Tired of paper and postage?



Use **KS WebTax**, a quick, easy, smart way to get your Business Taxes where you want them to be - DONE! Visit <u>webtax.org</u> to log-in.

## GENERAL INFORMATION

- The due date is the 25<sup>th</sup> day of the month following the ending date of this return.
- Keep a copy of your return for your records.
- You must file a return even if there were no taxable sales.
- Write your Tax Account Number on your check or money order and make payable to Consumers' Compensating Use Tax. Send your return and payment to: Kansas Department of Revenue, 915 SW Harrison Street, Topeka, KS 66612-1588.

## PART I – You must complete Part II before completing Part I.

- LINE 1 Enter the total tax from Part II, line 9.
  - If your filing frequency is prepaid monthly, lines 2 and 3 must be completed.
  - If your filing frequency is not prepaid monthly, skip lines 2 and 3 and proceed to line 4.
- LINE 2 Enter the amount of estimated tax due for the following calendar month of this return. A consumer whose total tax liability exceeds \$32,000 in any calendar year is required to pay the sales tax liability for the first 15 days of each month on or before the 25<sup>th</sup> day of the month. A consumer will be in compliance with this requirement if, on or before the 25<sup>th</sup> day of the month, the consumer paid 90% of the liability of that 15 day period, or 50% of the tax liability for the same month of the previous year. DO NOT ENTER AN AMOUNT LESS THAN ZERO.
- **LINE 3** If your filing frequency is prepaid monthly, enter the estimated amount from line 2 of last month's return.
- **LINE 4 -** Add lines 1 and 2, and subtract line 3. Enter the result on line 4.
- **LINE 5** Enter the amount of any credit memorandum issued by the Kansas Department of Revenue.

If you are filing an amended return, enter in the total amount previously paid for this filing period.

- LINE 6 Subtract line 5 from line 4 and enter the result on line 6.
- **LINE 7 -** If filing a late return, enter the amount of penalty due. Penalty rate information is on our web site (below).
- **LINE 8** If filing a late return, enter the amount of interest due. Interest rate information is on our web site (below).
- LINE 9 Add lines 6, 7 and 8. Enter the result on line 9.

## PART II (Location Breakdown)

- If additional room is needed, complete Part II Supplement Schedule.
- **Taxing Jurisdiction -** If the tax jurisdiction is not complete or is incorrect, enter the name of the city, county and jurisdiction code in which tax is due.
- Column 1 Enter the jurisdiction code that coincides with the name of the Kansas city and/or county where the purchased items will be used, stored or consumed. (Refer to your Jurisdiction Code Booklet.)
- **Column 2 -** Enter the total amount of taxable purchases made in another state and used, stored or consumed in Kansas.
- **Column 3 -** Enter the appropriate tax rate according to the Jurisdiction Code Booklet.
- **Column 4 -** Multiply column 2 by column 3 for each taxing jurisdiction.
- **Column 5** Enter the amount of tax paid to another state for purchases entered in Column 2. The amount entered in column 5 can not exceed amount in column 4.
- **Column 6 -** Subtract column 5 from column 4 and enter the result in column 6.
- **LINE 7** Add all the figures in column 6, and enter the result on line 7.
- **LINE 8** Enter the sum of all Part II supplement pages. Enter the total number of supplemental pages included with this return. Count front and back as separate pages.
- LINE 9 Add lines 7 and 8. Enter this amount on line 9 and on Part I. line 1.

## TAXPAYER ASSISTANCE

Taxpayer Assistance Center Docking State Office Bldg., 1st floor 915 SW Harrison Street: Topeka, KS 66612-1588

Phone: 785-368-8222 Hearing Impaired TTY: 785-296-6461

www.ksrevenue.org

Tax Account Number  EIN  Due Date  Tax Period MM DD YY  Period Beginning Date	<b>CT-10U</b> (Rev. 7/05)	Kansas Consumers' Compensating Use Tax Return	FOR OFFICE	USE ONLY		43200	03	
Cory  State Description Descri					Tax Account Number			
City  Case 20 Cade  Tax Puriod  MM DD YY  Perce Biograting Date  Per	Mailing Address							
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					Amount from line 2, above			



## Kansas Consumers' Compensating Use Tax Return

432103

Business Name	EIN  Period Beginning Date Period Ending Date Period Total Taxable  (3) Combined Tax Rate % Net Tax  Tax Paid in Another State  (6) Tax Due						
Tax Account Number		EIN					
Taxing Jurisdiction City/County	(1) Code	(2) Total Taxable	(3) Combined Tax Rate %	(4) Net Tax	(5) Tax Paid in Another	(6) Tax Du	e
					7. Total Tax Due (Part II)		
	Number of supp s included with th		8. S	um of additional Pa	art II supplemental pages		
		9. Total	 Tax (Add lines 7 an	d 8. Enter result he	ere and on line 1, Part I).		



# CT-10U Part II Kansas Consumers' Compensating Use Tax Return

432203

ness Name							
Business Name						M DD	Y
Account Number		EIN			Period Beginning Date Period Ending Date		
Taxing Jurisdiction	(1) Code	(2) Total Taxable	(3) Combined	(4) Net Tax	(5) Tax Paid in Another State	(6) Tax Due	_
Taxing Jurisdiction City/County	Code	Total Taxable	Tax Rate %	Net Tax	State	Tax Due	_



# CT-10U Part II Kansas Consumers' Compensating Use Tax Return

432203

ness Name							
Business Name						M DD	Y
Account Number		EIN			Period Beginning Date Period Ending Date		
Taxing Jurisdiction	(1) Code	(2) Total Taxable	(3) Combined	(4) Net Tax	(5) Tax Paid in Another State	(6) Tax Due	_
Taxing Jurisdiction City/County	Code	Total Taxable	Tax Rate %	Net Tax	State	Tax Due	_