

# FORM RD-206

(12/16)

City of Kansas City, Missouri - Revenue Division  
**BUSINESS LICENSE - DOWNTOWN ARENA FEE**  
**Quarterly Return - Hotel / Motel / Tourist Court**



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

Legal Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 DBA Name: \_\_\_\_\_  
 FEIN or SSN: \_\_\_\_\_ Business Address: \_\_\_\_\_  
 Account ID: \_\_\_\_\_

Period From: \_\_\_\_\_ Period To: \_\_\_\_\_

1. Total number of occupied sleeping rooms in this period	1
2. Fee due (Line 1 times \$1.50)	2
3a. Penalty: "Failure to file return timely" (5% per month of the outstanding license fee due) (Maximum penalty 25%)	3a
3b. Penalty: "Failure to pay amount due" (5% of fee due)	3b
4. Interest (4% per annum, until fee is paid)	4
5. Previous credits or prior payments	5
6. Total Amount Due (Sum of Lines 2, 3a, 3b and 4 minus Line 5)	6
7. Amount Paid	7
8. "X" if amended return	8
9. If no longer conducting business in Kansas City, MO enter date closed <b>DO NOT COMPLETE IF BUSINESS IS STILL OPERATING</b>	9

<input type="text"/>	DOLLARS	CENTS
\$		
\$		
\$		
\$		
\$		
\$		
\$		
<input type="text"/>		
	MM	DD / YY

**DO NOT SEND CASH. Make check payable to: KCMO City Treasurer**  
**Mail to: City of Kansas City, Missouri, Revenue Division, PO Box 804206 Kansas City, MO 64180-4206**  
 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

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**GENERAL INSTRUCTIONS FOR COMPLETING FORM RD-206**

- For changes to name, address or FEIN/SSN complete Form RD-100. For questions contact the Revenue Division at [revenue@kcmo.org](mailto:revenue@kcmo.org) or (816) 513-1120.
- **Taxable Definition.**  
Every person engaged in the business of renting, leasing, or letting living quarters, sleeping accommodations, rooms, or a part thereof, in connection with any hotel, motel or tourist court shall pay to the City a license fee of \$1.50 per occupied room by transient guest per day on all hotels, motels and tourist courts.
- **Penalty.** There are two penalties:
  1. Penalty of 5% per month for failure to file a return timely (maximum penalty 25%)
  2. Penalty of 5% for failure to pay the amount due
- **Interest:** Any remaining unpaid tax after the due date is delinquent and shall be assessed interest at the rate of 4% annually. Statutory interest rate based on RSMo Section 32.065.
- **Quarterly Filing Schedule**

January through March.....	Due April 30th
April through June.....	Due July 31st
July through September.....	Due October 31st
October through December.....	Due January 31st
- Place "X" on Line 8 of Form RD-206 if submitting an **amended return**.
- **Where to file:** Mail completed return and payment to: City of Kansas City, Missouri, Revenue Division, PO Box 804206 Kansas City, MO 64180-4206

**INSTRUCTIONS FOR COMPLETING FORM RD-206**

- Line 1.** Enter number of occupied sleeping rooms per day in the period.
- Line 2.** Enter amount due (Line 1 times \$1.50).
- Line 3a.** For failure to file return timely enter penalty of 5% of Line 2 per month (maximum penalty 25%).
- Line 3b.** For failure to pay amount due enter amount of penalty due (Line 2 times 5%).
- Line 4.** Enter interest due (0.33% of Line 2 per month). Statutory interest rate based on RSMo Section 32.065.
- Line 5.** Enter amount of previous credit or prior payment(s).
- Line 6.** Enter total amount due (Sum of Lines 2, 3a, 3b, 4 minus Line 5).
- Line 7.** Enter amount paid.
- Line 8.** Enter "X" if this amends a previously submitted return for the same period.
- Line 9.** Enter date business closed or no longer conducting business in Kansas City, Missouri, if applicable.