

FORM RD-EMER
(06/12)

City of Kansas City, Missouri - Revenue Division
UTILITIES LICENSE
MONTHLY / QUARTERLY EMERGENCY TAX



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: _____

Type of Business (check one only): Electric Gas Steam Telephone Wireless

1. Residential sales - Number of taxable customers _____ Non-taxable gross receipts _____		DOLLARS												CENTS				
a. Residential taxable gross receipts	1a.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
b. Residential rate	1b.	X	%															
c. Residential taxes due	1c.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2. Commercial sales - Number of taxable customers _____ Non-taxable gross receipts _____		DOLLARS												CENTS				
a. Commercial taxable gross receipts	2a.																	
b. Commercial rate (Use 4.0% for Electric, Gas, & all Telephone) (Use 1.6% for Steam & Heating Companies)	2b.	%																
c. Commercial taxes due (line 2a x line 2b)	2c.																	
3. Industrial sales - Number of taxable customers _____ Non-taxable gross receipts _____		DOLLARS												CENTS				
a. Industrial taxable gross receipts	3a.																	
b. Industrial rate (Use 4.0% for Electric, Gas, & all Telephone) (Use 1.6% for Steam & Heating Companies)	3b.	%																
c. Industrial taxes due (line 3a x line 3b)	3c.																	
4. Total Taxes (Lines 1c plus 2c plus 3c)	4																	
5. Less credits for previous overpayments	5																	
6. Tax Due (line 4 minus line 5)	6																	
7. Penalty: "Failure To File Timely Return" (5% per month of the outstanding license fee due, not to exceed 25%)	7																	
8. Penalty: "Failure To Pay Amount Due" (5% of the outstanding license fee due)	8																	
9. Interest (Statutory prime rate based on RSMo Section 32.065; 3% of outstanding fee due)	9																	
10. Total Amount Due (sum of lines 6, 7, 8 and 9)	10																	
11. Amount Paid	11																	
12. Check if amended and brief reason for amendment	12																	
13. Date closed or no longer conducting business inside Kansas City, Missouri	13																	

M M / D D / Y Y

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 _____