

**PRIOR YEAR BUSINESS LICENSE**

**ADJUSTED RETURN**

City of Kansas City, Missouri  
Revenue Division

Phone  
**(816)  
513-1135**

**RD-104  
(11/07)**

Period From:

Period To:

**Legal Name:**

EIN:

**Mailing Address:**

Account ID:

**DBA Name:**

SIC Code:

**Business Address:**

Please call (816) 513-1135 if there is a change in name, address, or FEIN/SSN

**This form must be completed and filed along with your form RD-101 or RD-102 before March 1**

		GROSS ANNUAL RECEIPTS FOR PRIOR CALENDAR YEAR										ANNUAL FEE DUE															
		DOLLARS					CENTS					(from table A of instructions)					DOLLARS					CENTS					
1. RETAIL/ WHOLESALE/ SERVICE:	1a.											1b.															
2. MANUFACTURER:	2a.											2b.															
3. CONTRACTOR:	3a.											3b.															
4. MISCELLANEOUS:	4a.											4b.															
5. Annual fee (sum of lines 1b, 2b, 3b, and 4b)	5.											5.															
6. Fee paid in prior calendar year	6.																										
6a. Annual fee subtotal (line 5 minus line 6) \$																											
7. Penalty: 10% of line 6a, if paid on or after March 1, plus 2% per month for subsequent months (maximum penalty is 30%)	7.																										
8. Total amount due (line 6a plus line 7), if negative enter zero	8.																										
9. If overpaid (line 6 is greater than line 5), amount of REFUND requested (if filed timely)	9.																										
10. If overpaid (line 6 is greater than line 5), amount of CREDIT requested (if filed timely)	10.																										
Please print numbers carefully as shown and avoid contact with the edges of the box. Do not use dollar signs.	11. Amount paid																										
	12. Date if closed																										

**Make check payable to: CITY TREASURER DO NOT SEND CASH Mail to P.O. Box 15623 Kansas City, MO 64106-0623**

Under penalties of perjury, I declare this return to be a true, correct, and complete accounting for the taxable year stated.

I authorize the Commissioner of Revenue or delegate to discuss my return and attachments with my preparer. Yes  No

Taxpayer Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
Preparer's Signature (if other than taxpayer) \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

