

**FORM RD-UTIL**  
(06/12)

City of Kansas City, Missouri - Revenue Division  
**UTILITIES LICENSE TAX**  
**QUARTERLY LICENSE**



KANSAS CITY  
MISSOURI

Phone: (816) 513-1120  
E-file: www.kcmo.org/revenue

Legal Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 DBA Name: \_\_\_\_\_  
 FEIN / SSN: \_\_\_\_\_ Business Address: \_\_\_\_\_  
 Account ID: \_\_\_\_\_

Period From: \_\_\_\_\_ Period To: \_\_\_\_\_

Type of Business (check one only):  Electric  Gas  Steam  Telephone  Wireless

1. Residential sales - Number of taxable customers _____ Non-taxable gross receipts _____		DOLLARS	CENTS
a. Residential taxable gross receipts	1a.		
b. Residential rate (Use 6.0% for Electric, Gas, & all Telephone) (Use 2.4% for Steam & Heating Companies)	1b.	%	
c. Residential taxes due (line 1a x line 1b)	1c.		
2. Commercial sales - Number of taxable customers _____ Non-taxable gross receipts _____		DOLLARS	CENTS
a. Commercial taxable gross receipts	2a.		
b. Commercial rate (Use 6.0% for Electric, Gas, & all Telephone) (Use 2.4% for Steam & Heating Companies)	2b.	%	
c. Commercial taxes due (line 2a x line 2b)	2c.		
3. Industrial sales - Number of taxable customers _____ Non-taxable gross receipts _____		DOLLARS	CENTS
a. Industrial taxable gross receipts	3a.		
b. Industrial rate (Use 6.0% for Electric, Gas, & all Telephone) (Use 2.4% for Steam & Heating Companies)	3b.	%	
c. Industrial taxes due (line 3a x line 3b)	3c.		
4. Total Taxes (Lines 1(c) plus 2(c) plus 3(c))	4.		
5. Less credits for previous overpayments	5.		
6. Tax Due (line 4 minus line 5)	6.		
7. Penalty: "Failure To File Timely Return" (5% per month of the outstanding license fee due, not to exceed 25%)	7.		
8. Penalty: "Failure To Pay Amount Due" (5% of the outstanding license fee due)	8.		
9. Interest (Statutory prime rate based on RSMo Section 32.065; 3% of outstanding fee due)	9.		
10. Total Amount Due (sum of lines 6, 7, 8 and 9)	10.		
11. Amount Paid	11.		
12. Check if amended and brief reason for amendment	12.		
13. Date closed or no longer conducting business inside Kansas City, Missouri	13.		

M M / D D / Y Y

**DO NOT SEND CASH. Make check payable to: KCMO City Treasurer**

**Mail to: City of Kansas City, Missouri, Revenue Division, 414 E 12th Street, 2nd Floor - East, Kansas City, MO, 64106-2786**

For changes to name, address or FEIN/SSN, please contact us at revenue@kcmo.org or the phone number at the top of your return.

I authorize the Commissioner of Revenue or delegate to discuss my return and attachments with my preparer.

Yes  No

Under penalties of perjury, I declare this return to be a true, correct, and complete accounting for the taxable year stated.

Print Name of Taxpayer \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Preparer Name (if other than taxpayer) \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_