

**CONVENTION & TOURISM TAX - FOOD ESTABLISHMENT**

City of Kansas City, Missouri  
 Revenue Division  
 Free E-filing: <http://www.kcmo.org/cttax>

Phone  
 (816) 513-1120

**RD-107  
 (09/09)**

Period From:

Period To:

Legal Name:

FEIN 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](mailto:revenue@kcmo.org) or (816) 513-1135.**

1. Date if closed 

M	M

 / 

D	D

 / 

Y	Y

2. "X" if amended

	DOLLARS				CENTS			
3. Food (excluding liquor)								
4. Liquor Sales								
5. Gross Receipts								
6a. Add Any Gross Receipts not included on line 5 +								
6b. Decrease/Exemption to line 5 -								
7. Taxable Sales								
8. Total Tax Due (Rate: 2% of Taxable Sales)								
9. 2% Timely (only if paid before due date) -								
10. Tax Due								
11. Interest (3% per annum until tax is paid in full) +								
12. Penalty (5% per month, not to exceed 25%) +								
13. Previous Credit -								
14. Amount Due								
15. Amount Paid								

**Make check payable to: CITY TREASURER  
 DO NOT SEND CASH  
 Mail Return to: P.O. Box 804107  
 Kansas City MO 64180-4107**

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 \_\_\_\_\_

