



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: \_\_\_\_\_
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?  No  Yes If yes, please provide your Streamlined Sales Tax Identification Number: 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 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) (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 telephone 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. Do you make retail sales of 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 each location** to cover the required fee.  
 If you plan to sell cigarettes over the internet, by phone, or via mail order, provide your e-mail or web page address: \_\_\_\_\_
8. Will you be the operator of cigarette vending machines?  No  Yes If yes, you **must enclose** an additional page listing the serial number, location addresses, and manufacturer's brand name of each machine. Also, **enclose** a check or money order for **\$25.00 for each machine** to cover the required fee.
9. Is this location a hotel, motel, or bed and breakfast?  No  Yes If yes, number of sleeping rooms available for rent/lease: \_\_\_\_\_
10. Do you sell new tires and/or vehicles with new tires?  No  Yes Estimate your monthly tire tax (\$.25 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, 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
13. 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, Form MF-53, for each retail location.

**PART 5 – SALES/COMPENSATING USE TAX**

1. Date retail sales 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 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 & under (annual filer)  \$81 - \$3,200 (quarterly filer)  
 \$3,201 - \$32,000 (monthly filer)  \$32,001 - \$45,000 (Pre-paid monthly filer)  \$45,001 & over (Pre-paid monthly & required EFT filer)
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

ENTER YOUR EIN: \_\_\_\_\_ - \_\_\_\_\_

**OR**

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Estimate your annual Kansas withholding tax:
  - \$200 & under (annual filer)
  - \$201 - \$1,200 (quarterly filer)
  - \$1,201 - \$8,000 (monthly filer)
  - \$8,001 - \$45,000 (semi-monthly filer)
  - \$45,001 and over (required 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 Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

**PART 7 – CORPORATE INCOME TAX OR PRIVILEGE TAX**

- Date corporation began doing business in Kansas or deriving income from sources within Kansas: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 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: \_\_\_\_\_ - \_\_\_\_\_
- 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Check type of license:
  - Liquor Store
  - Distributor
  - Microbrewery
  - Farm Winery

**PART 9 – LIQUOR DRINK TAX**

- Date of first sale of alcoholic beverages: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Check type of license:
 

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Class "A" Club | <input type="checkbox"/> Class "B" Club         | <input type="checkbox"/> Class "B" Reciprocal Club |
| <input type="checkbox"/> Caterer        | <input type="checkbox"/> Drinking Establishment | <input type="checkbox"/> Hotel (Entire premises)   |
|   | <input type="checkbox"/> DE/Caterer             | <input type="checkbox"/> 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
 

Estimated contract completion date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 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: \$ \_\_\_\_\_