

FORM RD-CABL
(06/12)

City of Kansas City, Missouri - Revenue Division
CABLE TELEVISION FRANCHISE FEE



KANSAS CITY
MISSOURI

Phone: (816) 513-1120
E-file: www.kcmo.org/revenue

Legal Name: _____ Mailing Address: _____
 DBA Name: _____
 FEIN / SSN: _____ Business Address: _____
 Account ID: _____

Period From: _____ Period To: _____

1. Cable TV Franchise Fee - Number of taxable customers _____ Non-taxable gross receipts _____		DOLLARS	CENTS
1a. Taxable gross receipts	1a		
1b. Cable TV fee rate	1b	5%	
1c. Cable TV amount due (line 1a x line 1b)	1c		
2. Less credits for previous overpayments	2		
3. Tax Due (line 1c minus line 2)	3		
4. Penalty (Not Applicable)	4	X X X X X X X X X X X X	X X
5. Interest (Commercial prime interest rate in effect on due date plus 2%)	5		
6. Total Amount Due (sum of lines 3, 4 and 5)	6		
7. Amount Paid	7		
8. Check if amended and brief reason for amendment	8		
9. Date closed or no longer conducting business inside Kansas City, Missouri	9		
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DO NOT SEND CASH. Make check payable to: KCMO City Treasurer

Mail to: City of Kansas City, Missouri, Revenue Division, 414 E 12th Street, 2nd Floor - East, Kansas City, MO, 64106-2786

For changes to name, address or FEIN/SSN, please contact us at revenue@kcmo.org or the phone number at the top of your return.

I authorize the Commissioner of Revenue or delegate to discuss my return and attachments with my preparer.

Yes No

Under penalties of perjury, I declare this return to be a true, correct, and complete accounting for the taxable year stated.

Print Name of Taxpayer _____ Signature _____ Title _____ Date _____ Phone _____

Preparer Name (if other than taxpayer) _____ Signature _____ Title _____ Date _____ Phone _____