

Consumers' Compensating Use Tax (CT-10U)

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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 St., Topeka, KS 66612-1588.

PART I

(complete Part II before completing Part I)

Line 1. Enter the total tax from Part II, line 9.

If your filing frequency <u>is</u> prepaid monthly, lines 2 and 3 must be completed. If your filing frequency <u>is</u> <u>not</u> prepaid monthly, skip lines 2 and 3 and proceed to line 4.

- Line 2. If your filing frequency is prepaid monthly, enter the amount of the estimated tax due for the current calendar month of this return. A consumer whose total tax liability exceeds \$40,000 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 that month. A consumer will be in compliance with this requirement if, on or before the 25th day of the month, the retailer 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 result.
- **Line 5.** Enter the amount from any credit memorandum issued by the Department of Revenue. If filing an amended return, enter 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 (see ksrevenue.org for current rates).

Line 8. If filing a late return, enter the amount of interest due (see ksrevenue.org for current rates).

Line 9. Add lines 6, 7 and 8 and enter the result.

PART II (Local Breakdown)

If more space is needed, complete Part II Supplement Schedule.

Taxing Jurisdiction. Enter the name of the city, county and jurisdiction code in which tax is due.

Column 1. Enter the jurisdiction 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, Pub. KS-1700.)

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 (see Pub. KS-1700).

Column 4. Multiply column 2 by column 3 for each tax 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 the total on line 9 and on line 1 of Part I.

TAXPAYER ASSISTANCE

If you have questions or need assistance completing this form, contact our office.

By mail

Tax Operations

Docking State Office Building
915 SW Harrison St.

Topeka, KS 66612-1588

Walk-in

Taxpayer Assistance Center Scott Office Building 120 SE 10th Ave. Topeka, KS

Phone: 785-368-8222 Fax: 785-291-3614 **ksrevenue.org**

Tax Account Number EIN Due Date Tax Period MM DD YY Period Beginning Date	CT-10U (Rev. 7/05)	Kansas Consumers' Compensating Use Tax Return	FOR OFFICE	USE ONLY		43200	03	
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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	_