

CONVENTION & TOURISM TAX - HOTEL/MOTEL

City of Kansas City, Missouri Phone
 Revenue Division (816) 513-1120
 Free E-filing: <http://www.kcmo.org/cttax>

**RD-106
(09/09)**

Period From:

Period To:

Legal Name:

FID Number:

Mailing Address:

Account ID:

DBA Name:

Due Date:

Business Address:

For changes to name, address or FEIN/SSN, please contact us at revenue@kcmo.org or (816) 513-1135.

1. Date if closed

M	M

 /

D	D

 /

Y	Y

 2. X box if amended

DOLLARS CENTS

3. Gross Receipts										
4a. Total Increase from Worksheet RD106W +										
4b. Total Decrease from Worksheet RD106W -										
5. Taxable Sales										
6. Total Tax Due (Rate: 7.50% of Taxable Sales)										
7. 2% Timely (only if paid before due date) -										
8. Tax Due										
9. Interest (3% per annum until tax is paid in full) +										
10. Penalty (5% per month, not to exceed 25%) +										
11. Previous Credit -										
12. Amount Due										
13. Amount Paid										

Make check payable to: CITY TREASURER DO NOT SEND CASH Mail return to P.O. Box 802106, KCMO 6480-2106

Under penalties of perjury, I declare this to be a true, correct, and complete return for the tax period 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 _____

