

KANSAS BUSINESS TAX APPLICATION

RCN

FOR OFFICE USE ONLY

PART 1 - REASON FOR APPLICATION

(Check the applicable box)

New Business

Registration of Additional Tax Types

NOTE: If you are currently registered but are adding another business location, you need only complete Schedule CR-17, on page 13 of Publication KS-1216.

PART 2 - TAX TYPE

- Check the box for each tax type or license requested and complete the required parts of this application shown below each tax or license.

Retailers' Sales Tax

(Complete parts 1, 2, 3, 4, 5, & 11)

Retailers' Compensating Use Tax

(Complete parts 1, 2, 3, 4, 5, & 11)

Consumers' Compensating Use Tax

(Complete parts 1, 2, 3, 4, 5, & 11)

Withholding Tax

(Complete parts 1, 2, 3, 4, 6 & 11)

Transient Guest Tax

(Complete parts 1, 2, 3, 4, 5, & 11)

Tire Excise Tax

(Complete parts 1, 2, 3, 4, 5, & 11)

Vehicle Rental Excise Tax

(Complete parts 1, 2, 3, 4, 5, & 11)

Dry Cleaning Surcharge

(Complete parts 1, 2, 3, 4, 5, & 11)

Liquor Enforcement Tax

(Complete parts 1, 2, 3, 4, 8, & 11)

Liquor Drink Tax

(Complete parts 1, 2, 3, 4, 9, & 11)

Cigarette Vending Machine Permit

(Complete parts 1, 2, 3, 4, 5, & 11)

Retail Counter Cigarette License

(Complete parts 1, 2, 3, 4, 5, & 11)

Nonresident Contractor

(Complete parts 1, 2, 3, 4, 5, 10 & 11)

Water Protection/Clean Drinking Water Fee

(Complete parts 1, 2, 3, 4, 5, & 11)

Corporate Income Tax

(Complete parts 1, 2, 3, 4, 7 & 11)

Privilege Tax

(Complete parts 1, 2, 3, 4, 7 & 11)

Are you interested in using an electronic or paperless option to file and pay the tax? Yes No

PART 3 - BUSINESS INFORMATION -- PLEASE TYPE OR PRINT

1. 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 _____ |

2. Business Name: _____

3. Business Mailing Address: _____
(Street, Route or PO Box: Include apartment number, suite number or lot number)

(City) (County) (State) (Zip Code)

4. Business Telephone Number: (____) _____ Business FAX #: (____) _____

5. Business Contact Person: _____ Contact Telephone Number: _____

6. Federal Employer's Identification Number (EIN): _____ - _____ (DO NOT enter Social Security number here)

7. Accounting Method (Check One): Cash Basis Accrual Basis

8. Describe your primary business activity: _____
 Enter business classification (if known): NAICS Code _____

9. Parent Company Name (if applicable): _____
 Parent Company EIN: _____ - _____
 Parent Company Address: _____
(Street, Route or PO Box: Include apartment number, suite number or lot number)

(City) (County) (State) (Zip Code)

10. Subsidiaries (if applicable) *If more than two, please enclose a separate sheet.*
- Name: _____ EIN: _____ - _____
- Company Address: _____
(Street, Route or PO Box: Include apartment number, suite number or lot number)
- (City) (County) (State) (Zip Code)
- Name: _____ EIN: _____ - _____
- Company Address: _____
(Street, Route or PO Box: Include apartment number, suite number or lot number)
- (City) (County) (State) (Zip Code)

11. Have you or any member of your firm previously held a Kansas tax registration number? No Yes If yes, please list previous number or name of business: _____
12. List all Kansas registration numbers currently in use: _____
13. List all Kansas registration numbers that need to be closed due to the filing of this application: _____

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 a 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) (State) (County) (School District) (Zip Code)
3. Is the business located within the city limits? No Yes If yes, what city? _____
4. Describe your primary business activity: _____
Enter business classification (if known): NAICS Code _____
5. Business Telephone Number: (_____) _____
6. Is your business engaged in the renting or leasing of motor vehicles? No Yes
If yes, are the leases for more than 28 days? No Yes
7. Do you make over-the-counter cigarette sales? No Yes If yes, enclose a \$25.00 fee with this application.
8. Will you be the operator of cigarette vending machines? No Yes If yes, you must enclose an additional page listing the serial number and manufacturer's brand name of each machine. Enclose a check or money order for \$25.00 for each machine with this application.
9. Is this location a hotel, motel or bed & breakfast? No Yes If yes, how many sleeping rooms are available for rent or lease? _____
10. Do you sell new tires and/or vehicles with new tires? No Yes Estimate your monthly tire tax (25 cents per tire). \$ _____
11. 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, please enclose an additional page listing the name, business type, address, city, state and zip code of each satellite location.
12. Are you a public water supplier making retail sales of water delivered through mains, lines or pipes? No Yes

