KANSAS BUSINESS TAX APPLICATION

RCN

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PART 1 – REASON FOR APPLICATION (mark one):

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

- ❒ Registering for additional tax type(s)
- ❒ Started a new business
- ❒ Purchased an existing business. Enter federal Employer ID Number (EIN) of previous owner: ___ ___ ___ ___ ___ ___ ___ ___ ___
  See instructions on page 2 for important Tax Clearance information.

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

- ❒ **Retailers' Sales Tax** (Complete Parts 1, 2, 3, 4, 5 & 12)
- ❒ **Retailers' Compensating Use Tax** (Complete Parts 1, 2, 3, 4, 5 & 12)
- ❒ **Consumers' Compensating Use Tax** (Complete Parts 1, 2, 3, 4, 5 & 12)
- ❒ **Withholding Tax** (Complete Parts 1, 2, 3, 4, 6 & 12)
- ❒ **Transient Guest Tax** (Complete Parts 1, 2, 3, 4, 5 & 12)
- ❒ **Tire Excise Tax** (Complete Parts 1, 2, 3, 4, 5 & 12)
- ❒ **Vehicle Rental Excise Tax** (Complete Parts 1, 2, 3, 4, 5 & 12)
- ❒ **Dry Cleaning Surcharge** (Complete Parts 1, 2, 3, 4, 5 & 12)
- ❒ **Liquor Enforcement Tax** (Complete Parts 1, 2, 3, 4, 8 & 12)
- ❒ **Liquor Drink Tax** (Complete Parts 1, 2, 3, 4, 9 & 12)
- ❒ **Cigarette Vending Machine Permit** (Complete Parts 1, 2, 3, 4, 5, 10 & 12)
- ❒ **Retail Cigarette/Electronic Cigarette License** (Complete Parts 1, 2, 3, 4, 5, 10 & 12)
- ❒ **Corporate Income Tax** (Complete Parts 1, 2, 3, 4, 7 & 12)
- ❒ **Privilege Tax** (Complete Parts 1, 2, 3, 4, 7 & 12)
- ❒ **Nonresident Contractor** (Complete Parts 1, 2, 3, 4, 5, 11 & 12)
- ❒ **Water Protection/Clean Drinking Water Fee** (Complete Parts 1, 2, 3, 4, 5 & 12)

IMPORTANT: Businesses are required to **electronically** file returns and/or reports for **Retailers' Sales**, **Compensating Use**, and **Withholding** tax . See the electronic file and pay options available to you on page 8 or visit **webtax.org**.

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

1. Type of Ownership (check one):
   ❒ Sole Proprietor ❒ Limited Partnership ❒ General Partnership
   ❒ Limited Liability Partnership ❒ Limited Liability Company ❒ Federal Government ❒ Other Government
   ❒ Non-Profit Corporation ❒ Other _____
   ❒ S Corporation Date of Incorporation: Month _____ Day _____ Year _____ State of Incorporation _____
   ❒ C Corporation Date of Incorporation: Month _____ Day _____ Year _____ State of Incorporation _____
2. Business Name: _____
3. Business Mailing Address (include apartment, suite, or lot number): _____
   City _____ County _____ State _____ Zip Code _____
4. Business Phone: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___ Business Fax: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___
   E-mail: _____
5. Business Contact Person: _____ Phone: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___
6. Federal Employer Identification Number (EIN): ___ ___ ___ ___ ___ ___ ___ ___ ___ (DO NOT enter Social Security number here)
7. Accounting Method (check one): ❒ Cash Basis ❒ Accrual Basis
8. Describe your primary (taxable) business activity: _____
   Enter business classification NAICS Code from Pub. KS-1500 (see instructions): _____
9. Parent Company Name (if applicable): _____
   Parent Company EIN: ___ ___ ___ ___ ___ ___ ___ ___ ___
   Parent Company Address (include apartment, suite, or lot number): _____
   City _____ County _____ State _____ Zip Code _____
10. Subsidiaries (if applicable). *If more than two, list them on a separate sheet and enclose it with this form.*
    Name: _____ EIN: ___ ___ ___ ___ ___ ___ ___ ___ ___
    Company Address (include apartment, suite, or lot number): _____
    City _____ County _____ State _____ Zip Code _____
    Name: _____ EIN: ___ ___ ___ ___ ___ ___ ___ ___ ___
    Company Address (include apartment, suite, 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, list previous number or or name of business: _____

