Preparer Name (if other than taxpayer)

Signature

City of Kansas City, Missouri - Revenue Division

QUARTER-MONTHLY PAYMENT OF CONVENTION AND TOURISM TAX HOTEL / MOTEL



Phone: (816) 513-1120

	E-file: kcmo.gov,	'quicktax	KANSAS CITY MISSOURI
Legal Name:		Mailing Address:	
DBA Name:			
Account ID:			
Period From:	Period To:		
	PAYI	MENT COUPON	
		Payment Amount:	
Note: A quarter-monthly p	ayment is required at the en	d of each period. Payments must be r end of each period.	emitted three (3) banking days after the
MAIL TO: City of Kansas City City, MO 64106-2786		n, 414 E 12th St., 2nd Floor - East, Kans	
For changes to name, addre	ss or FEIN/SSN, please contac	t us at revenue@kcmo.org or (816) 51	3-1120.
Print Name of Taxpayer	Signature	Title	Date Phone

Title

Date

Phone