

KANSAS BUSINESS TAX APPLICATION

301018

PART 1 – REASON FOR APPLICATION (mark one)

NOTE: If registered but adding another business location, you need only complete CR-17 (page 11).

- ☐ 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.

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FOR OFFICE USE ONLY

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

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|---|--|---|
| ☐ Retailers' Sales Tax
(Complete Parts 1, 2, 3, 4, 5 & 12) | ☐ Dry Cleaning Surcharge
(Complete Parts 1, 2, 3, 4, 5 & 12) | ☐ Nonresident Contractor
(Complete Parts 1, 2, 3, 4, 5, 11 & 12) |
| ☐ Retailers' Compensating Use Tax
(Complete Parts 1, 2, 3, 4, 5 & 12) | ☐ Liquor Enforcement Tax
(Complete Parts 1, 2, 3, 4, 8 & 12) | ☐ Water Protection/Clean Drinking Water Fee
(Complete Parts 1, 2, 3, 4, 5 & 12) |
| ☐ Consumers' Compensating Use Tax
(Complete Parts 1, 2, 3, 4, 5 & 12) | ☐ Liquor Drink Tax
(Complete Parts 1, 2, 3, 4, 9 & 12) | IMPORTANT: Businesses are required to electronically file returns and/or reports for Kansas Retailers' Sales, Compensating Use, Withholding, Liquor Drink, Liquor Enforcement, Cigarette, Consumable Materials and Tobacco taxes. See the electronic file and pay options available to you on page 13, or visit our website at ksrevenue.gov . |
| ☒ Withholding Tax
(Complete Parts 1, 2, 3, 4, 6 & 12) | ☐ Cigarette Vending Machine Permit
(Complete Parts 1, 2, 3, 4, 10 & 12) | |
| ☐ Transient Guest Tax
(Complete Parts 1, 2, 3, 4, 5 & 12) | ☐ Retail Cigarette/Electronic Cigarette License
(Complete Parts 1, 2, 3, 4, 10 & 12) | |
| ☐ Tire Excise Tax
(Complete Parts 1, 2, 3, 4, 5 & 12) | ☐ Corporate Income Tax
(Complete Parts 1, 2, 3, 4, 7 & 12) | |
| ☐ Vehicle Rental Excise Tax
(Complete Parts 1, 2, 3, 4, 5 & 12) | ☐ Privilege Tax
(Complete Parts 1, 2, 3, 4, 7 & 12) | |

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 ☐ Limited Liability Sole Member ☐ Other: _____
☐ S Corporation Date of Incorporation: _____ State of Incorporation: _____
☐ C Corporation Date of Incorporation: _____ State of Incorporation: _____
2. Business Name: Client's Name Here
3. Business Mailing Address (include apartment, suite, or lot number): 3300 SW 29th St Suite 100
City: _____ County: _____ State: _____ Zip Code: _____
4. Business Phone: 785-273-7189 Business Fax: 785-273-3816
Email: shannon@lifepatternsks.org
5. Business Contact Person (By filling out Part 3, line 5 of this Business Tax Application you authorize this person or entity to receive, discuss and inspect confidential tax information on your behalf with the Kansas Department of Revenue. This authorization will remain in effect until you revoke it.):
Name: Shannon Wagner, CFO SSN: _____
Country: Shawnee Contact Address: 3300 SW 29th St Suite 100
City: _____ State: _____ Zip Code: _____ County: _____
Phone: 785-273-7189 Email: shannon@lifepatternsks.org
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: Attendant Care Services
Enter business classification NAICS Code (see instructions on page 5): 621610 Home Health Care
9. Parent Company Name (if applicable): _____
Parent Company EIN: NA
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: _____

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ENTER YOUR EIN: _____

OR

SSN: _____

PART 3 – (continued)

11. Have you or any member of your firm previously held a Kansas tax registration number? ☐ No ☐ Yes If yes, list previous number or name of business: NA
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 SST ID #: S

PART 4 – LOCATION INFORMATION (If you have only one business location, complete Part 4. If you have more than one location, complete Part 4 and form CR-17 for each additional location. This form is on page 11).

1. Trade name of business: Client's Name Here
2. Business Location (include apartment, suite, or lot number): Client's Address
City: City County: County State: State Zip Code: Zip
3. Is the business location within the city limits? ☐ No ☐ Yes If yes, what city? City
4. Describe your primary business activity: Home Health Care Drink
Enter business classification NAICS Code (see instructions on page 5): 621610
5. Business phone number: 785-273-7189
6. Is your business engaged in renting or leasing motor vehicles? ☐ Yes ☒ No Are the leases for more than 28 days? ☐ Yes ☐ No
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? ☐ Yes ☐ No
8. Do you sell new tires and/or vehicles with new tires? ☐ Yes ☒ No 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? ☐ Yes ☒ No
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 application form **MF-53** for each retail location.

