

FORM RD-110

(12/14)

City of Kansas City, Missouri - Revenue Division EMPLOYER'S QUARTERLY RETURN OF EARNINGS WITHHELD



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

Legal Name: _____ Mailing Address: _____
 DBA Name: _____
 FEIN / SSN: _____ Business Address: _____
 Account ID: _____

Period From: _____ Period To: _____

		DOLLARS	CENTS
1. Kansas City Taxable Earnings	1	\$.
2. Tax Withheld (1% of Line 1)	2	\$.
3. Penalties & Interest	3	\$.
4. Amount Due	4	\$.
5. Prior Payments	5	\$.
6. Amount of Remittance	6	\$.
7. "X" Box if Amended	7	<input type="checkbox"/>	
8. Enter Date Business Closed	8		/ / MM DD YY

Notes:

The RD-110 form must be filed at the end of each quarter.
Do not use this form (RD-110) in place of monthly or quarter-monthly (RD-130) payment coupon.

Contact the TAXPAYER SERVICE UNIT at (816) 513-1120 or refunds@kcmo.org for refund inquiries.

Instructions for preparing and filing Employer's Quarterly Return of Earnings Tax Withheld

- Line 1.** Enter total portion of compensation which is taxable under the earnings tax ordinance (Kansas City, Missouri earnings only).
- Line 2.** Enter the tax withheld (1% of Line 1)
- Line 3.** Enter penalties and interest due. (Penalty - 5% of Line 2, per month, not to exceed 25%; Interest - 1% of Line 2, per month, until paid in full)
- Line 4.** Enter amount due (Line 2 plus Line 3)
- Line 5.** Enter total tax previously paid for the quarter.
- Line 6.** Enter the amount of remittance included with this return.
- Line 7.** "X" if this is an amended return.
- Line 8.** If no longer in business, enter date business closed.

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

Mail to: City of Kansas City, Missouri, Revenue Division, PO Box 842875 Kansas City, MO 64184-2875

For changes to name, address or FEIN/SSN, please contact us at 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 _____