

KANSAS BUSINESS TAX APPLICATION

RCN				
FOR OFFICE USE ONLY				


PART 1 – REASON FOR APPLICATION (check one):

Note: If registered but adding another business location, you need only complete Schedule CR-17 (page 13).

- New Business Registration of Additional Tax Type(s)

PART 2 – TAX TYPE (check the box for each tax type or license requested and complete the required Parts of this application):

- | | | |
|---|--|---|
| <input type="checkbox"/> Retailers' Sales Tax
(Complete Parts 1, 2, 3, 4, 5 & 12) | <input type="checkbox"/> Dry Cleaning Surcharge
(Complete Parts 1, 2, 3, 4, 5 & 12) | <input type="checkbox"/> Nonresident Contractor
(Complete Parts 1, 2, 3, 4, 5, 11 & 12) |
| <input type="checkbox"/> Retailers' Compensating Use Tax
(Complete Parts 1, 2, 3, 4, 5 & 12) | <input type="checkbox"/> Liquor Enforcement Tax
(Complete Parts 1, 2, 3, 4, 8 & 12) | <input type="checkbox"/> Water Protection / Clean Drinking Water Fee
(Complete Parts 1, 2, 3, 4, 5 & 12) |
| <input type="checkbox"/> Consumers' Compensating Use Tax
(Complete Parts 1, 2, 3, 4, 5 & 12) | <input type="checkbox"/> Liquor Drink Tax
(Complete Parts 1, 2, 3, 4, 9 & 12) | Are you interested in using an electronic or paperless option to file and pay the tax? <input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT: You must pay electronically if your annual sales, compensating use, or withholding tax liability exceeds \$45,000. Additionally, you must report W-2 and 1099 information electronically if you have 51 or more payees . See the instructions on page 4.  |
| <input type="checkbox"/> Withholding Tax
(Complete Parts 1, 2, 3, 4, 6 & 12) | <input type="checkbox"/> Cigarette Vending Machine Permit
(Complete Parts 1, 2, 3, 4, 5, 10 & 12) | |
| <input type="checkbox"/> Transient Guest Tax
(Complete Parts 1, 2, 3, 4, 5 & 12) | <input type="checkbox"/> Retail Cigarette License
(Complete Parts 1, 2, 3, 4, 5, 10 & 12) | |
| <input type="checkbox"/> Tire Excise Tax
(Complete Parts 1, 2, 3, 4, 5 & 12) | <input type="checkbox"/> Corporate Income Tax
(Complete Parts 1, 2, 3, 4, 7 & 12) | |
| <input type="checkbox"/> Vehicle Rental Excise Tax
(Complete Parts 1, 2, 3, 4, 5 & 12) | <input type="checkbox"/> Privilege Tax
(Complete Parts 1, 2, 3, 4, 7 & 12) | |

PART 3 – BUSINESS INFORMATION (please type or print):

- Type of Ownership (check one):

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Federal Government
<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other Government
<input type="checkbox"/> S Corporation Date of Incorporation: Month ____ Day ____ Year ____ State of Incorporation _____		
<input type="checkbox"/> C Corporation Date of Incorporation: Month ____ Day ____ Year ____ State of Incorporation _____		
- Business Name: _____
- Business Mailing Address: _____
(Street, Route or PO Box - include apartment, suite, or lot number)
- Business Telephone Number: _____ Business Fax Number: (____) _____
- Business Contact Person: (____) _____ Contact Telephone Number: (____) _____
- Federal Employer Identification Number (EIN): _____ - _____ (DO NOT enter Social Security number here)
- Accounting Method (check one): Cash Basis Accrual Basis
- Describe your primary (taxable) business activity: _____
Enter business classification NAICS Code (from Publication KS-1500; see instructions on page 5): _____
- Parent Company Name (if applicable): _____
Parent Company EIN: _____ - _____
Parent Company Address: _____
(Street, Route or PO Box - include apartment, suite, or lot number)
- Subsidiaries (if applicable): *If more than two, please enclose a separate sheet.*

Name: _____	EIN: _____ - _____
Company Address: _____ <small>(Street, Route or PO Box - include apartment, suite, or lot number)</small>	
(City) _____ (County) _____ (State) _____ (Zip Code) _____	
Name: _____	EIN: _____ - _____
Company Address: _____ <small>(Street, Route or PO Box - include apartment, suite, or lot number)</small>	
(City) _____ (County) _____ (State) _____ (Zip Code) _____	
- Have you or any member of your firm previously held a Kansas tax registration number? No Yes If yes, list previous number or name of business: _____
- List all Kansas registration numbers currently in use: _____

RECEIVED DATE				

ENTER YOUR EIN: _____ - _____ - _____

OR

SSN: _____ - _____ - _____

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? No Yes If yes, please provide your Streamlined Sales Tax Identification Number: 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 Schedule 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 an additional page listing the 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, Form MF-53, for each retail location.

PART 5 – SALES/COMPENSATING USE TAX

1. Date retail sales 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 Schedule 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) \$45,001 & over (Pre-paid monthly & required EFT 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) \$45,001 and over (required EFT)
4. If your tax reports and withholding returns are prepared by a payroll service, complete the following:
Payroll service name: _____ EIN: _____ - _____ - _____
Address: _____ City _____ State _____ Zip Code _____
Phone Number () _____

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.

Printed full proper name of owner, partner or corporate officer

X

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 _____

Printed full proper name of owner, partner or corporate officer

X

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 _____

Printed full proper name of owner, partner or corporate officer

X

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 _____

Printed full proper name of owner, partner or corporate officer

X

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.