

Core4 Tax Clearance Process & Contact List

Tax Clearance Process: The vendor must sign the attached forms RD-C3 form for the City of Kansas City, Missouri and the Multi-Jurisdictional Core 4 Property Tax Clearance Certification and e-mail or fax to the numbers listed below. The vendor should receive a letter or notice from the City of Kansas City, Missouri Revenue Department that certifies that their taxes are current. (Sample letter attached) Next the vendor should fill out the attached Multi-Jurisdictional Core 4 form and e-mail or fax to Jackson County, Johnson County and the Unified Government of Wyandotte County/Kansas City, Kansas. The vendor should receive three (3) responses from those entities that they are tax compliant. Those responses along with the letter from Kansas City, Missouri must be presented to the Unified Government Department of Procurement and Contract Compliance PRIOR to the Unified Government of Wyandotte County/Kansas City, Kansas issuing a Notice to Proceed to the successful vendor.



Jackson County, MO

Primary: Barbara Casamento, Purchasing Manager, Jackson County
bcasamento@jacksongov.org 816-881-3253



Johnson County, KS

Primary: Greg Baldwin, Deputy Treasurer, Johnson County, KS
taxinfo@jocogov.org 913-715-2609

Back Up: TFM-TreasuryServices@jocogov.org



Unified Government of Wyandotte County

Primary: Sharon Reed, Procurement Manager, UG
sreed@wycokck.org, 913-573-5465



Kansas City, MO

Primary: Cassy Midgyett, Interim Administrator Supervisor, Kansas City, MO
cassy.midgyett@kcmo.org 816-513-4929

Back Up: Eric Davison, Financial Manager of Operations, Kansas City, MO
Eric.davison@kcmo.org 816-513-4927

**MULTI-JURISDICTION- CORE4
PROPERTY TAX CLEARANCE CERTIFICATION**

(Jackson County, MO, Unified Government of Wyandotte County, KS & Johnson County, KS)

Business to Be Certified:

1. Business Name: _____

DBA Name: _____

2. Business Address: _____
Street City, State Zip

3. Contact Information: _____
Phone E-mail

Business Owner/Taxpayer To Be Certified (Attach additional sheets if more owners exist for your business.)

Owner Name: _____

Owner Residence Address: _____
Street City, State Zip

Authorization/Signature

This Authorization shall expire one (1) year from the latest date below certified and is renewed upon agency request.

I, the undersigned Business Owner/Taxpayer, hereby hold each CORE4 entity named below harmless from any and all liability relating to unauthorized disclosure of confidential tax information resulting from release of information related to this Core4 Tax Clearance Authorization under all applicable confidentiality laws including federal, state, or local, including any damages sustained by wrongful transmission of confidential tax information to any other person.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS AUTHORIZATION, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

Further, I hereby certify that I am the Owner/Taxpayer named herein or that I have the authority to execute this Authorization on behalf of the Owner/Taxpayer hereinabove named.

Owner/Taxpayer

CORE4 CERTIFICATION

I, the undersigned CORE4 representative, do hereby certify that property taxes levied for the preceding year against the owner/taxpayer shown above have either been paid in full, have been paid for the first half of the preceding year or that satisfactory evidence has been presented to this office that said owner/taxpayer had no taxable property for the preceding year. I further certify that property taxes levied for the preceding year against owner/taxpayer showing above have also been paid in full; have been paid for the first half of the preceding year or that satisfactory evidence has been presented to this office that said owner/taxpayer had no taxable property for the preceding year;

OR

Tax Clearance Not Granted Entity _____

Tax Clearance Not Granted Entity _____

Tax Clearance Not Granted Entity _____

JACKSON COUNTY, Missouri on this date: _____, by _____
Purchasing Agent/Mgr/ County Designee

UNIFIED GOVERNMENT/ KC, KS on this date: _____, by _____
Contract Compliance Officer/Designee

JOHNSON COUNTY, KS on this date: _____, by _____
County Treasurer/Designee



Phone: (816) 513-1135

Fax: (816) 513-1264

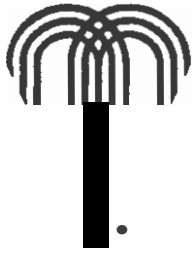
E-file: www.kcmo.org/revenue

Federal ID (FEIN)		
Name (Business Name and DBA)		
Address (include City, State & Zip)		
<input type="checkbox"/> Check this box if you wish to receive this letter by fax	Fax Number	
Request Submitted By (Print Name)	Title (If Applicable)	
Signature	Phone Number	Date

PLEASE ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING

PLEASE SEND COMPLETED FORM(S) TO:

Kansas City's Business Customer Service
Center 1118 Oak St.
Kansas City, MO 64106



KANSAS CITY
MISSOURI

Finance Department

Revenue Division

1118 Oak Street
Kansas City, MO 64106-2786

Phones (816) 513 1135
Fax1 (816) 513 1264
Email1 revenue@kcmo.org
kcmo.gov/revenue

Letter Id1 1.222222222
Date1 09-Jan*2015
Taxpayer Id1 ...*** J204

Tree Trimming LLC
123 Anywhere
KANSAS CITY MO 64134 1916

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This notice certifies that **Tree Trimming LLC** is current as of this date with all taxes and licenses under the jurisdiction of the City of Kansas City, Mo., Finance Department/Revenue Division.

This is a **SAMPLE** Tax Clearance Letter

Mr. Fred Jones
Commissioner of Revenue

IMPORTANT INFORMATION:

Due to the confidential nature of tax information, this notice is provided directly to the taxpayer.

Visit kcmo.gov/quicktax to view the status of your account and for online filing