

FORM RD-WC
12/12

City of Kansas City, Missouri - Revenue Division
WORKERS' COMPENSATION EXEMPTION



KANSAS CITY
MISSOURI

Phone: (816) 513-1135
Fax: (816) 513-1264
E-file: www.kcmo.org/revenue

Business Name
Business Location
Name
Address

This notice is a reminder that Missouri Law requires that taxpayers submit a certificate of workers' compensation or an exemption (withdrawal) form PRIOR to issuance of a Business License by the city. Please submit a completed copy of Form A OR a copy of your Certificate of Insurance along with your Business License application, and payment to the below address. If you have any questions, please contact the Business License Section at (816) 513-1135.

Form A Workers' Compensation - Exemption

Employer Fed ID	Social Security #	Account ID
Reason for exemption (withdrawal) <input checked="" type="checkbox"/> No employees		
The undersigned employer hereby gives notice that said employer hereby withdraws election to accept the Missouri Compensation Law as specifically indicated above.		
Date	Signature	Title

REF. MO-WC65B

PLEASE SEND COMPLETED FORM(S) TO:

Kansas City's Business Customer Service Center
1118 Oak St.
Kansas City, MO 64106