



City of Platte City  
Finance Department  
400 Main St,  
Platte City, Mo 64079  
816-858-3915  
816-858-5402 fax

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

Type of Franchise:(*gas, electric, cable tv, landline, wireless*) \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

State Tax ID # \_\_\_\_\_

Period reported \_\_\_\_\_

Total Gross Receipt for period \_\_\_\_\_

Tax Rate - 5% of Total Gross Receipts \_\_\_\_\_

Tax Amount Due \_\_\_\_\_

Late Payment Interest Due 9% per month \_\_\_\_\_

Total Remittance \_\_\_\_\_

Signed \_\_\_\_\_

*I hereby declare that all information provided herein is true, complete and accurate to the best of my knowledge.*