



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, PO Box 758572 Topeka KS 66675-8572.

PART I (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.** 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
PO Box 750680
Topeka, KS 66625-0680

Walk-in

Taxpayer Assistance Center
Scott Office Building
120 SE 10th Ave.
Topeka, KS 66612-1103

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

CT-10U

(Rev. 7/05)

Kansas Consumers' Compensating Use Tax Return

FOR OFFICE USE ONLY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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432003



Business Name		
Mailing Address		
City	State	Zip Code

Tax Account Number	<input type="text"/>
EIN	<input type="text"/>
Due Date	<input type="text"/>

Tax Period	MM	DD	YY
Period Beginning Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Period Ending Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Business Closed Amended Return Additional Return Name or Address Change

Part I

- Total Tax (From Part II), line 9
- Estimated Tax Due For Next Month (See instructions)
- Estimated Tax Paid Last Month (See instructions)
- Total Tax (Add lines 1 and 2, and subtract line 3)
- Credit Memo (See instructions)
- Subtotal (Subtract line 5 from line 4)
- Penalty
- Interest
- Total Amount Due (Add lines 6, 7 and 8)

<input type="text"/>	1
<input type="text"/>	2
<input type="text"/>	3
<input type="text"/>	4
<input type="text"/>	5
<input type="text"/>	6
<input type="text"/>	7
<input type="text"/>	8
<input type="text"/>	9

I certify this return is correct.

Signature _____



Do Not Detach This Voucher

CT-10UV

(Rev. 7/05)

Kansas Consumers' Compensating Use Tax Voucher

FOR OFFICE USE ONLY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Business Name		
Mailing Address		
City	State	Zip Code

Tax Account Number	<input type="text"/>
EIN	<input type="text"/>
Due Date	<input type="text"/>

Tax Period	MM	DD	YY
Period Beginning Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Period Ending Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount from line 2, above
Subtract line 2 from line 9
and enter here

Daytime Phone Number: _____

Payment Amount

\$



412203



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

Total Number of supplemental pages included with this return.

7. Total Tax Due (Part II).

8. Sum of additional Part II supplemental pages.

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





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).

