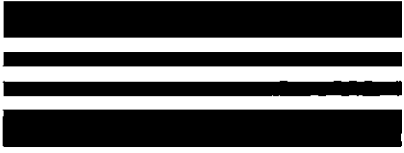


**EMPLOYER'S MONTHLY PAYMENT OF
EARNINGS TAX WITHHELD**

City of Kansas City, Missouri
Revenue Division

Phone
(816) 513-1120



**RD-130M
(12/07)**

Period From:

Period To:

Legal Name:

FEIN Number:

Mailing Address:

Account ID:

DBA Name:

PAYMENT COUPON

Business Address:

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

A payment is required for each month of the quarter. Payments must be remitted by the 15th day of the following month, except for the last month of each quarter which is due by the last day of the following month.

If amount of payment is zero, DO NOT SUBMIT.

Please print numbers carefully as shown and avoid contact with the edges of the box. Do not use dollar signs.

DOLLARS

CENTS

0	1	2	3	4	5	6	7	8	9
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Payment Amount:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PAYMENT COUPON

Make check payable to: CITY TREASURER DO NOT SEND CASH Mail return to P.O. Box 842707, KCMO 64184-2707

Taxpayer Signature

Print Name

Title

Date

Phone

Preparer's Signature (if other than taxpayer)

Print Name

Title

Date

Phone

Period Covered:

Due Date:

36399

