KANSAS Consumers' Compensating Use Tax Return

Form CT-10U (Rev. 11/13)

GENERAL INFORMATION

- The due date is the 25th 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 25th day of the month. A consumer will be in compliance with this requirement if, on or before the 25th 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

CT-10U
(Rev. 7/05)

Kansas Consumers' Compensating Use Tax Return

432003

Business Name

Mailing Address

City

State

Zip Code

Tax Account Number

EIN

Due Date

Tax Period	MM	DD	YY
Period Beginning Date			
Period Ending Date			

Date Business Closed

Amended Return

Additional Return

Name or Address Change

Part I

1. Total Tax (From Part ll), line 9 . . . . **1**

2. Estimated Tax Due For Next Month (See instructions) **2**

3. Estimated Tax Paid Last Month (See instructions) **3**

4. Total Tax (Add lines 1 and 2, and subtract line 3) **4**

5. Credit Memo (See instructions) **5**

6. Subtotal (Subtract line 5 from line 4) **6**

7. Penalty **7**

8. Interest **8**

9. Total Amount Due (Add lines 6, 7 and 8). **9**

I certify this return is correct.

Signature _____

Do Not Detach This Voucher

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Kansas Consumers' Compensating Use Tax Voucher

Business Name

Mailing Address

City

State

Zip Code

Tax Account Number

EIN

Due Date

Tax Period	MM	DD	YY
Period Beginning Date			
Period Ending Date			
Amount from line 2, above			
Subtract line 2 from line 9 and enter here			

Daytime Phone Number: _____

Payment Amount $

412203

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Part II

Kansas Consumers' Compensating Use Tax Return

432103

Business Name						MM	DD	YY
					Period Beginning Date			
Tax Account Number		EIN			Period Ending Date			

Taxing Jurisdiction City/County	(1) Code	(2) Total Taxable	(3) Combined Tax Rate %	(4) Net Tax	(5) Tax Paid in Another State	(6) Tax Due

Total Number of supplemental pages included with this return.

7. Total Tax Due (Part ll).

8. Sum of additional Part ll supplemental pages.

9. Total Tax (Add lines 7 and 8. Enter result here and on line 1, Part I).

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Part II Supplement

Kansas Consumers' Compensating Use Tax Return

432203

Business Name

Tax Account Number

EIN

		MM	DD	YY
Period Beginning Date				
Period Ending Date				

Taxing Jurisdiction City/County	(1) Code	(2) Total Taxable	(3) Combined Tax Rate %	(4) Net Tax	(5) Tax Paid in Another State	(6) Tax Due

7. Total Tax (Add totals in column 6. Enter result here and on line 8, Part II).

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Part II Supplement

Kansas Consumers' Compensating Use Tax Return

432203

Business Name

Tax Account Number

EIN

	MM	DD	YY
Period Beginning Date			
Period Ending Date			

Taxing Jurisdiction City/County	(1) Code	(2) Total Taxable	(3) Combined Tax Rate %	(4) Net Tax	(5) Tax Paid in Another State	(6) Tax Due

7. Total Tax (Add totals in column 6. Enter result here and on line 8, Part II).