

FORM RD-113
2020

City of Kansas City, Missouri - Revenue Division
**EMPLOYER'S ANNUAL RECONCILIATION
OF EARNINGS TAX WITHHELD**



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

Legal Name: _____ Mailing Address: _____
 FEIN or SSN: _____ Business Address: _____
 Account ID: _____

Period From: _____ Period To: _____

			DOLLARS	CENTS
1. Number of taxable employees	1			
2. Withheld for quarter ending 3/31	2	\$.
3. Withheld for quarter ending 6/30	3	\$.
4. Withheld for quarter ending 9/30	4	\$.
5. Withheld for quarter ending 12/31	5	\$.
6. Total Withheld for the Year	6	\$.
7. Total Payments for the Year	7	\$.

Notes: Form RD-113 is for reconciliation purposes only. Do not use to make payment or request refund with this form. If under-withheld, submit payment with an amended RD-110. Do not use for credit or refund. Only submit W-2 information on those employees for whom you withheld KCMO Earnings Tax. Employers who fail to submit W-2 records or fail to comply with electronic filing requirements will be assessed a compliance penalty. View penalties at kcmo.gov/tax.

Instructions for Preparing and Filing Employer's Annual Reconciliation of Earnings Tax Withheld (RD-113)

Who Must File: Each employer within the City of Kansas City, Missouri who employs one or more persons is required to file this form. Employers outside the city who voluntarily withhold earnings tax from Kansas City, Missouri residents must also file this form.

When to File: Employers must file Form RD-113 and submit W-2 information on or before January 31st.

How and Where to File: Employers must file Form RD-113 electronically. W-2 information must be submitted electronically or via magnetic media. W-2's and all withholding forms can be submitted via the City's online Quick Tax system at kcmo.gov/quicktax. Paper forms are not accepted.

- Line 1** - Enter number of employees subject to tax.
- Line 2-5** - Enter amount of earnings tax withheld for each quarter of the tax period indicated.
- Line 6** - Enter the total amount withheld (sum of Lines 2 through 5).
- Line 7** - Enter total payments remitted for the year (should be equal to Line 6).

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

