## **RD-109**

Preparer Name (if other than taxpayer)

Signature

### City of Kansas City, Missouri - Revenue Division

### WAGE EARNER RETURN EARNINGS TAX

Phone: (816) 513-1120 E-file: kcmo.gov/quicktax



| First Name:   | lame: Middle Name:                               |   |           | Last Name:       |                             |                        |        |       |  |
|---|--|---|-----------|------------------|-----------------------------|------------------------|--------|-------|--|
| SSN: Street Address:  |  |   |           |                  |                             | Unit:                  |        |       |  |
| Account ID:   | City:  |   |           | State:           |                             |                        | _ Zip: |       |  |
| The Revenue Division does not all   | ow joint filii                                   | ngs - DO NOT INCLU  | IDE Y     | OUR              | SPOUSE'S                    | INCOME                 |        |       |  |
| Period From:  | _Period To:                                      |   |           |                  |                             |                        |        |       |  |
| 1. Enter "X" in box if amended return   |  |   |           | 1                |                             | DOLLARS                |        | CENTS |  |
| 2. Wages, tips, other compensation  |  |   |           | 2                | \$                          |                        |        | •     |  |
| 3. Amount of nonresident or part-time resident deduction (RD-109NR, Line 5)   |  |   |           | 3                | \$                          |                        |        |       |  |
| 4. Total taxable wages (Line 2 less Line 3)   |  |   |           | 4                | <u>;</u><br>\$              |                        |        |       |  |
| 5. Earnings tax (1% of Line 4)  |  |   |           | 5                | <u>.</u><br>\$              |                        |        |       |  |
| 6. Earnings tax paid with extension RD-112  |  |   |           | 6                | \$                          |                        |        |       |  |
| 7. Local tax withheld by employer as shown on W-2   |  |   |           | 7                | \$                          |                        |        | •     |  |
| 8. Earnings tax paid to other city (residents only, not to exceed Line 5)   |  |   |           | 8                | \$                          |                        |        |       |  |
| 9. Tax Due (Line 5 less Lines 6, 7 and 8, not less than 0)  |  |   |           | 9                | \$                          |                        |        |       |  |
| 10. Penalty (5% per month, not to exce  | eed 25%)   |   |           | 10               | <u>.</u><br>\$              |                        |        |       |  |
| 11. Interest (1% per month until tax is   | paid in full)                                    |   |           | 11               | <u>.</u><br>\$              |                        |        |       |  |
| 12. Total Amount Due (sum of Lines 9, 10, and 11)   |  |   |           | 12               | <u>.</u><br>\$              |                        |        |       |  |
| 13. Overpayment to be refunded (Lines 6 + 7 + 8 less 5) (No refunds less than \$1.00)   |  |   |           | 13               | \$                          |                        |        |       |  |
| 14. Amount Paid   |  |   | 14        | <u>·</u><br>\$   |                             |                        |        |       |  |
| Complete this section for   |  | a. Routing Number   | 15a       |                  | ·                           |                        |        |       |  |
| deposit of your checking of 15. Refund: account (first-time filers a  | re not   | b. Account Number   | 15b       |                  |                             |                        |        |       |  |
| eligible for direct deposit and receive a paper check).   | and will   | c. Account Type   | 15c       | Che              | cking:                      | Savings:               |        |       |  |
| NOTES: Do not file this form if your 1% earning File this return on or before April 15th The Revenue Division and the IRS rout Ordinance, will be identified and r Do not include Business Income on th Write your SSN on your check. | inely share comay result in a                    | omputer tapes and aud<br>an audit or further inv                          | dit res   | ing a<br>ults. [ | refund, subr                | mit Form RD-109        |        |       |  |
| Mail to: City of Kansas City, Missouri,<br>For changes to name, address or FEIN/<br>I authorize the Commissioner of Rever<br>Under penalties of perjury, I declare the<br>stated.   | Revenue Divi<br>/SSN, please c<br>nue or delegat | ision, PO Box 842707<br>contact us at revenue@<br>te to discuss my return | kcmon and | o.org<br>attacl  | or (816) 513<br>nments with | -1120.<br>my preparer. | Υє     | ss No |  |
| Print Name of Taxpayer  | Signature  | Title   |           |                  |                             | Date                   |        | Phone |  |

