

FORM RD-110
2022

City of Kansas City, Missouri - Revenue Division
**EMPLOYER'S QUARTERLY RETURN
OF EARNINGS 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: _____

1. Kansas City Taxable Earnings	1
2. Tax Withheld (1% of Line 1)	2
3. Penalties & Interest	3
4. Amount Due	4
5. Prior Payments	5
6. Amount of Remittance	6
7. "X" Box if Amended	7
8. Enter Date Business Closed	8

	DOLLARS	CENTS
\$	_____	_____
\$	_____	_____
\$	_____	_____
\$	_____	_____
\$	_____	_____
\$	_____	_____
<input type="checkbox"/>		
	MM	DD / YY

DO NOT SUBMIT THIS RETURN

Notes:
 The RD-110 form must be filed at the end of each quarter.
 Do not use this form (RD-110) in place of monthly or quarter-monthly (RD-130) payment coupon.

Contact the TAXPAYER SERVICE UNIT at (816) 513-1120 or refunds@kcmo.org for refund inquiries.

Instructions for preparing and filing Employer's Quarterly Return of Earnings Tax Withheld

- Line 1.** Enter total portion of compensation which is taxable under the earnings tax ordinance (Kansas City, Missouri earnings only).
- Line 2.** Enter the tax withheld (1% of Line 1).
- Line 3.** Enter penalties and interest due (Penalty - 5% of Line 2, per month, not to exceed 25%; Interest - 1% of Line 2, per month, until paid in full).
- Line 4.** Enter amount due (Line 2 plus Line 3).
- Line 5.** Enter total tax previously paid for the quarter.
- Line 6.** Enter the amount of remittance included with this return.
- Line 7.** "X" if this is an amended return.
- Line 8.** If no longer in business, enter date business closed.

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