SIGNED				
PREPARER'S SIGNATURE (INCLUDING INTEF	RNAL PREPARER)	PREPARER'S FEIN, SSN, (DR PTIN	PHONE NUMBER	DATE SIGNED				

MAKE CHECK OR MONEY ORDER PAYABLE TO "MISSOURI DEPARTMENT OF REVENUE". If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. MAIL COMPLETED FORM AND ATTACHMENTS TO THE MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 898, JEFFERSON CITY, MO 65105-0898.