Title

Date

Phone

# RD-109NR

City of Kansas City, Missouri - Revenue Division

### WAGE EARNER RETURN EARNINGS TAX NONRESIDENT SCHEDULE

| KANSAS CITY     |
|-----------------|
| M I S S O U R I |

|                | Legal Name:   |                      |                   |                  | -               |  |                | ''                | ®     |  |
|----------------|---|----------------------|-------------------|------------------|-----------------|--|----------------|-------------------|-------|--|
|                | SSN: Account ID:  |                      |                   |                  | -               |  |                | KANSAS<br>MISSO   | CITY  |  |
|                |   |                      |                   |                  | -               |  |                |                   |       |  |
| Α              | Occupation  |                      | Daytime Phone     |                  |                 |  |                |                   |       |  |
| В.             | RESIDENT / NONRESIDENT STATU  | IS                   | ,                 |                  |                 |  |                |                   |       |  |
|                | Nonresident for entire year   | Part Year Re         | sident            | 7                |                 |  |                |                   |       |  |
|                | Resident  | from :               | 1 1               | <br>to :         |                 | , ,  |                |                   |       |  |
|                | Nonresident   | from :               |                   |                  |                 | <u>/ / /                                </u> |                |                   |       |  |
|                |   | M                    | M DD Y            |                  | ММ              | DD Y   | <u> </u>       |                   |       |  |
| C.             | NON-RESIDENCY ALLOCATION FO If not using a standard 260 days, plea  |                      | son below and me  | ethod of calcul  | ation (RE       | QUIRED)                                      |                |                   |       |  |
| 1.             | Total days worked everywhere.   | ,                    | NDARD WORK YEA    | ,                | 1               |  |                |                   |       |  |
| 2.             | You may not deduct vacation, sick, he Actual days worked outside the city.  | (You may not         | deduct days lived | in the City)     | 2               |  |                |                   |       |  |
| _              | You may not deduct vacation, sick, he   | ·                    | ·                 | outside the city | /               |  | 0/             |                   |       |  |
|                | Percentage of days worked outside t   |                      | vided by Line 1)  |                  | 3               |  | %              | DOLLARS           | CENTS |  |
| _              | . Gross wages per Federal W-2 (B<br>. Non-residency deduction   | Sox 1 on W-2)        |                   |                  | 4               | \$   |                |                   | •     |  |
|                | Enter amount on Line 3 of RD-109  | (Line 4 x Line 3)    |                   |                  | 5               | \$   |                |                   | •     |  |
| D. :           | 1. Amount of severance pay included   | d in your compensat  | ion               |                  | 1               | \$   |                |                   |       |  |
|                | 2. Date of separation   |                      |                   |                  | 2               | <u>*</u>                                     |                | 1                 |       |  |
| —<br>Е.        |   |                      |                   |                  |                 |  |                | MM DD             | YY    |  |
|                | LIST BELOW THE RECORD(S) YOU  | MAINTAIN TO SUF      | PPORT CALCULA     | TIONS FOR DA     | AYS <b>WO</b> F | RKED OR LIVE                                 | <u>D OUTSI</u> | DE OF THE CITY    |       |  |
|                | PLEASE NOTE: Although you are n   | ant culpositting do  | umantation at th  | ais tima a ta su | nnort vo        | ur alaim of da                               |                | ad outside of the | oitu  |  |
|                | you may be requested to submit  |                      |                   |                  |                 |  |                | ed outside of the | city  |  |
| F.             | Employer information is required to verify claims for non-residency / days worked outside of the city.  You must provide the following information before your refund request can be processed. |                      |                   |                  |                 |  |                |                   |       |  |
|                | Employer's name:  |                      |                   |                  |                 |  |                |                   |       |  |
|                | Employer's email address:   |                      |                   |                  |                 |  |                |                   |       |  |
|                | Name of employer's contact personal   | on:                  |                   |                  |                 |  |                |                   |       |  |
|                | Contact person's phone number:  |                      |                   |                  |                 |  |                |                   |       |  |
|                | Address of your primary work loc  | ation:               |                   |                  |                 |  |                |                   |       |  |
|                |   |                      |                   |                  |                 |  |                |                   |       |  |
| Un             | der penalties of perjury, I declare t   | this return to be tr | ue and correct.   |                  |                 |  |                | Yes               | No O  |  |
|                |   |                      |                   |                  |                 |  |                |                   |       |  |
| Signature Date |   |                      |                   | Email            |                 | Phone  |                |                   |       |  |



