

# WAGE EARNER

RD-112 (09/09)

Phone (816) 513-1120

CITY OF KANSAS CITY, MISSOURI  
FINANCE DEPARTMENT  
REVENUE DIVISION  
414 EAST 12TH STREET  
2ND FLOOR EAST  
KANSAS CITY, MISSOURI 64106-2786

## WAGE EARNER APPLICATION FOR AUTOMATIC EXTENSION

(A separate extension form must be filed for each account)

An extension is granted for a period of six (6) months. This is not an extension of time for payment of taxes. This is a request for additional time to file your return. An automatic extension of time to file will be granted upon the timely receipt of tax due (line 3C) and a completed application for extension. If the extension of time is not granted, you will receive a denial notice.

**Extension payment must be 90% of the tax due to avoid penalty and interest**

### Section A

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State : \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Taxable Year: From : \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Extension payment must be 90% of the tax due to avoid penalty and interest**

### Section B

1. Is the taxable period less than 12 months?

( ) NO ( ) YES If YES, Please explain \_\_\_\_\_

2. State in detail the reason why the extension is needed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Tax Information:

a. Estimated Taxable earnings (or net profits) \$ \_\_\_\_\_

b. Tax due (1% of line 3a) \$ \_\_\_\_\_

c. Amount paid (should be the same as 3b) \$ \_\_\_\_\_ **(DO NOT SEND CASH)**

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

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

**FILE THIS FORM ON OR BEFORE DUE DATE OF RETURN (PLEASE SEE BACK)**

Write your Social Security Number or FEIN on check and make payable to City Treasurer/Revenue.