(PART 3 continued on next page)

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ENTER YOUR EIN: ___ ___ ___ ___ ___ ___ ___ ___ ___ **OR** **SSN:** ___ ___ ___ ___ ___ __ ___ ___ ___

PART 3 *(continued)*

12. List all Kansas registration numbers currently in use: _____
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 (SST)? ❒ No ❒ Yes If yes, enter your SST ID #: 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 Form CR-17, page 13, for each additional location.)

1. Trade Name of Business: _____
2. Business Location (include apartment, suite, or lot number): _____
   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 phone 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: _____
   If 3 rooms or less, do you have retail sales or rentals other than those included in the price of the sleeping accommodations?
   ❒ No ❒ Yes
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 a schedule with 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 (MF-53) for each retail location.

PART 5 – SALES/COMPENSATING USE TAX

1. Date retail sales/compensating use 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 Form 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 - $3,200 (quarterly filer) ❒ $3,201 - $32,000 (monthly filer) ❒ $32,001 and above (pre-paid monthly filer)
7. If your business is seasonal, list the months you operate: _____
8. Do you perform 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. Date you began making payments subject to Kansas withholding: _____ _____ _____
2. 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 (quad-monthly filer)
3. If your withholding reports and returns are prepared by a payroll service, complete the following information about the payroll company:
   Name: _____ EIN: __ __ __ __ __ __ __ __ __ Phone: __ __ __ __ __ __ __ __ __ __
   Address: _____ City _____ State _____ Zip Code _____

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 or Microdistillery ❒ Other
   ❒ Farm Winery/Outlet ❒ Special Order Shipping ❒ Farmers Market Sales Permit

PART 9 – LIQUOR DRINK TAX

1. Date of first sale of alcoholic beverages: _____ _____ _____
2. Check type of license: ❒ Class "A" or "B" Club ❒ Public Venue ❒ Caterer ❒ Other
   ❒ Hotel or Hotel/Caterer ❒ Drinking Establishment ❒ Drinking Establishment/Caterer

PART 10 – CIGARETTE AND TOBACCO TAX

1. Do you make retail sales of regular and/or electronic 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 <u>each</u> <u>location</u>** and provide your e-mail or web page address: _____
2. If you sell regular cigarettes (not e-cigarettes), provide the name of your wholesaler(s): _____
3. If you sell electronic cigarettes, provide the name of your wholesaler(s): _____
4. Will you be the operator of cigarette vending machines? ❒ No ❒ Yes If yes, **enclose** Form CG-83 listing the machine brand name and serial number for each machine, along with the DBA name and location address where each machine will be located. Also **enclose** a check or money order for **$25.00 for <u>each</u> <u>machine</u>**.
5. Name of the company/corporation with whom you have a fuel supply agreement/retailing agreement (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: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
4. Location of Kansas project (include apartment, suite, or lot number): _____
   City _____ County _____ State _____ Zip Code _____
5. Starting date of contract: _____ _____ _____ Estimated contract completion date: _____ _____ _____
6. Subcontractor's name (If more than one, 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.

______________________________ X ______________________________
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 phone: __ __ __ __ __ __ __ __ __ __ E-mail: ______________________ 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 ________

______________________________ X ______________________________
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 phone: __ __ __ __ __ __ __ __ __ __ E-mail: ______________________ 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 ________

______________________________ X ______________________________
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 phone: __ __ __ __ __ __ __ __ __ __ E-mail: ______________________ 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 ________

______________________________ X ______________________________
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 phone: __ __ __ __ __ __ __ __ __ __ E-mail: ______________________ 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 66612-1588 or fax to: (785) 291-3614.
For assistance call (785) 368-8222.