### City of Kansas City, Missouri - Revenue Division

### WAGE EARNER RETURN EARNINGS TAX

Phone: (816) 513-1120 E-file: kcmo.gov/quicktax



### **GENERAL INSTRUCTIONS FOR COMPLETING FORM RD-109**

### 1. Who must file:

- Every resident individual who derives income from salaries, wages, commissions or other compensation for which the tax has not been withheld by the resident's employer(s). If your income is derived from the ownership of a business or other self-employment, you MUST file a Profits Return Earnings Tax (Form RD-108).
- Every nonresident individual working or providing services within the city who derives income from salaries, wages, commissions or other
  compensation from which the tax has not been withheld by the employer.
- Exception: Where city earnings tax has been withheld from an individual's entire taxable earnings by his or her employer(s), no further payment is due and a return does not need to be filed.

#### 2. When to file:

- The return is to be filed on or before April 15 of each year. Please file electronically at kcmo.gov/quicktax.
- Extension--An extension of time to file the Wage Earner Return Earnings Tax (Form RD-109) may be obtained by filing Extension Wage Earner
  Return Earnings Tax (Form RD-112) with PAYMENT of the estimated tax due on or before April 15. Extension payment must be 90% of the tax due
  to avoid penalty and interest.

#### 3. Where to file:

- RETURNS AND SCHEDULES FOR REFUND REQUESTS SHOULD BE MAILED TO:
   City of Kansas City, Missouri, Revenue Division, PO Box 842707 Kansas City, MO 64184-2707
- EXTENSION REQUESTS SHOULD BE MAILED TO:
   City of Kansas City, Missouri, Revenue Division, PO Box 843825, KANSAS CITY, MO 64184-3825

The information below answers frequently asked questions. **These lists are not comprehensive.**Please contact the Revenue Division at (816) 513-1120 if you have further questions.

### WHAT IS TAXABLE

- Salaries, wages, tips, bonuses, and commissions
- Sick, vacation, severance pay and salary continuation plans
- Moving expenses reimbursement
- Value of life insurance premiums over \$50,000 of coverage
- Nonqualified stock option distributions

### WHAT IS NOT TAXABLE

- Interest and dividends
- Social Security
- Pension benefits
- Employer contributions to pension plans
- Capital Gains
- Unemployment or disability benefits
- Insurance proceeds
- Gain on sale of home
- Estate income
- Employee contributions to deferred compensation plans such as 401(k) plans

## ≅ RD-109

City of Kansas City, Missouri - Revenue Division

### WAGE EARNER RETURN EARNINGS TAX

KANSAS CITY MISSOURI

Phone: (816) 513-1120 E-file: kcmo.gov/quicktax

### INSTRUCTIONS FOR COMPLETING FORM RD-109 (continued)

Fill out your name, address, social security number and tax period.

- **Line 1.** Put an "X" in box if this is an amended return.
- Line 2. Enter total wages, tips, and other compensation. Attached copies of all W-2s (box 1) and 1099s (box 7).
- **Line 3. NONRESIDENTS OR PART-TIME RESIDENTS ONLY**: Enter amount of nonresident or part-time resident deduction (Enter amount from Line 5 of Form RD-109NR). **Attach the Nonresident Schedule (Form RD-109NR)**.
- **Line 4.** Subtract Line 3 from Line 2 and enter total taxable wages.
- Line 5. Multiply Line 4 by .01 (1%) and enter earnings tax.
- Line 6. Enter amount of tax paid with Extension Wage Earner Return Earnings Tax (Form RD-112).
- **Line 7.** Enter amount of local tax withheld by employer(s).
- **Line 8. RESIDENTS ONLY**: Enter earnings tax or income tax paid to another city on Line 8 as a credit. This credit is allowed only to the extent of the tax imposed by Kansas City (1% of taxable earnings) or actual tax paid, whichever is less.
- Line 9. Enter amount due (Line 5 less Lines 6, 7, and 8). If negative, enter zero and go to Line 13.
- Line 10. If amount on Line 9 is past due, add penalty at rate of 5% per month (not to exceed 25%) from due date to date of payment.
- Line 11. If amount on Line 9 is past due, add interest at rate of 1% per month from due date until tax is paid in full.
- Line 12. Enter total amount due (sum of Lines 9, 10, and Line 11).
- Line 13. If the sum of Lines 6, 7, and 8 less Line 5 results in an overpayment, enter amount to be refunded. See Line 15, if you want to receive your refund request via direct deposit.
- Line 14. Enter amount paid. Write your social security number on check and make check payable to KCMO City Treasurer.
- Line 15. DIRECT DEPOSIT: Choose direct deposit for a fast, simple, safe, secure way to have your refund deposited automatically to your checking or savings account. Fill in boxes 15a, 15b, and 15c to request that your refund be issued via direct deposit. For security purposes, first-time filers are not eligible for direct deposit and will receive a refund via a paper check.
- **Line 15a.** The routing number must be nine digits. The first two digits must be 01 through 12 or 21 through 32. The number is located on the left bottom corner of your personal/business checks.
- **Line 15b.** The account number can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols. The account number is to the right of the routing number on personal/business checks. **Be sure not to include the check number.**
- Line 15c. Check the box for the type of account that corresponds to the routing and account numbers listed on Lines 15a and 15b.

