PROFITS RETURN - EARNINGS TAX

City of Kansas City, Missouri
Revenue Division

Phone
(816) 513-1120

[redacted]

RD-108
(09/09)

IF EARNINGS ARE FROM SALARIES OR WAGES, DO NOT USE THIS FORM

Period From: Period To:

Legal Name:

FEIN/SSN Number:

Mailing Address:

Account ID:

DBA Name:

Business Address:

The Revenue Division and the IRS routinely share computer tapes and audit results. Differences, other than those allowed under City ordinance, will be identified and may result in an audit or further investigation.

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

Business/physical address (if multiple locations, attach list)

1. Type of business:

- ☐ * Partnership (No. of partners: ___)
- ☐ Corporation
- ☐ Proprietorship
- ☐ Fiduciary
- ☐ K-1 Source Income

2. "X" if nonresident business ☐

	DOLLARS	CENTS
3. KCMO Gross receipts only (from Schedule C - line 1 or Schedule Y - 4B)		
4. Income from business or profession (IF LOSS, ENTER 0) (from Schedule C, Y, Z)		
5. Other taxable earnings, not including salaries or wages (IF LOSS, ENTER 0) (ATTACH SCHEDULES)		
6. Total taxable earnings (line 4 plus line 5)		
7. Tax due (1% of line 6)		
8. Profits tax paid with extension form RD-111 and/or credit carried forward (DUE ON OR BEFORE FILING DATE)		
9. Profits tax paid to other city, not to exceed line 7 (resident businesses only) (ATTACH EVIDENCE OF PAYMENT)		
10. Amount due (line 7 less lines 8 and 9, not less than 0)		
11. Penalty (5% per month, not to exceed 25%)		
12. Interest (1% per month, until tax is paid in full)		
13. Total amount due (sum of lines 10, 11, and 12)		
14. Overpayment to be credited (lines 8 + 9 less line 7)		
15. Overpayment to be refunded (lines 8 + 9 less line 7)		
16. Amount paid (DO NOT SEND CASH)		
17. "X" if amended ☐		
18. Date if closed	M M / D D / Y Y	

*** If Partnership is passing taxable income to partners, enter 0 on line 4**

Write your FEIN/SSN on check.
Make payable to City Treasurer.

Mail return to Revenue Division
P.O. Box 843322, KCMO 64184-3322

Under penalties of perjury, I declare this return (and accompanying schedules) to be a true, correct, and complete accounting for the taxable year 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

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