RD130QM

City of Kansas City, Missouri - Revenue Division

EMPLOYER'S QUARTER-MONTHLY PAYMENT OF EARNINGS TAX WITHHELD



	Phone: (816) 513-11 E-file: kcmo.gov/qu		KANSAS CITY M I S S O U R I
Legal Name:		Mailing Address:	
DBA Name:			
FEIN or SSN:		Business Address:	
Account ID:			
Period From:	Period To:		
	PAYM	ENT COUPON	
	,	Payment Amount:	
	d of each period, except for the la	, 22nd, and the last day of the month. Payr st month of each quarter which is due by the ent is due, DO NOT SUBMIT.	
	IMPOF	RTANT NOTICE	
TH	DO NOT USE (RD-110) IN	E FILED AT THE END OF EACH Q I PLACE OF MONTHLY (RD-130N (RD-130QM) PAYMENT COUPO	Л) OR

DO NOT SEND CASH. Make check payable to: KCMO City Treasurer
Mail to: City of Kansas City, Missouri, Revenue Division, PO Box 843326 Kansas City, MO 64184-3326
For changes to name, address or FEIN/SSN, please contact us at kcmo.gov/quicktax or (816) 513-1120.

Print Name of Taxpayer	Signature	Title	Date	Phone
Preparer Name (if other than taxpayer)	Signature	Title	Date	Phone