The City will issue a refund check if a direct deposit request is rejected by your financial institution.

## **RD-109NR**

City of Kansas City, Missouri - Revenue Division

### WAGE EARNER RETURN EARNINGS TAX NONRESIDENT SCHEDULE

Phone: (816) 513-1120 E-file: kcmo.gov/quicktax



### **INSTRUCTIONS FOR COMPLETING FORM RD-109NR**

### Who must file a Wage Earner Earnings Tax Nonresident Schedule (Form RD-109NR):

The Nonresident Schedule should be used by nonresidents who have performed services within and outside the city. This form is used in conjunction with the Wage Earner Return - Earnings Tax (Form RD-109) to calculate a refund or an overpayment of taxes for services performed outside of Kansas City, Missouri. If you meet the qualifications above and are requesting a refund, this form must be attached to Form RD-109 along with a current copy of your W-2(s). Residents living in the City for a partial year may use this formula to calculate their deduction for wages earned while living and working outside the City. All wages earned while living or working in the City are subject to tax.

#### Section A

Fill out occupation and daytime phone number.

### Section B Resident / Nonresident Status

Check whether you were a nonresident the entire year or a part year resident. If a part year resident enter dates you were a resident and dates you were a nonresident.

### Section C Non-Residency Allocation Formula

- 1. Enter 260 for days worked everywhere. If not using a standard 260, enter days worked, write your reason and method of calculation on the lines provided and attach supporting documentation.
- 2. Enter actual days worked outside the city.
- 3. Enter percentage of days worked outside the city. (Line 2 divided by Line 1)
- 4. Enter total gross wages of all W-2(s). (Box 1 on W-2)
- 5. Enter non-residency deduction. (Line 4 x Line 3). Enter this amount on Line 3 of Form RD-109.

### Section D Non-Residency Allocation Formula

- 1. Enter amount of severance pay included in compensation.
- 2. Enter date of separation.

#### Section E

Enter type of record(s) you maintain to support your calculations for days worked in and outside of the city.

### Section F

Fill out your employer's name and email address, your work location, and identify a contact person and their phone number.

### **GENERAL INFORMATION**

Documentation may be requested from you during the review process to verify your days worked outside the city. Days worked outside the city must reflect the number of <u>whole</u> days worked outside of the city. The number of work days for a standard work year is 260. **Do not deduct** vacation, sick, holiday or other leave when calculating the number of days worked everywhere or outside the city. **Any portion of the day worked in the city is a full day in the city.** 

The following may delay issuance of your refund: failure to provide required information when requested, failure to use approved forms, not able to verify days worked outside of the city, inconsistencies on returns, failure to sign return, incomplete supporting documentation.

When documentation is requested you must provide definitive details about the number of days worked outside of the city, including dates, location, and business purpose. Types of documentation include, verifiable records such as: appointment calendar, work and/or travel orders, time and/or payment records, travel logs, certain types of receipts, proof of change of address such as utility bills, lease agreements, and property tax receipts.

Failure to provide documentation when requested will result in your refund being denied.