

ENTER YOUR EIN: _____ - _____ - _____

OR

SSN: _____ - _____ - _____

PART 3 (continued)

- 12. List all Kansas registration numbers currently in use: _____
- 13. List all registration numbers that need to be closed due to the filing of this application: _____
- 14. Are you registered with Streamlined Sales Tax (SST)? No Yes If yes, enter your SST Identification No: S _____

PART 4 – LOCATION INFORMATION (If you have only one business location, complete Part 4. If you have more than one business location, complete Part 4 and Form CR-17, page 13, for each additional location.)

- 1. Trade Name of Business: _____
- 2. Business Location: _____
(Street address - Do not list PO Box)

(City)

(County)

(State)

(Zip Code)

- 3. Is the business location within the city limits? No Yes If yes, what city? _____
- 4. Describe your primary business activity: _____
Enter business classification NAICS Code (if known): _____
- 5. Business telephone number: () _____
- 6. Is your business engaged in renting or leasing motor vehicles? No Yes Are the leases for more than 28 days? No Yes
- 7. Is this location a hotel, motel, or bed and breakfast? No Yes If yes, number of sleeping rooms available for rent/lease: _____
- 8. Do you sell new tires and/or vehicles with new tires? No Yes Estimate your monthly tire tax (\$.25 per tire): \$ _____
- 9. If you are a dry cleaner or laundry retailer, do you have satellite locations or agents in businesses not classified as a dry cleaning or laundry facility? No Yes If yes, enclose additional page listing name, business type, address, city, state and zip code of each satellite location.
- 10. Are you a public water supplier making retail sales of water delivered through mains, lines, or pipes? No Yes
- 11. Do you make retail sales of motor vehicle fuels or special fuels? No Yes If yes, you must also have a Kansas Motor Fuel Retailers License. Complete and submit an application (MF-53) for each retail location.

PART 5 – SALES/COMPENSATING USE TAX

- 1. Date retail sales/compensating use began (or will begin) in Kansas under this ownership: ____ / ____ / ____
- 2. Do you operate more than one business location in Kansas? No Yes If yes, how many? _____ (Complete a Form CR-17 for each location in addition to the one listed in Part 4. Sales for all locations are reported on one return.)
- 3. Will sales be made from various temporary locations? No Yes
- 4. Do you ship or deliver merchandise to Kansas customers? No Yes
- 5. Do you purchase merchandise, equipment, fixtures and other items outside Kansas for your own use (not for resale) in Kansas on which you are not charged a sales tax? No Yes
- 6. Estimate your annual Kansas sales or compensating use tax liability:
 \$80 & under (annual filer) \$81 - \$3,200 (quarterly filer) \$3,201 - \$32,000 (monthly filer) \$32,001 - \$45,000 (Pre-paid monthly filer)
- 7. If your business is seasonal, list the months you operate: _____
- 8. Are you performing labor services in connection with the construction, reconstruction, or repair of commercial buildings or facilities?
 No Yes
- 9. Do you sell natural gas, electricity, or heat (propane gas, LP gas, coal, wood) to residential or agricultural customers? No Yes

PART 6 – WITHHOLDING TAX

- 1. Reason for Kansas withholding tax registration (check all that apply; see instructions).
 Withholding on wages; taxable payments other than wages; or pensions, annuities, or deferred compensation
 Withholding on Kansas taxable income of nonresident partners, shareholders or members of a partnership, S corporation, LLP or LLC
- 2. Date you began making payments subject to Kansas withholding: ____ / ____ / ____
- 3. Estimate your annual Kansas withholding tax:
 \$200 & under (annual filer) \$201 - \$1,200 (quarterly filer) \$1,201 - \$8,000 (monthly filer) \$8,001 - \$45,000 (semi-monthly filer)
- 4. If your withholding reports and returns are prepared by a payroll service, complete the following information about the payroll company:
Name: _____ EIN: ____ - _____ Phone: () _____
Address: _____ City _____ State _____ Zip Code _____

ENTER YOUR EIN: _____ - _____ - _____

OR

SSN: _____ - _____ - _____

PART 7 – CORPORATE INCOME TAX OR PRIVILEGE TAX

1. Date corporation began doing business in Kansas or deriving income from sources within Kansas: ____ / ____ / ____
2. What name and EIN will you be using to report federal income/expenses (if different than in Part 3, questions 2 and 6)?
Name: _____ EIN: _____ - _____ - _____
3. If your business is a financial institution, check the appropriate box: Bank Savings and Loan
4. Check type of tax year: Calendar Year Fiscal Year If fiscal year, provide year-end date: Month ____ Day ____
5. If your business is a cooperative or political subdivision, check the appropriate box: Cooperative Political Subdivision

