



MISSOURI DEPARTMENT OF
REVENUE
2023 Partnership Return of Income

Department Use Only (MM/DD/YY)

Missouri Partnership Return of Beginning (MM/DD/YY) Ending (MM/DD/YY)
Income for 2023

Federal Employer I.D. Number

Missouri Tax I.D. Number (if applicable)

Partnership Name

Address

City State

ZIP -

Select Applicable Boxes. Failure to select the address change box may result in mailings going to the last address on file.

Select this box if you have an approved federal extension. Attach a copy of the approved Federal Extension ([Form 7004](#)).

Amended Return Name Change Address Change Final Return Composite

If you are a Limited Liability Company being taxed as a partnership, please select this box.

Filing Instructions

- Does the Partnership have any Missouri modifications? Yes No
If Yes, complete Lines 1–13 on pages 1 and 2, and the partner information on page 3.
- Does the Partnership have any nonresident partners?..... Yes No
If Yes, complete Lines 1–13 on pages 1 and 2, the partner information on page 3, and [Form MO-NRP](#).

Partnership Adjustments

Additions

- | | | | | |
|--|----------------------|-----|---|--------------------------|
| 1a. State and local income taxes deducted on Federal Form 1065..... | <input type="text"/> | .00 | | |
| 1b. Less: Kansas City & St. Louis earnings taxes.
Enter Lines 1a less 1b on Line 1 | <input type="text"/> | .00 | 1 | <input type="text"/> .00 |
| 2a. State and local bond interest (except Missouri) | <input type="text"/> | .00 | | |
| 2b. Less: related expenses (omit if less than \$500)
Enter Line 2a less Line 2b on Line 2..... | <input type="text"/> | .00 | 2 | <input type="text"/> .00 |
| 3. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list _____) | <input type="text"/> | | 3 | <input type="text"/> .00 |
| 4. Donations claimed for the Food Pantry Tax Credit deducted from federal taxable income,
Section 135.647, RSMo | <input type="text"/> | | 4 | <input type="text"/> .00 |
| 5. Total of Lines 1 through 4 | <input type="text"/> | | 5 | <input type="text"/> .00 |

Subtractions

- | | | | | |
|---|----------------------|-----|---|--------------------------|
| 6a. Interest from exempt federal obligations | <input type="text"/> | .00 | | |
| 6b. Less: related expenses (omit if less than \$500)
Enter Line 6a less Line 6b on Line 6..... | <input type="text"/> | .00 | 6 | <input type="text"/> .00 |
| 7. Amount of any state income tax refund included in federal ordinary income..... | <input type="text"/> | | 7 | <input type="text"/> .00 |

Subtractions (continued)

8. Partnership Fiduciary

Other adjustments (list _____) 8 _____ .00

9. Missouri depreciation basis adjustment (Section 143.121.3(7), RSMo) 9 _____ .00

10. Total Subtractions - Add Lines 6 through 9..... 10 _____ .00

11. Missouri Partnership adjustment — Net Addition — excess Line 5 over Line 10..... 11 _____ .00

12. Missouri Partnership adjustment — Net Subtraction — excess Line 10 over Line 5..... 12 _____ .00

13. Agriculture Disaster Relief (Section 143.121.3(10), RSMo) 13 _____ .00

Department Use Only

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

A R N S E

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

of General Partner _____

Printed Name _____

Telephone Number _____

Date Signed (MM/DD/YY) _____

Preparer's Signature (Including Internal Preparer) _____

Preparer's FEIN, SSN, or PTIN _____

Address (City, State, Zip Code) _____

Telephone Number _____

Date Signed (MM/DD/YY) _____

Did you pay a tax return preparer to complete your return, but they failed or were unwilling to sign the return or provide their Internal Revenue Service preparer tax identification number? If you marked yes, please insert their name, address, and phone number in the applicable sections of the signature block above. Yes No

Partnership Name

Federal Employer I.D. Number

	1. Name of each partner. All partners must be listed. Use attachment if necessary.	2. Select if partner is nonresident	3. Social Security Number			4. Partner's Share %	5. Partner's Adjustment	
			<input type="checkbox"/> Addition	<input type="checkbox"/> Subtraction				
a)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
b)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
c)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
d)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
e)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
f)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
g)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
h)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
i)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
j)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
k)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
l)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
m)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
n)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
o)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
p)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
q)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
r)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
s)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
Total						<input type="text"/>	%	<input type="text"/>

Allocation of Missouri Partnership Adjustment to Partners

Column 4 — Enter percentages from Federal Schedule K-1(s). Round percentages to whole numbers.
 Column 5 — Enter Missouri Partnership adjustment from Form MO-1065, Line 5 or Line 10, as total of Column 5. Multiply each percentage in Column 4 by the total in Column 5. Indicate at the top of Column 5 whether the adjustments are additions or subtractions. The amount after each partner's name in Column 5 must be reported as a modification by the partner on his or her [Form MO-1040](#), Individual Income Tax Return, either as an addition to, or subtraction from, federal adjusted gross income.

