

**FORM RD-112**  
2019

City of Kansas City, Missouri - Revenue Division  
**EXTENSION - WAGE EARNER RETURN**  
**EARNINGS TAX**



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

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ Street Address: \_\_\_\_\_ Unit: \_\_\_\_\_  
Account ID: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**The Revenue Division does not allow joint filings - DO NOT INCLUDE YOUR SPOUSE'S INCOME**

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

		DOLLARS	CENTS
1. Estimated taxable earnings	1	\$	.
2. Tax due (1% of Line 1)	2	\$	.
3. Amount paid (should be the same as Line 2)	3	\$	.

**NOTES:**

Extension payment must be 90% of the tax due to avoid penalty and interest. An extension is granted for a period of six (6) months. This is not an extension of time for payment of taxes. This is a request for additional time to file your return. An automatic extension of time to file will be granted upon the timely receipt of tax due (Line 3) and a completed application for extension. If the extension of time is not granted, you will receive a denial notice.

**General Instructions:**

**WHO MAY FILE THIS EXTENSION**

- Every resident individual who derives income from salaries, wages, commissions, or other compensation for which the tax has NOT been withheld by the resident's employer(s).
- Every nonresident individual working or providing services within the City who derives income from salaries, wages, commissions, or other compensation from which the tax has NOT been withheld by the employer.
- If your income is derived from the ownership of a business or other self-employment, you should complete Form RD-111 (EXTENSION - PROFITS RETURN).
- The due date for extension payment is April 15.

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

**Mail to: City of Kansas City, Missouri, Revenue Division, PO Box 843825 Kansas City, MO 64184-3825**

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