

Preparer Name (if other than taxpayer)

Signature

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 Addre	ss:			
DBA Name:					
FEIN or SSN:	Business Address				
Account ID:					
Period From:Period To:					
1. Number of taxable employees		1		DOLLAF	RS CENTS
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	\$		
Unstructions for Preparing and Filing Employer Who Must File: Each employer within the City of Kansas City, M Employers outside the city who voluntarily withhold earnings to	1issouri who employs c	one or i	more persons is	s required to file	this form.
When to File: Employers must file Form RD-113 and submit W-	2 information on or be	fore Ja	nuary 31st.		
How and Where to File: Employers with 250 or more employee employees, as well as those employers who submit W-2 inform required to submit this information electronically or via magnet submitted via the City's online Quick Tax system at kcmo.gov/q Form RD-113 should be mailed to: City of Kansas City, Missouri W-2's should be sent to: City of Kansas City, Missouri, Revenue Line 1 - Enter number of employees subject to tax.	nation electronically or tic media also with the uicktax. Paper forms o i, Revenue Division, P. e Division, 414 E 12th S	via ma city. N can be f O. Box St., 2nd	gnetic media to W-2's and all w ound on the Ci 843662 Kansa I Floor - East, K	o the federal gove ithholding forms ity's website at <u>l</u> s City, MO, 6418	vernment, are s can be scmo.gov/kctax. 34-3662. Paper
Line 2-5 - Enter amount of earnings tax withheld for each qu Line 6 - Enter the total amount withheld (sum of Lines 2 th Line 7 - Enter total payments remitted for the year (should	rough 5).	indicat	ed.		
For changes to name, address or FEIN/SSN, please contact us at	t revenue@kcmo.org o	or (816)	513-1120.		
I authorize the Commissioner of Revenue or delegate to discuss Under penalties of perjury, I declare this return to be true, corre					es No
Print Name of Taxpayer Signature	Title			Date	Phone

Title

Date

Phone