

# FORM RD-C3

City of Kansas City, Missouri - Revenue Division

## TAX CLEARANCE REQUEST FORM

Phone: (816) 513-1120

Fax: (816) 513-1264

E-File: [kcmo.gov/quicktax](http://kcmo.gov/quicktax)

Email: [Business.License@kcmo.org](mailto:Business.License@kcmo.org)



KANSAS CITY  
MISSOURI

Federal ID (FEIN)/Social Security Number (SSN)		
Business Name		
Address (include City, State & Zip)		
<input type="checkbox"/> Check this box if you wish to receive this letter by fax	Fax Number	
<input type="checkbox"/> Check this box if you wish to receive this letter by email	Email Address	
Request Submitted by (Print Name)	Title (If Applicable)	
Signature	Phone Number	Date

**PLEASE ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING**

**PLEASE SEND COMPLETED FORM(S) TO:**

Kansas City's Business License Office, 414 E. 12 St. 1st Floor, Kansas City, MO 64106