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

E-mail: income@dor.mo.gov
 Visit dor.mo.gov/taxation/business/tax-types/partnership/ for additional information.

Form MO-1065 (Revised 12-2023)

Phone: (573) 751-1467
 Fax: (573) 522-1762



Ever served on active duty in the United States Armed Forces?
 If yes, visit 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/.

Electronic Filing for Partnership Return of Income

Partnerships may file Missouri Form MO-1065 Partnership Return of Income and attachments electronically. Missouri, in cooperation with the Internal Revenue Service (IRS), offers a joint federal and state electronic filing of partnership returns through Modernized E-File (MeF). This system has been developed through a cooperative effort between the IRS, states, and the software community. The system uses the latest electronic technology and industry standards. A partnership may visit the Department's website at dor.mo.gov/taxation/business/tax-types/partnership/ for more information regarding electronic filing as well as a list of approved vendors that support partnership electronic filing.

General Information

This information is for guidance only and does not state the complete law.

Who Must File Form MO-1065

Form MO-1065 must be filed, if Federal Form 1065 is required to be filed and the partnership has (1) a partner that is a Missouri resident or (2) any income derived from Missouri sources, [Section 143.581, RSMo](#). Items of income, gain, loss, and deduction derived from, or connected with, sources within Missouri are those items attributable to (1) the ownership or disposition of any interest in real or tangible personal property in Missouri or (2) a business, trade, profession, or occupation carried on in Missouri. Income from intangible personal property, to the extent that such property is employed in a business, trade, profession, or occupation carried on in Missouri, constitutes income derived from sources within Missouri.

Short Form — Form MO-1065

If you select "No" on both questions 1 and 2 on Form MO-1065, attach a copy of Federal Form 1065 and all its schedules, including Schedule K-1. Sign Form MO-1065 and mail the return.

If you select "Yes" on question 1 on Form MO-1065, Parts 1 and 2 must be completed. If you select "Yes" on question 2 on Form MO-1065, complete [Form MO-NRP](#). Attach a copy of Federal Form 1065 and all its schedules, including Schedule K-1. Sign Form MO-1065 and mail the return.

When and Where to File

A Missouri partnership return should be completed after the federal partnership return is completed. The Missouri partnership return is due no later than the 15th day of the 4th month following the close of the taxable year. For partnerships operating on a calendar year basis, the partnership return is due on or before April 15, 2024. When the due date falls on a Saturday, Sunday, or legal holiday, the return will be considered timely if filed on the next business day. Please mail the return to: Missouri Department of Revenue, P.O. Box 3000, Jefferson City, MO 65105-3000.

Period Covered by the Return

Form MO-1065, Partnership Return of Income, must cover the same period as the corresponding Federal Form 1065. Indicate the period covered on the front of the return if other than a calendar year.

Rounding on Missouri Returns

You must round all cents to the nearest whole dollar on your return. For cents .01 through .49, round down to the previous whole dollar amount. For cents .50 through .99, round up to the next whole dollar amount. For your convenience, the zeros have already been placed in the cent columns on the returns.

Credits

Partners may be entitled to tax credits. These credits must be allocated to the partners' percentage of ownership and reported on the [Form MO-1040](#), Individual Income Tax Return. See Form MO-1040 and [Form MO-TC](#) instructions for further information. You may also access the information at dor.mo.gov/tax-credits/.