PART 5 - SALES/COMPENSATING USE TAX

1. Date retail sales began (will begin) in Kansas under this ownership: Month _____ Day _____ Year _____
2. Do you operate more than one business location in Kansas? No Yes If yes, how many? _____
(Complete 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 and under (Annual Filer) \$81 to \$1,600 (Quarterly Filer)
 \$1,601 to \$32,000 (Monthly Filer) \$32,001 to \$100,000 (Pre Paid Monthly Filer) \$100,001 and above (EFT)
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, water or heat (propane gas, LP gas, coal, wood) to residential or agricultural customers?
 No Yes

PART 6 - WITHHOLDING TAX

- 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.
- Date you began making payments subject to Kansas withholding: Month _____ Day _____ Year _____
- Estimate your annual Kansas withholding tax:
 - \$200 and under (Annual Filer)
 - \$201 to \$1,200 (Quarterly Filer)
 - \$1,201 to \$8,000 (Monthly Filer)
 - \$8,001 to \$100,000 (Semi-Monthly Filer)
 - \$100,001 and above (EFT)
- If your tax reports and withholding returns are prepared by a payroll service, complete the following:

Payroll service name _____ EIN _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Phone number (_____) _____

PART 7 - CORPORATE INCOME TAX OR PRIVILEGE TAX

- Date corporation began doing business in Kansas or deriving income from sources within Kansas:

Month _____ Day _____ Year _____
- What name and EIN will you be using to report federal income/expenses (if different than Part 3, questions 2 and 6)?

Name: _____ EIN: _____ - _____ - _____
- If your business is a financial institution, check the appropriate box:
 - Bank
 - Savings and Loan
- Check type of tax year:
 - Calendar Year
 - Fiscal Year
 If fiscal year, provide year-end date: Month _____ Day _____
- If your business is a cooperative or political subdivision, check the appropriate box:
 - Cooperative
 - Political Subdivision

PART 8 - LIQUOR ENFORCEMENT TAX

- Date of first sale of alcoholic beverages: Month _____ Day _____ Year _____
- Check type of license:
 - Liquor Store
 - Distributor
 - Microbrewery
 - Farm Winery

PART 9 - LIQUOR DRINK TAX

- Date of first sale of alcoholic beverages: Month _____ Day _____ Year _____
- Check type of license:
 - Class "A" Club
 - Class "B" Club
 - Class "B" Reciprocal Club
 - Caterer
 - Drinking Establishment
 - Hotel (Entire premises)
 - DE/Caterer
 - Hotel/Caterer

PART 10 - NONRESIDENT CONTRACTOR - See instructions. If registering for more than one contract, enclose a separate page for each contract.

- Total amount of this contract: \$ _____
- Required bond:
 - \$1,000
 - 8% of Contract
 - 4% of Contract
 (Enclose a copy of the project exemption certificate)
- List who contract is with: _____ Phone number: (_____) _____
- Location of Kansas project: _____

(Street Address) (City) (County)
- Starting date of contract: Month _____ Day _____ Year _____


Estimated contract completion date: Month _____ Day _____ Year _____
- Subcontractor's name (If more than one, please enclose an additional page): _____

(Street Address) (City) (State) (Zip Code)
- Subcontractor's EIN: _____ - _____ - _____
- Subcontractor's portion of contract \$ _____

PART 11 - 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, please 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 _____  Signature of owner, partner or corporate officer _____ Date _____


SSN _____ Title _____

Home Address _____
(Street Address) (City) (State) (Zip Code)

Home Telephone (____) _____ Percentage 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 _____  Signature of owner, partner or corporate officer _____ Date _____


SSN _____ Title _____

Home Address _____
(Street Address) (City) (State) (Zip Code)

Home Telephone (____) _____ Percentage 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 _____  Signature of owner, partner or corporate officer _____ Date _____


SSN _____ Title _____

Home Address _____
(Street Address) (City) (State) (Zip Code)

Home Telephone (____) _____ Percentage 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 _____  Signature of owner, partner or corporate officer _____ Date _____

SSN _____ Title _____

Home Address _____
(Street Address) (City) (State) (Zip Code)

Home Telephone (____) _____ Percentage 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 _____

**Return this form and payment to: Kansas Department of Revenue
915 SW Harrison St., Topeka, KS 66625-9000 or Fax to: 785-291-3614
For assistance: In Topeka 368-8222; Outside Topeka toll-free 1-877-526-7738**