PART 8 – LIQUOR ENFORCEMENT TAX

1. Date of first sale of alcoholic liquor: ____ / ____ / ____
2. Check type of license: Liquor Store Distributor Microbrewery Farm Winery
 Farm Winery Outlet Farmers Market Sales Permit Special Order Shipping

PART 9 – LIQUOR DRINK TAX

1. Date of first sale of alcoholic beverages: ____ / ____ / ____
2. Check type of license:
 Class "A" Club Class "B" Club Caterer Hotel (Entire premises)
 Hotel/Caterer Drinking Establishment Drinking Establishment/Caterer

PART 10 – CIGARETTE AND TOBACCO TAX

1. Do you make retail sales of cigarettes over-the-counter, by mail, by phone, or over the internet? No Yes If yes, you **must enclose** with this application, a check or money order for **\$25.00 for each location** and provide your e-mail or web page address:

2. Will you be the operator of cigarette vending machines? No Yes If yes, you **must enclose** Form CG-83 and list the serial number, location address, and manufacturer's brand name of each machine. Also, **enclose** a check or money order for **\$25.00 for each machine**.
3. Name of company/corporation with whom you have a fuel supply agreement and make retail sale of cigarette and tobacco products (e.g., Shell, BP, Phillips 66, Conoco): _____
4. Name of company/corporation with whom you have a retailing agreement and make retail sale of cigarette and tobacco products (e.g., Shell, BP, Phillips 66, Conoco): _____

PART 11 – NONRESIDENT CONTRACTOR (See instructions)

If registering for more than one contract, enclose a separate page for each contract.

1. Total amount of this contract: \$ _____
2. Required bond: \$1,000 8% of Contract 4% of Contract (Enclose a copy of the project exemption certificate)
3. List who contract is with: _____ Phone Number: _____
4. Location of Kansas project: _____
(Street Address) (City) (County)
5. Starting date of contract: ____ / ____ / ____
Estimated contract completion date: ____ / ____ / ____
6. Subcontractor's name (If more than one, please enclose an additional page): _____

(Street Address) (City) (State) (Zip Code)
7. Subcontractor's EIN: _____ - _____ - _____
8. Subcontractor's portion of contract: \$ _____

ENTER YOUR EIN: _____ - _____

OR

SSN: _____ - _____ - _____

PART 12 – OWNERSHIP DISCLOSURE AND SIGNATURE STATEMENT

List ALL owners, partners, corporate officers and directors. Provide the personal information and signatures of all persons who have control or authority over how business funds or assets are spent. If more space is needed, attach additional pages.

Certification: To the best of my knowledge and belief the information on this application is true, correct, and complete. If the business fails to report or pay appropriate state taxes, any individual who is responsible for the tax authorizes the Secretary of Revenue or his/her designee to research the credit history of the business or that individual.

_____ **X** _____
Printed full proper name of owner, partner or corporate officer Signature of owner, partner or corporate officer Date

SSN: _____ Title: _____

Home Address: _____
(Street Address) (City) (State) (Zip Code)

Home Telephone: () _____ Email Address: _____ Percent of Ownership: ____%

Do you have control or authority over how business funds or assets are spent? Yes No

Date that you became the owner, partner or corporate officer of this business: Month _____ Day _____ Year _____

_____ **X** _____
Printed full proper name of owner, partner or corporate officer Signature of owner, partner or corporate officer Date

SSN: _____ Title: _____

Home Address: _____
(Street Address) (City) (State) (Zip Code)

Home Telephone: () _____ Email Address: _____ Percent of Ownership: ____%

Do you have control or authority over how business funds or assets are spent? Yes No

Date that you became the owner, partner or corporate officer of this business: Month _____ Day _____ Year _____

_____ **X** _____
Printed full proper name of owner, partner or corporate officer Signature of owner, partner or corporate officer Date

SSN: _____ Title: _____

Home Address: _____
(Street Address) (City) (State) (Zip Code)

Home Telephone: () _____ Email Address: _____ Percent of Ownership: ____%

Do you have control or authority over how business funds or assets are spent? Yes No

Date that you became the owner, partner or corporate officer of this business: Month _____ Day _____ Year _____

_____ **X** _____
Printed full proper name of owner, partner or corporate officer Signature of owner, partner or corporate officer Date

SSN: _____ Title: _____

Home Address: _____
(Street Address) (City) (State) (Zip Code)

Home Telephone: () _____ Email Address: _____ Percent of Ownership: ____%

Do you have control or authority over how business funds or assets are spent? Yes No

Date that you became the owner, partner or corporate officer of this business: Month _____ Day _____ Year _____

Send this form and any payments to: Kansas Department of Revenue, 915 SW Harrison St., Topeka, KS 66625-9000 or fax to: (785) 291-3614. For assistance call (785) 368-8222.