FORM **RD-WVR**
(06/19)

City of Kansas City, Missouri - Revenue Division

REQUEST FOR PENALTY WAIVER

Phone: (816) 513-1120
Fax: (816) 513-1077
E-file: kcmo.gov/quicktax

ALL TAXES AND INTEREST RELATED TO YOUR REQUEST MUST BE PAID IN FULL AND THE APPROPRIATE KCMO TAX RETURN(S) FILED FOR THE PERIOD(S) BEFORE APPLYING FOR A WAIVER

REQUIRED: CHECK BOX FOR ACCOUNT TYPE AND LIST ACCOUNT ID

☐ Wage Earner ID#: _____	☐ Business License ID#: _____	☐ Utilities: Cable Company ID#: _____
☐ Profits ID#: _____	☐ Convention & Tourism - Food ID#: _____	☐ Utilities: Gas, Electric, or Steam Company ID#: _____
☐ Withholding ID#: _____	☐ Convention & Tourism - Hotel ID#: _____	☐ Utilities: Telephone Company ID#: _____
☐ Arena (Car Rental) ID#: _____	☐ Arena (Hotel/Motel) ID#: _____	☐ Utilities: Wireless Telephone Company ID#: _____

1. LEGAL NAME	2. FEIN/SSN

3. TAX PERIODS (LIST ALL PERIODS - BY END DATE - RELATED TO THIS WAIVER REQUEST, FOR EXAMPLE: LIST JAN 1., 2015 - DEC. 31, 2015 AS DEC. 31, 2015)

STATE THOSE CIRCUMSTANCES BELOW WHICH YOU BELIEVE WARRANT A WAIVER OF PENALTIES

Notes:
This is a request for a waiver of penalties assessed to your tax account - in no instance will interest be waived.
Requests not accompanied by payment for the tax and interest in full, and the appropriate return(s), will not receive consideration.
A written determination will be sent to the taxpayer within 30 days of receipt of this form.
Mail to: City of Kansas City, Missouri, Revenue Division, 414 E. 12th St., 2nd Flr - East, Kansas City, MO 64106-2786

Signature | Date | Email Address | Phone