

# FORM RD-111 2021

City of Kansas City, Missouri - Revenue Division

## EXTENSION - PROFITS RETURN EARNINGS TAX

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



Legal Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 DBA Name: \_\_\_\_\_  
 FEIN or SSN: \_\_\_\_\_ Business Address: \_\_\_\_\_  
 Account ID: \_\_\_\_\_

Period From: \_\_\_\_\_ Period To: \_\_\_\_\_

		DOLLARS	CENTS
1. Estimated taxable earnings (or net profits)	1		.
2. Tax Due (1% of Line 1)	2		.
3. Amount Paid (should be the same as Line 2)	3		.

**NOTES:**

An extension is granted for a period of six (6) months. This is not an extension of time for payment of taxes. This is a request for additional time to file your return. An automatic extension of time to file will be granted upon the timely receipt of tax due (Line 3) and a completed application for extension. If the extension of time is not granted, you will receive a denial notice.

**Extension payment must be 90% of the tax due to avoid penalty and interest.**

**General Instructions:**

**WHO MAY FILE THIS EXTENSION**

- Every resident individual who derives income from an unincorporated business, association, profession, or other business activity.
- Every nonresident individual who derives income from an unincorporated business, association, profession or other activity doing business within Kansas City, Missouri.
- Every corporation or partnership conducting a business within the city or rendering or performing services within Kansas City, Missouri.
- If your extension -- (Wage Earner Return Earnings Tax) earnings are derived solely from salaries, wages, commissions, or other compensations you should complete Form **RD-112**.
- The due date for extension payment is April 18th for calendar year tax filers or 105 days after the end of the fiscal year if not a calendar year filer.

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

**Mail to: City of Kansas City, Missouri, Revenue Division, PO Box 843825 Kansas City, MO 64184-3825**

For changes to name, address or FEIN/SSN, please contact us at [revenue@kcmo.org](mailto: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 \_\_\_\_\_