



Consumers' Compensating Use Tax (CT-10U)

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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 Consumers' Compensating Use Tax. Send your return and payment to: Kansas Department of Revenue, PO Box 758572 Topeka KS 66675-8572.

PART I

(complete Part II before completing Part I)

Line 1. Enter the total tax from Part II, line 9.

If your filing frequency is prepaid monthly, lines 2 and 3 must be completed. If your filing frequency is not prepaid monthly, skip lines 2 and 3 and proceed to line 4.

Line 2. If your filing frequency is prepaid monthly, enter the amount of the estimated tax due for the current calendar month of this return. A consumer whose total tax liability exceeds \$40,000 in any calendar year is required to pay the sales tax liability for the first 15 days of each month on or before the 25th day of that month. A consumer will be in compliance with this requirement if, on or before the 25th day of the month, the retailer paid 90% of the liability of that 15 day period, or 50% of the tax liability for the same month of the previous year. **Do not enter an amount less than zero.**

Line 3. If your filing frequency is prepaid monthly, enter the estimated amount from line 2 of last month's return.

Line 4. Add lines 1 and 2, and subtract line 3. Enter result.

Line 5. Enter the amount from any credit memorandum issued by the Department of Revenue. If filing an amended return, enter the total amount previously paid for this filing period.

Line 6. Subtract line 5 from line 4 and enter the result on line 6.

Line 7. If filing a late return, enter the amount of penalty due (see ksrevenue.org for current rates).

Line 8. If filing a late return, enter the amount of interest due (see ksrevenue.org for current rates).

Line 9. Add lines 6, 7 and 8 and enter the result.

PART II (Local Breakdown)

If more space is needed, complete Part II Supplement Schedule.

Taxing Jurisdiction. Enter the name of the city, county and jurisdiction code in which tax is due.

Column 1. Enter the jurisdiction that coincides with the name of the Kansas city and/or county where the purchased items will be used, stored or consumed. (Refer to your Jurisdiction Code Booklet, Pub. KS-1700.)

Column 2. Enter the total amount of taxable purchases made in another state and used, stored or consumed in Kansas.

Column 3. Enter the appropriate tax rate (see Pub. KS-1700).

Column 4. Multiply column 2 by column 3 for each tax jurisdiction.

Column 5. Enter the amount of tax paid to another state for purchases entered in Column 2. The amount entered in column 5 can not exceed amount in column 4.

Column 6. Subtract column 5 from column 4 and enter the result in column 6.

Line 7. Add all the figures in column 6, and enter the result on line 7.

Line 8. Enter the sum of all Part II supplement pages. Enter the total number of supplemental pages included with this return. Count front and back as separate pages.

Line 9. Add lines 7 and 8. Enter the total on line 9 and on line 1 of Part I.

TAXPAYER ASSISTANCE

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

By mail

Tax Operations
PO Box 758572
Topeka, KS 66675-8572

Walk-in

Taxpayer Assistance Center
Scott Office Building
120 SE 10th Ave.
Topeka, KS 66612-1103

Phone: 785-368-8222

Fax: 785-291-3614

ksrevenue.org

CT-10U

(Rev. 7/05)

Kansas Consumers' Compensating Use 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"/>
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432003



Business Name		
Mailing Address		
City	State	Zip Code

Tax Account Number	<input type="text"/>
EIN	<input type="text"/>
Due Date	<input type="text"/>

Tax Period	MM	DD	YY
Period Beginning Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Period Ending Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Business Closed Amended Return Additional Return Name or Address Change

Part I

- Total Tax (From Part II), line 9
- Estimated Tax Due For Next Month (See instructions)
- Estimated Tax Paid Last Month (See instructions)
- Total Tax (Add lines 1 and 2, and subtract line 3)
- Credit Memo (See instructions)
- Subtotal (Subtract line 5 from line 4)
- Penalty
- Interest
- Total Amount Due (Add lines 6, 7 and 8)

<input type="text"/>	1
<input type="text"/>	2
<input type="text"/>	3
<input type="text"/>	4
<input type="text"/>	5
<input type="text"/>	6
<input type="text"/>	7
<input type="text"/>	8
<input type="text"/>	9

I certify this return is correct.

Signature _____



Do Not Detach This Voucher

CT-10UV

(Rev. 7/05)

Kansas Consumers' Compensating Use Tax Voucher

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"/>
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Business Name		
Mailing Address		
City	State	Zip Code

Tax Account Number	<input type="text"/>
EIN	<input type="text"/>
Due Date	<input type="text"/>

Tax Period	MM	DD	YY
Period Beginning Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Period Ending Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount from line 2, above
Subtract line 2 from line 9
and enter here

<input type="text"/>

Daytime Phone Number: _____

Payment Amount \$



412203

