WAGE EARNER RETURN EARNINGS TAX

DO NOT INCLUDE BUSINESS INCOME ON THIS FORM

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

Phone
(816) 513-1120

[redacted]

RD-109
(09/09)

Period From: Period To:

Name: Social Security Number:

Mailing Address:

☐ **"X" this box if change made to name, address, or SSN Number**
Do not file this form if your 1% earnings tax is fully withheld by your employer.

Employer Name and 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.

Write your SSN on check,
Make payable to City Treasurer
Mail to : Revenue Division P.O. Box 842707, Kansas City MO 64184-2707

File this return on or before April 15

1. X box if amended return ☐

	DOLLARS	CENTS
2. Salaries, wages, commissions ATTACH COPY OF W-2 AND 1099		
3. Amount of nonresident adjustment (Enter amount from RD-109 NR line 5)		
4. Total taxable wages (line 2 less line 3)		
5. Earnings Tax (1% of line 4)		
6. Earnings tax paid with extension RD-112		
7. Local tax withheld by employer as shown on W-2		
8. Earnings tax paid to other city (residents only), not to exceed line 5		
9. Amount Due (line 5 less lines 6, 7, and 8, not less than 0)		
10. Penalty (5% per month, not to exceed 25%)		
11. Interest (1% per month until tax is paid in full)		
12. Total amount due (sum of lines 9, 10, and 11)		
13. Overpayment to be refunded (lines 6 + 7 + 8 less 5) (No refunds less than $1.00)		
14. Amount of payment DO NOT SEND CASH		

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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