



Finance Department
Revenue Division
414 E. 12th St. 2nd-West
Kansas City, MO 64106-2786
Phone 816-513-1120
Fax 816-513-1075

Please complete and return this form with appropriate documentation if required. Thank you for your cooperation. Please call Taxpayer Services at 816-513-1120, if you have questions concerning this form and the accompanying letter.

Taxpayer Information

Name _____

Social Security Number or EIN _____

Case number _____

Address _____

Work Phone _____ Home Phone _____

Please check the appropriate box (es) below and return this form along with any required documentation. **If you are required to file Wage Earner returns or Withholding returns or Convention and tourism tax, you may use our free e-filing services on the city's website <http://www.kcmo.org/CKCMO/Services/PayOnline/index.htm>. You may download returns from www.kcmo.org/tax.**

- My employer withheld the tax. Please enclose a copy of W-2 for the specified period
- Filed jointly. Please provide shared account information
Name _____ SSN# _____
- Return already filed. Please send a copy of return along with copy of the cancelled check
- No longer liable to file these taxes. Please indicate the date liability ended _____ and provide supporting documents regarding your change of status:
- Moved out of the city, indicate the date ___/___/___
- New ownership, please specify the new EIN/SSN/NAME _____
- Retired, deceased, or disabled- Please indicate effective date ___/___/___ (00/00/00)
- If return not previously filed, please complete and file. Pay amount due including penalty and interest.
- Other (explain) _____

Please sign and date below

Signature _____

Date _____