

KANSAS BUSINESS TAX APPLICATION

RCN

FOR OFFICE USE ONLY

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):

- | | | |
|---|---|---|
| <input type="checkbox"/> Retailers' Sales Tax
(Complete Parts 1, 2, 3, 4, 5 & 12)
<input type="checkbox"/> Retailers' Compensating Use Tax
(Complete Parts 1, 2, 3, 4, 5 & 12)
<input type="checkbox"/> Consumers' Compensating Use Tax
(Complete Parts 1, 2, 3, 4, 5 & 12)
<input type="checkbox"/> Withholding Tax
(Complete Parts 1, 2, 3, 4, 6 & 12)
<input type="checkbox"/> Transient Guest Tax
(Complete Parts 1, 2, 3, 4, 5 & 12)
<input type="checkbox"/> Tire Excise Tax
(Complete Parts 1, 2, 3, 4, 5 & 12)
<input type="checkbox"/> Vehicle Rental Excise Tax
(Complete Parts 1, 2, 3, 4, 5 & 12) | <input type="checkbox"/> Dry Cleaning Surcharge
(Complete Parts 1, 2, 3, 4, 5 & 12)
<input type="checkbox"/> Liquor Enforcement Tax
(Complete Parts 1, 2, 3, 4, 8 & 12)
<input type="checkbox"/> Liquor Drink Tax
(Complete Parts 1, 2, 3, 4, 9 & 12)
<input type="checkbox"/> Cigarette Vending Machine Permit
(Complete Parts 1, 2, 3, 4, 5, 10 & 12)
<input type="checkbox"/> Retail Cigarette/Electronic Cigarette License
(Complete Parts 1, 2, 3, 4, 5, 10 & 12)
<input type="checkbox"/> Corporate Income Tax
(Complete Parts 1, 2, 3, 4, 7 & 12)
<input type="checkbox"/> Privilege Tax
(Complete Parts 1, 2, 3, 4, 7 & 12) | <input type="checkbox"/> Nonresident Contractor
(Complete Parts 1, 2, 3, 4, 5, 11 & 12)
<input type="checkbox"/> 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):

<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

 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): NA
 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: NA 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: NA

(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: NA
- 13. List all registration numbers that need to be closed due to the filing of this application: NA
- 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 **DOES NOT APPLY**

- 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 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.

Printed full proper name of owner, partner or corporate officer

SSN: Individual receiving services Social Security Number

Home address: Individual receiving services address
(Street Address)

Home phone: Individual's Phone E-mail: Individuals 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 _____
Signature of owner, partner or corporate officer Date

Title: _____

(City) (State) (Zip Code)