

FORM RD-CABL 2023

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



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

Legal Name: _____ Mailing Address: _____
 DBA Name: _____
 FEIN or 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	4.5 %	
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	\$XXXXXXXXXXXXXXXXXX	. XX
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	<input type="checkbox"/>	_____
9. Date closed or no longer conducting business inside Kansas City, Missouri	9		MM / DD / YY

DO NOT SEND CASH. Make check payable to: KCMO City Treasurer

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

For changes to name, address or FEIN/SSN, please contact us at revenue@kcmo.org or (816) 513-1120.

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

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

Yes No

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

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