

# FORM RD-CABL 2019

## City of Kansas City, Missouri - Revenue Division CABLE TELEVISION FRANCHISE FEE



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: \_\_\_\_\_

1. Cable TV Franchise Fee - Number of taxable customers \_\_\_\_\_ Non-taxable gross receipts \_\_\_\_\_ DOLLARS CENTS

			DOLLARS	CENTS
1a. Taxable gross receipts	1a	\$		.
1b. Cable TV fee rate	1b	5 %		
1c. Cable TV amount due (Line 1a x Line 1b)	1c	\$		.
2. Less credits for previous overpayments	2	\$		.
3. Tax Due (Line 1c minus Line 2)	3	\$		.
4. Penalty (Not Applicable)	4	\$XXXXXXXXXXXXXXXXXX		. XX
5. Interest (Commercial prime interest rate in effect on due date plus 2%)	5	\$		.
6. Total Amount Due (sum of Lines 3, 4 and 5)	6	\$		.
7. Amount Paid	7	\$		.
8. Check if amended and brief reason for amendment	8	<input type="checkbox"/>	_____	
9. Date closed or no longer conducting business inside Kansas City, Missouri	9		MM / DD / YY	

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

**Mail to: City of Kansas City, Missouri, Revenue Division, 414 E 12th Street, 2nd Floor - East, Kansas City, MO, 64106-2786**

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 \_\_\_\_\_

# FORM RD-CABL 2019

## City of Kansas City, Missouri - Revenue Division CABLE TELEVISION FRANCHISE FEE INSTRUCTIONS



Phone: (816) 513-1120  
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### Completing Form RD-CABL

#### A. Please provide the following information on Form RD-CABL.

- Provide business name and location.
- Provide mailing and business address. The address should include the location where returns are prepared and payment(s) will be processed.
- Provide taxable period. All reporting periods for Form RD-CABL should be prepared on a **quarterly** basis.
- Provide Federal Employer Identification Number (FEIN).

#### B. Cable TV Sales- Gross Receipts Tax Section (1).

- **Number of taxable customers:** Enter number of taxable cable customers used to calculate the total taxable gross receipts to be reported on the return.
- **Non-taxable gross receipts:** Enter any non-taxable cable gross receipts that were deducted from the total taxable gross receipts generated in the reporting period. All non-taxable gross receipts deductions (or adjustments) must be made in accordance with the guidelines outlined in the Kansas City Code of Ordinances, Chapter 19, "Cable Television."

Line 1a Enter the total cable taxable gross receipts for the quarter.

Line 1b Cable TV fee rate: Multiply Line 1a times 5% rate.

Line 1c Enter Cable TV fee due from calculation made (Line 1a x 1b).

Line 2 Enter any credits from overpayments (e.g., amended returns, duplicate payments, etc.).

Line 3 Enter total cable fee tax due (Line 1c minus Line 2).

Line 4 & 5 Penalty and Interest Provisions.

- **Return Due Date:** Based upon business during the preceding period of three calendar months ending, respectively, on December 31, March 31, June 30, and September 30, the RD-CABL is due on or before January 31, April 30, July 31, and October 31.  
(**Example:** For the quarter ending December 31, Form RD-CABL is due by January 31).
- **Penalty for "Failure To File Timely" return:** There is no applicable penalty.
- **Penalty for "Failure To Pay Amount Due" with return:** There is no applicable penalty.
- **Interest:** Will be charged at an annual rate equal to the commercial prime interest rate in effect upon the due date plus two (2) percentage points. (Note: The prime rate will be determined by the Bank of New York, or its successor, on the effective date on which interest becomes due).

Line 6 Enter total amount due (sum of Lines 3, 4, and 5).

Line 7 Enter amount paid with return (make check payable to "KCMO City Treasurer"). (DO NOT SEND CASH).

Line 8 Check this box if filing an amended return and provide a brief reason for the amendment.

Line 9 If out of business enter date business closed.