PART 5 – SALES TAX AND 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 (page 11)) 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? ☐ Yes ☐ No
4. Do you ship or deliver merchandise to Kansas customers? ☐ Yes ☐ No
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? ☐ Yes ☐ No
6. Estimate your annual Kansas sales or compensating use tax liability:
☐ \$400 and under (annual filer) ☐ \$401 - \$4,000 (quarterly filer) ☐ \$4,001 and more (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?
☐ Yes ☐ No
9. Do you sell natural gas, electricity, or heat (propane gas, LP gas, coal, wood) to residential or agricultural customers? ☐ Yes ☐ No
10. Are you a remote seller? (See instructions) ☐ Yes ☐ No
11. Are you a marketplace facilitator? (See instructions) ☐ Yes ☐ No
12. As a marketplace facilitator, do you wish to report your retailer's compensating use tax collected from direct sales made by you separately from the tax you collected from sales you facilitated on behalf of marketplace sellers? ☐ Yes ☐ No

ENTER YOUR EIN: _____

OR

SSN: _____

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: Life Patterns Inc. EIN: 47-2743209 Phone: 785-273-7189
 City: Topeka County: Shawnee State: KS Zip Code: 66614
4. Did you hire a home health provider; commonly referred to as a Financial Management Service (FMS), to report withholding for this registration? ☐ No ☒ Yes If yes, provide name and Employer ID Number (EIN) of the FMS.
 Name: Life Patterns Inc. EIN: 47-2743209

PART 7 – CORPORATE INCOME TAX OR PRIVILEGE TAX

1. Date corporation began doing business in Kansas or deriving income from sources within Kansas: _____
2. Name and EIN you will use to report federal income/expenses (if different than what is reported 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 sales of alcoholic liquor: _____
2. Check type of license: ☐ Retail Liquor Store ☐ Distributor ☐ Microbrewery or Microdistillery ☐ Producer
☐ Farm Winery/Outlet ☐ Special Order Shipping ☐ Farmers Market Sales Permit ☐ Other
3. Will you be selling other goods or services in addition to alcoholic liquor? ☐ Yes ☐ No

PART 9 – LIQUOR DRINK TAX

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

PART 10 – CIGARETTE TAX AND CONSUMABLE MATERIAL 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 for each location** and provide your email 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 for each machine**.
5. Name of the company/corporation with whom you have a fuel supply agreement/retailing agreement (e.g., Shell, BP, Phillips 66, Conoco):

6. If you are a distributor or manufacturer of consumable material, or if you are a retailer who sells consumable material on which the consumable material tax has not been paid, you must complete and submit form **EC-1, Application for Consumable Material Tax Registration**, to the Department of Revenue.

ENTER YOUR EIN: _____

OR

SSN: _____

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: \$ _____

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.

Client's Name Here _____ Printed full proper name of owner, partner, or corporate officer SSN: 000-00-0000 _____ Home address: Client's Address _____ Home phone: Phone _____ Email: Email Address _____ Do you have control or authority over how business funds or assets are spent? ☐ No ☒ Yes Date that you became the owner, partner, or corporate officer of this business: _____	X Sign Here _____ Signature of owner, partner, or corporate officer Date Title: Home Care Services Recipient HCSR City KS Zip _____ City State Zip Code Percent of Ownership: 100 % Do you have control or authority over how business funds or assets are spent? ☐ No ☒ Yes Date that you became the owner, partner, or corporate officer of this business: _____
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_____ Printed full proper name of owner, partner, or corporate officer SSN: _____ Home address: _____ Home phone: _____ Email: _____ Do you have control or authority over how business funds or assets are spent? ☐ No ☐ Yes Date that you became the owner, partner, or corporate officer of this business: _____	X _____ Signature of owner, partner, or corporate officer Date Title: _____ City State Zip _____ City State Zip Code Percent of Ownership: _____ % Do you have control or authority over how business funds or assets are spent? ☐ No ☐ Yes Date that you became the owner, partner, or corporate officer of this business: _____
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_____ Printed full proper name of owner, partner, or corporate officer SSN: _____ Home address: _____ Home phone: _____ Email: _____ Do you have control or authority over how business funds or assets are spent? ☐ No ☐ Yes Date that you became the owner, partner, or corporate officer of this business: _____	X _____ Signature of owner, partner, or corporate officer Date Title: _____ City State Zip _____ City State Zip Code Percent of Ownership: _____ % Do you have control or authority over how business funds or assets are spent? ☐ No ☐ Yes Date that you became the owner, partner, or corporate officer of this business: _____
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Send this form and any payments to: **Kansas Department of Revenue, PO Box 3506, Topeka KS 66625-3506**
 or FAX to 785-291-3614. For assistance call 785-368-8222.