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

City of Kansas City, Missouri
Revenue Division

Phone
(816) 513-1120

[redacted]

RD-136
10/07)

PAYMENT COUPON

Period From: Period To:

Legal Name:

Mailing Address:

FID Number:

Account ID:

DBA Name:

Business Address:

Due Date:

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

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.

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

0	1	2	3	4	5	6	7	8	9

PAYMENT COUPON

Payment Amount: DOLLARS CENTS

Make check payable to: CITY TREASURER DO NOT SEND CASH Mail return to P.O. Box 15623, KCMO 64106-0623

Taxpayer Signature	Print Name	Title	Date	Phone

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

I authorize the Commissioner of Revenue or delegate to discuss my payment coupon and any attachments with my preparer. Yes ☐ No ☐

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