

FORM RD-107 2020

City of Kansas City, Missouri - Revenue Division CONVENTION & TOURISM TAX FOOD ESTABLISHMENT



KANSAS CITY
MISSOURI

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: _____

		DOLLARS	CENTS
1. Food Sales (excluding liquor)	1	\$	.
2. Liquor Sales	2	\$	.
3. Total Gross Receipts (Line 1 plus Line 2)	3	\$	.
4a. Increase in gross receipts - Other	4a	\$	.
4b. Increase in gross receipts - Other	4b	\$	.
4c. Total increase (Sum of Line 4a and 4b)	4c	\$	.
4d. Decrease in gross receipts - Tax Exempt Organizations	4d	\$	.
4e. Decrease in gross receipts - Other	4e	\$	.
4f. Total decrease (Sum of Line 4d and 4e)	4f	\$	.
5. Taxable Sales (Sum of Line 3 and 4c minus Line 4f)	5	\$	.
6. Tax Due (Line 5 times 2%)	6	\$	.
7. 2% Timely (Line 6 times 2%, only if paid before due date)	7	\$	.
8. Total Tax Due (Line 6 minus Line 7)	8	\$	.
9a. Penalty: "Failure to file return timely" (5% per month of the outstanding tax due) (maximum penalty 25%)	9a	\$	.
9b. Penalty: "Failure to pay amount due" (5% of tax due)	9b	\$	.
10. Interest (5% per annum until tax is paid)	10	\$	.
11. Previous credit or prior payment	11	\$	.
12. Total Amount Due (Sum of Lines 8, 9a, 9b, 10 minus Line 11)	12	\$	.
13. Amount Paid	13	\$	.
14. "X" Box if Amended return	14	<input type="checkbox"/>	
15. If no longer conducting business in Kansas City, MO enter date closed DO NOT COMPLETE IF BUSINESS IS STILL OPERATING	15		

MM / DD / YY

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

Mail to: City of Kansas City, Missouri, Revenue Division, PO Box 804107 Kansas City, MO 64180-4107

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 _____

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2020

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INSTRUCTIONS FOR COMPLETING FORM RD-107

- Line 1.** Enter total gross receipts - Food Sales.
Line 2. Enter total gross receipts - Liquor Sales.
Line 3. Enter gross receipts (Line 1 plus Line 2).
Line 4a. Enter amount increasing gross receipts and description.
Line 4b. Enter amount increasing gross receipts and description.
Line 4c. Enter the sum of Lines 4a and 4b.
Line 4d. Enter decrease to gross receipts from tax exempt organizations.
Exempt Organizations - Agencies of government, qualifying organizations, and qualifying persons under RSMo 144.010 through 144.510 are applicable as long as exemption certificates required by RSMo 144.010 are maintained on file.
Line 4e. Enter amount decreasing gross receipts and description.
Line 4f. Enter the sum of Lines 4d and 4e.
Line 5. Enter taxable sales (Sum of Lines 3 and 4c minus Line 4f).
Line 6. Enter tax due (Line 5 times 2%).
Line 7. If return is filed and paid prior to due date, enter discount amount (Line 6 times 2%).
Return Due Date:
a) For periods ending on a quarter-end (i.e. March 31st, June 30th, September 30th, December 31st), Form RD-107 is due on or before the last day of the next month.
(**Example 1:** For the period from January 1st to March 31st, Form RD-107 is due by April 30)
(**Example 2:** For the period from March 1st to March 31st, Form RD-107 is due by April 30)
b) For periods not ending on a quarter-end, Form RD-107 is due on or before the 20th day of the next month.
(**Example 1:** For the period from January 1st to January 31st, Form RD-107 is due by February 20th)
Line 8. Enter total tax due (Line 6 minus Line 7).
Line 9a. For failure to file return timely enter penalty of 5% of Line 6 per month (maximum penalty 25%).
Line 9b. For failure to pay amount due enter amount of penalty due (Line 6 times 5%).
Line 10. If return is delinquent, enter amount of interest due. Statutory prime interest rate based on RSMo Section 32.065.
Line 11. Enter amount of credit or prior payment(s).
Line 12. Enter amount due (Sum of Lines 8, 9a, 9b and 10 minus Line 11).
Line 13. Enter amount paid.
Line 14. Enter "X" if this amends a previously submitted return for the same period.
Line 15. If this is a final return under this ownership, enter date business closed and/or no longer conducting business in Kansas City, Missouri.

MAKE CHECK PAYABLE TO: KCMO City Treasurer
MAIL TO: City of Kansas City, Missouri, Revenue Division, PO Box 804107 Kansas City, MO 64180-4107

(Retain copies for liquor license renewal, if applicable)

Visit our website at kcmo.gov/kctax for more forms, instructions and the Convention and Tourism Regulations.