Nonresident Partners

Every partnership, including limited liability companies that are treated as a partnership by the Internal Revenue Service (IRS), must file [Form MO-1NR](#), Income Tax Withheld for Nonresident Individual Partners or S Corporation Shareholders and send in copies of [Form MO-2NR](#), Statement of Income Tax Payments for Nonresident Individual Partners or S Corporation Shareholders, if it has nonresident individual partners who do not meet one of the following exceptions:

- the nonresident partner, not otherwise required to file a return, elects to have the Missouri income tax due paid as part of the partnership's composite return;
- the nonresident partner, not otherwise required to file a return, had Missouri assignable federal adjusted gross income from the partnership of less than \$1,200 dollars;
- the partnership is liquidated or terminated, income was generated by a transaction related to termination or liquidation, and no cash or property was distributed in the current or prior taxable year.

A nonresident partner can request the partnership be exempt from withholding by filing a completed [Form MO-3NR](#), Partnership or S Corporation Withholding Exemption or Revocation Agreement.

Form MO-1NR must be filed by the due date or extended due date for filing the partnership income tax return. Form MO-3NR must be filed by the due date for filing the partnership income tax return without regard to an extension of time to file. Forms may be obtained by contacting: Missouri Department of Revenue, Taxation Division, P.O. Box 3022, Jefferson City, MO 65105-3022, or visiting the Department's website at: dor.mo.gov/forms/.

If you have technical questions concerning the filing of Form MO-1NR and Form MO-3NR, you may contact the Taxation Division at (573) 751-1467.

Partnerships filing a composite return on behalf of their nonresident partners should mark the composite return box on Page 1 of the return. The composite return is filed on the Form MO-1040. Complete instructions can be found on the Department's website at: dor.mo.gov/forms/5677_2023.pdf.

Authorization

Select the "yes" box for authorization of release of confidential information for the Director of Revenue or delegate to discuss this return and attachments with the preparer whose signature appears on the Form MO-1065 or to any member of his or her firm, or if internally prepared, any member of the internal staff. If the authorization box is selected "no", or if there isn't a box selected, the Department of Revenue can only discuss this return with a partner. Refer to [Section 32.057\(1\), RSMo](#).

Sign the Return

Form MO-1065, Partnership Return of Income, must be signed by one of the partners of the partnership or one of the members of the joint venture or other enterprise. Any member or partner, regardless of position, may sign the return.

Internet

To obtain information and Missouri tax forms, access our web site at: dor.mo.gov.

Americans With Disabilities Act (ADA)

The state of Missouri offers a Dual Party Relay Service (DPRS) for speech or hearing impaired individuals in accordance with the Americans with Disabilities Act (ADA). An individual with a speech or hearing impairment may call a voice user at TTY (800) 735-2966.

Form MO-1065, Partnership Return of Income Instructions

Missouri Partnership Adjustment

The addition and subtraction items listed in this section are necessary Missouri modifications. Completion of the Partnership Adjustment section will result in the net Missouri partnership adjustment that will be allocated to the partners on page 3. The partner's adjustment can only be made from information available from the partnership. It is necessary for each partnership having modifications to complete Form MO-1065, Partnership Adjustment section and Allocation of Missouri Partnership Adjustment to Partners section, and notify each partner of the adjustment to which he or she is entitled.

Line 6a - Interest from Exempt Federal Obligations — Interest from direct obligations of the U.S. Government, such as U.S. savings bonds, U.S. treasury bills, bonds, and notes are exempt from state taxation under the laws of the United States. Attach a detailed list or all Federal Form 1099(s). Partnerships that claim an exclusion for interest from U.S. obligations must identify the specific securities owned (e.g., U.S. savings bond). A general description, such as "interest on U.S. obligation" or "U.S. Government securities" is not acceptable. (See [12 CSR 10-2.150](#) for the taxability of various U.S. Government-related obligations.) A list of exempt U.S. obligations must be provided to each partner by the partnership. This list will allow the partner to report the modification on his or her Form MO-1040, Individual Income Tax Return.

A federally taxed distribution received from a mutual fund investing exclusively in direct U.S. Government obligations is exempt. If the mutual fund invests in both exempt (direct) and nonexempt (indirect) federal obligations, the deduction allowed will be the distribution received from the mutual fund attributable to the direct U.S. Government obligations, as determined by the mutual fund. A copy of the year-end statement received from the mutual fund showing the amount of monies received or the percentage of funds received from direct U.S. Government obligations or a summary statement received from the mutual fund which clearly identifies the exempt and nonexempt portions of the U.S. Government obligations interest, must be provided to each partner by the partnership. Note: Failure to attach a copy of the notification furnished to you that specifically details the amount of the subtraction being claimed as the distributive share will result in the disallowance of the deduction.

