



KANSAS Retailers' Sales Tax Return

Form ST-16 (Rev. 1/05)

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GENERAL INFORMATION

- The due date is the 25th day of the month following the ending date of this return.
- Keep a copy of your return for your records.
- You must file a return even if there were no taxable sales.
- Write your Tax Account Number on your check or money order and make payable to Retailers' Sales Tax. Send your return and payment to: Kansas Department of Revenue, 915 SW Harrison St., Topeka, KS 66625-5000.

PART I

LINE 1 - Enter the total gross receipts or sales for the reporting period. Do not include the sales tax in this figure.

LINE 2 - Enter the cost of tangible personal property consumed or used by you that was purchased without tax. For example, items removed from inventory and used by you.

LINE 3 - Enter the total allowable deductions from Part II, line O.

LINE 4 - Add lines 1 and 2, and subtract line 3. Enter the result on line 4.

LINE 5 - Multiply line 4 by the appropriate tax rate percentage and enter the result on line 5.

LINE 6 - Enter the amount from the credit memorandum issued by the Kansas Department of Revenue.

***If you are filing an amended return,
enter in the total amount previously
paid for this filing period.***

LINE 7 - Subtract line 6 from line 5 and enter the result on line 7.

LINE 8 - If filing a late return, enter the amount of penalty due. Penalty rate information can be found on our web site (below).

Instructions continued on back

LINE 9 - If filing a late return, enter the amount of interest due. Interest rate information can be found on our web site (below).

LINE 10 - Add lines 7, 8 and 9. Enter the result on line 10.

PART II

Complete lines A through N, if appropriate, and enter the total deductions on line O. Other allowable deductions must be itemized. Use a separate schedule if necessary.

Signature: Sign return on back of form.

TAXPAYER ASSISTANCE

If you have questions or need assistance completing this form, contact our office.

Taxpayer Assistance Center
Docking State Office Bldg., 1st floor
915 SW Harrison Street
Topeka, KS 66625-2007

Phone: 785-368-8222
Hearing Impaired TTY: 785-296-6461

www.ksrevenue.org

Detach and send with payment

ST-16

(Rev. 7/03)

Kansas Retailers' Sales Tax Return

FOR OFFICE USE ONLY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tax Account Number		EIN		
Beginning Date	Ending Date	Due Date	Jurisdiction Code	
Business Name and Address				

Part I

1. Gross Sales/Receipts	.
2. Merchandise Consumed	.
3. Deductions	.
4. Net Sales	.
5. Net Tax	.
6. Credit Memo	.
7. Subtotal	.
8. Penalty	.
9. Interest	.
10. Total Due	.

Tax Rate	%
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Date Business Closed

Amended Return

Additional Return

Name or Address Change

Payment Amount \$

Please Sign The Back of This Return

400203

Detach and send with payment

Part II (Deductions)

A. Sales to other retailers for resale. . . . .	.	A
B. Returned goods, discounts, allowances and trade-ins . . . . .	.	B
C. Sales to U.S. government, state of Kansas and Kansas political subdivision . . . . .	.	C
D. Sales of ingredient or component parts of tangible personal property produced . . . . .	.	D
E. Sales of items consumed in the production of tangible personal property . . . . .	.	E
F. Sales to nonprofit hospitals or nonprofit blood, tissue or organ banks . . . . .	.	F
G. Sales to nonprofit educational institutions . . . . .	.	G
H. Sales to qualifying sales tax exempt religious and nonprofit organizations . . . . .	.	H
I. Sales of farm equipment and machinery. . . . .	.	I
J. Sales of integrated production machinery and equipment . . . . .	.	J
K. Sales of alcoholic beverages . . . . .	.	K
L. Non-taxable labor services, original construction and residential remodeling. . . . .	.	L
M. Deliveries outside of Kansas . . . . .	.	M
N. Other allowable deductions . . . . .	.	N
O. Total Deductions (Enter amount here and on line 3, Part I).	O

I certify this return is correct.

Signature

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Daytime Phone Number