

Dealer # _____ Folder# _____

Dealership Name _____

FEIN # _____

Total New Sales _____
Total Used Sales _____
Total Wholesale Sales _____

Dealer Address: _____

SS# _____

Total Taxable Sales _____
(excludes wholesale and ST8B)

Monthly Report for: _____

1

Purchaser: Name _____ Address _____ City _____ State _____ Zip Code _____ Date of Sale _____

Vehicle Information: _____
Year _____ Make _____ VIN _____ 30-Day Permit Number _____
Odometer Reading _____

Net Taxable Selling Price _____ Sales Tax Collected _____ ST 8# _____
 Issued ST 8B New Used Wholesale

2

Purchaser: Name _____ Address _____ City _____ State _____ Zip Code _____ Date of Sale _____

Vehicle Information: _____
Year _____ Make _____ VIN _____ 30-Day Permit Number _____
Odometer Reading _____

Net Taxable Selling Price _____ Sales Tax Collected _____ ST 8# _____
 Issued ST 8B New Used Wholesale

3

Purchaser: Name _____ Address _____ City _____ State _____ Zip Code _____ Date of Sale _____

Vehicle Information: _____
Year _____ Make _____ VIN _____ 30-Day Permit Number _____
Odometer Reading _____

Net Taxable Selling Price _____ Sales Tax Collected _____ ST 8# _____
 Issued ST 8B New Used Wholesale

4

Purchaser: Name _____ Address _____ City _____ State _____ Zip Code _____ Date of Sale _____

Vehicle Information: _____
Year _____ Make _____ VIN _____ 30-Day Permit Number _____
Odometer Reading _____

Net Taxable Selling Price _____ Sales Tax Collected _____ ST 8# _____
 Issued ST 8B New Used Wholesale

5

Purchaser: Name _____ Address _____ City _____ State _____ Zip Code _____ Date of Sale _____

Vehicle Information: _____
Year _____ Make _____ VIN _____ 30-Day Permit Number _____
Odometer Reading _____

Net Taxable Selling Price _____ Sales Tax Collected _____ ST 8# _____
 Issued ST 8B New Used Wholesale

By my signature, I swear or affirm that this is a true and correct statement. I am aware that law provides severe penalties for making false statements.

Name _____

Signature _____

Title _____

Instructions

- 1 All reports must be completed in full and signed.
- 2 Reports are due no later than the 20th of the following month.
- 3 A SEPARATE REPORT MUST BE SUBMITTED FOR EACH MONTH. If no sales, enter, "NO SALES"
- 4 Enter each temporary 30-day permit number issued, if applicable.
- 5 The TOTAL NUMBER of sales (vehicles) must be recorded, on the Sales Report Form and the Cover Sheet.
- 6 The TOTAL TAXABLE SALES (excluding wholesale and ST8's) must be recorded.
- 7 For OUT-OF-STATE SALES, enter the customers name and out-of-state address; leave Net Taxable Selling Price, Sales Tax Collected, and ST8# blank.
- 8 **YOUR COVER SHEET must accompany all sales reports (please place on top of reports).**
- 9 You must retain a copy of this report for 5 years.
- 10 You must use FEIN number if available.

REMINDER

Late Monthly Sales Reports will delay any 30-Day Permit orders and renewal of your dealers license.

MAIL MONTHLY REPORTS TO:

**Dealer Licensing Bureau
Post Office Box 2369
Topeka, Kansas 66601-2369**