Line 6b - Related Expenses — In arriving at the amount of related expenses, the taxpayer may use actual expenses or a reasonable estimate. In general, the taxpayer should use the same or similar method to that used to compute related expenses for federal income tax purposes, provided that the method reasonably reflects related expenses for Missouri-exempt income.

If a taxpayer fails to compute reasonable related expenses, the Director of Revenue will make an adjustment based on the best information made available. If sufficient information is not made available or if the taxpayer's records do not provide sufficient information, the Director of Revenue will use the following formula to compute related expenses:

$$\frac{\text{Exempt income}}{\text{Total income}} \times \text{Expense items} = \text{Reduction to exempt income}$$

The principal expense item in this formula is interest expense; however, the Director of Revenue may include other expense items because of the direct relationship to the production of exempt income. The taxpayer may propose an alternative method provided that it properly reflects the amount of related expenses.

Line 8 - Other

Federal Broadband Grant Income Tax Subtraction. If you received grant money disbursed from a federal, state, or local Missouri program, for the express purpose of providing or expanding broadband internet to areas of Missouri that are deemed to be lacking such access, you may qualify to subtract 100 percent of the grant money received. The grant money must have been included in your federal taxable income. Attach the Form 1099-G issued to you validating the grant money received, grant documents that indicate the area of Missouri was deemed to be lacking broadband internet access, a copy of federal Form 1041, and applicable schedule(s). The amount reported cannot exceed your federal taxable income.

Recreational Marijuana Business Deduction. Enter the amount of any expenditure that is eligible to be claimed as a federal income tax deduction but is disallowed by section 280E of the Internal Revenue Code.

Calculating this deduction, you must provide a financial statement/federal schedule(s) for business profit or loss that the federal government was unable to allow as a deduction for marijuana business, as marijuana is a controlled substance under federal law.

The Missouri deduction will be the difference between the profit/loss as calculated on the schedule(s) filed with the federal return and the pro forma schedule(s) described above.

You must submit the financial statement, schedule(s), the medical license number (MED) and all federal schedule(s) with your Missouri Form MO-1040 to claim the deduction.

Line 13 - Agriculture Disaster Relief — Enter the share of income received by a partnership as payment from any program which provides compensation to agricultural producers who have suffered a loss as the result of a disaster or emergency. You must attach a copy of the Form 1099 indicating your agricultural payment. Include a schedule with each partner's name, identification number, ownership percentage, and their portion of the subtraction. A copy of this schedule (or its information) must be provided to each partner. The amount indicated after each partner's name must be reported as a modification on his or her Form MO-1040, Individual Income Tax Return, Part 1 of the Form MO-A, Line 16. Each partner must attach an explanation for the adjustment to his or her form. For partners who are companies or trusts, this amount must be reported on their respective forms.

Allocation of Missouri Partnership Adjustment to Partners

This section indicates the portion of the Missouri adjustment from Partnership Adjustments section that is allocated to each partner. Column 4 and the instructions for Column 5 are based upon the usual situation that a single general profit and loss sharing percentage applies to all partnership items and related modifications. Attach a detailed explanation (including extracts from the partnership agreement) if the Column 5 amounts are not based upon the same single percentage allocation indicated on Federal Form 1065, Schedule K-1. The explanation must include the non tax purposes and effects of the special allocation method.

Column 1 - Enter the name of each partner, attach additional sheets if needed.

Column 2 - Indicate if the partner is a nonresident to the state of Missouri by marking the box.

Column 3 - Enter the partner's social security number. If the partner is another company or trust, enter the federal identification number.

Column 4 - Enter percentage from Federal Form 1065, Schedule K-1. Round the percentage to the nearest whole number.

Column 5 - Enter Missouri partnership adjustment from the Partnership Adjustment section, Line 11 or Line 12 on Total line. Enter each partner's allocated portion on their respective line by multiplying the percentage in Column 4 by the Total line in Column 5. Indicate at the top of Column 5 whether the adjustments are either additions or subtractions by marking the appropriate box. A copy of this part (or its information) must be provided to each partner. The amount indicated after each partner's name in Column 5 must be reported as a modification on his or her Form MO-1040, Individual Income Tax Return, Part 1 of the Form MO-A as a partnership addition on Line 2 or subtraction on Line 11, to the federal adjusted gross income. Each partner must attach an explanation for the adjustment to his or her form. For partners who are companies or trust, this amount must be reported on their respective forms.