

FORM RD-136
2020

City of Kansas City, Missouri - Revenue Division

**QUARTER-MONTHLY PAYMENT OF CONVENTION
AND TOURISM TAX HOTEL / MOTEL**



KANSAS CITY
MISSOURI

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: _____

PAYMENT COUPON

Payment Amount:

Note: A quarter-monthly payment is required at the end of each period. Payments must be remitted three (3) banking days after the end of each period.

DO NOT SEND CASH. Make check payable to: KCMO City Treasurer
Mail to: City of Kansas City, Missouri, Revenue Division, PO Box 804136 Kansas City, MO 64180-4136
For changes to name, address or FEIN/SSN, please contact us at revenue@kcmo.org or (816) 513-1120.

Print Name of Taxpayer	Signature	Title	Date	Phone
Preparer Name (if other than taxpayer)	Signature	Title	Date	Phone
