RD-130M 2021

Preparer Name (if other than taxpayer)

Signature

City of Kansas City, Missouri - Revenue Division

EMPLOYER'S MONTHLY PAYMENT OF EARNINGS TAX WITHHELD

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



E-file: kcmo.gov/quicktax				KANSAS CITY MISSOURI
Legal Name:		Mailing Address:		
DBA Name:				
FEIN or SSN:		Business Address:		
Account ID:				
Period From:	Period To:			
	PAYI	MENT COUPON		
		Payment Amount:		
A payment is required for ϵ		ments must be remitted by the 15th day of which is due by the last day of the following		nth, except for the
	If no pay	ment is due, DO NOT SUBMIT.		
	IMPC	RTANT NOTICE		
	DO NOT USE (RD-110)	BE FILED AT THE END OF EACH (IN PLACE OF MONTHLY (RD-130 Y (RD-130QM) PAYMENT COUP(M) OR	
Mail to: City of Kansas City,		Treasurer PO Box 843326 Kansas City, MO 64184-3326 us at kcmo.gov/quicktax or (816) 513-1120.		
Print Name of Taxpayer	Signature	Title	Date	Phone

Title

Date

Phone