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Try our online business center – a secure, convenient, and simple way to manage all of your business tax accounts. Visit ksrevenue.org and sign into the KDOR Customer Service Center to get started.

- 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.
- 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, PO Box 3506 Topeka, KS 66601-3506
- **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 total allowable deductions from Part II, line O.
- **Line 4.** Add lines 1 and 2, and subtract line 3. Enter the result.
- **Line 5.** Multiply line 4 by the appropriate tax rate percentage and enter the result on line 5.

(Rev. 6-19)

- **Line 6.** 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 7. Subtract line 6 from line 5 and enter the result.
- **Line 8.** If filing a late return, enter the amount of penalty due (see ksrevenue.org for current rates).
- **Line 9.** If filing a late return, enter the amount of interest due (see ksrevenue.org for current rates).
- Line 10. Add lines 7, 8 and 9 and enter the result.

Signature. Sign your return on the back.

Complete lines A through N of Part II, if applicable, and enter the sum on line O. Other allowable deductions must be itemized. Use a separate schedule if necessary.

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

By mail

Tax Operations PO Box 3506 Topeka, KS 66601-3506

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**

SCROLL DOWN FOR RETURN return is 2 pages

		Detach and send with payment			
ST-16	Kansas	FOR OFFICE USE ONLY		Part I	
(Rev. 5/08)	Retailers' Sales Tax Return			Gross Sales/Receipts Merchandise	
Tax Account Number		EIN		Consumed 3. Deductions	
Beginning Date	_ Ending Date	Due Date	Jurisdiction Code	4. Net Sales	Tax Rate
				5. Net Tax	
Business Name and Address				6. Credit Memo	
				7. Subtotal	
				8. Penalty	
				9. Interest	
				10.Total Due	
Date Business Closed	Amended	Additional	Name or Address		
losed	Return	Return	Change I	Payment \$	
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Part II (Deductions)

ST-16 (Rev. 7/05)

I certify this return is correct.

A.	Sales to other retailers for resale	Α	
В.	Returned goods, discounts, allowances and trade-ins	В	
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	
Н.	Sales to qualifying sales tax exempt religious and nonprofit organizations	Н	
I.	Sales of farm equipment and machinery	1	
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	М	
N.	Other allowable deductions	N	
Ο.	Total Deductions (Enter amount here and on line 3, Part I)	0	

Daytime Phone Number