

UTILITIES LICENSE TAX

414 East 12th Street  
 2nd Floor-East

Phone - (816) 513-1120

RD-UTIL, Rev 11/07

Kansas City, Missouri 64106-2786

TYPE OF RETURN (Check one only)

<input type="checkbox"/> Electric Quarterly Business License (114)	<input type="checkbox"/> Telephone Qtrly Business License (118)
<input type="checkbox"/> Electric Monthly Emergency Tax (120)	<input type="checkbox"/> Telephone Qtrly Emergency Tax (123)
<input type="checkbox"/> Gas Quarterly Business License (115)	<input type="checkbox"/> Steam Quarterly Business License (116)
<input type="checkbox"/> Gas Monthly Emergency Tax (121)	<input type="checkbox"/> Steam Monthly Emergency Tax (122)
	<input type="checkbox"/> Cable TV Business License (119)

Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Taxable Period From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ FEIN No. \_\_\_\_\_

1. Residential sales - Number of taxable customers _____ Non-taxable gross receipts \$ _____		
a. Residential taxable gross receipts -----		
b. Residential rate ( 6% for quarterly business license)		
(Steam - 1.6% for emergency license tax, 2.4% for quarterly business license)		%
c. Residential taxes due (line 1a x line 1b) -----		
2. Commercial sales - Number of taxable customers _____ Non-taxable gross receipts \$ _____		
a. Commercial taxable gross receipts -----		
b. Commercial rate (4% for emergency license tax, 6.0% for quarterly business license)		
(Steam - 1.6% for emergency license tax, 2.4% for quarterly business license) -----		%
c. Commercial taxes due (line 2a x line 2b) -----		
3. Industrial sales - Number of taxable customers _____ Non-taxable gross receipts \$ _____		
a. Industrial taxable gross receipts -----		
b. Industrial rate (4% for emergency license tax, 6.0% for quarterly business license)		
(Steam - 1.6% for emergency license tax, 2.4% for quarterly business license) -----		%
c. Industrial taxes due (line 3a x line 3b) -----		
4. Cable TV business license - Number of taxable customers _____ Non-taxable gross receipts \$ _____		
a. Taxable gross receipts -----		
b. Cable TV taxes due (line 4a x 5%) -----		
5. Tax due (Lines 1(c) plus 2(c) plus 3(c) plus 4(b) -----	5	
6. Less credits for previous overpayments -----	6	
7. Amount due (line 5 minus line 6) -----	7	
8. Penalty: 10% of the license fee for any part of the first month due and not paid, plus 2% per month for subsequent months until paid in full. -----		
9. Total amount due (sum of lines 7 and 8) -----	9	
10. Amount paid - - - - <b>MAKE CHECKS PAYABLE TO CITY TREASURER - - - - DO NOT SEND CASH</b> -----	10	
11. Check if out of business and enter date business closed ____/____/____ -----	11	<input type="checkbox"/>
12. Check if amended -----	12	<input type="checkbox"/>

Under penalties of perjury, I declare this return is a true, correct, and complete return for the taxable year stated.  
 I authorize the Commissioner of Revenue or delegate to discuss my return and attachments with my preparer.  Yes  No

X  
 Print Name \_\_\_\_\_ Phone \_\_\_\_\_

X  
 Signature of corporate officer is required \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

X  
 Signature of preparer (if other than taxpayer) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_