



## 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 3506, Topeka, KS 66625-3506.

### PART I

(Complete Part II before completing Part I)

- Line 1.** Enter the total tax from Part II, line 9.
- Line 2.** 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 3.** Subtract line 2 from line 1 and enter the result on line 6.
- Line 4.** If filing a late return, enter the amount of penalty due (see [ksrevenue.gov](http://ksrevenue.gov) for current rates).
- Line 5.** If filing a late return, enter the amount of interest due (see [ksrevenue.gov](http://ksrevenue.gov) for current rates).
- Line 6.** Add lines 3, 4 and 5 and enter the result.

### PART II (Local Breakdown)

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

**Tax on Food Checkbox.** Check the box if you are reporting compensating use tax on eligible food or food ingredients that are exempt from a portion of the state sales tax rate. If you need to report compensating use tax on both qualified food items

and other items, you will need to add two lines for the same jurisdiction and check the Tax on Food checkbox to report the qualified food items and enter the appropriate percentage rate.

**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. (see **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 3506  
Topeka KS 66625-3506

#### By Appointment

Go to [ksrevenue.gov](http://ksrevenue.gov) to set up an appointment at the Topeka or Overland Park office by using the Appointment Scheduler.

Phone: 785-368-8222

Fax: 785-291-3614

[ksrevenue.gov](http://ksrevenue.gov)



# CT-10U

(Rev. 1-23)

## 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"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

432022



|                 |       |          |
|-----------------|-------|----------|
| Business Name   |       |          |
| Mailing Address |       |          |
| City            | State | Zip Code |

|                       |                      |
|-----------------------|----------------------|
| Tax Account Number    | <input type="text"/> |
| Employer ID Number    | <input type="text"/> |
| Due Date              | <input type="text"/> |
| <b>Tax Period</b>     | <b>MM DD YY</b>      |
| Period Beginning Date | <input type="text"/> |
| Period Ending Date    | <input type="text"/> |

|                      |                      |                |                      |                   |                      |                        |                      |
|----------------------|----------------------|----------------|----------------------|-------------------|----------------------|------------------------|----------------------|
| Date Business Closed | <input type="text"/> | Amended Return | <input type="text"/> | Additional Return | <input type="text"/> | Name or Address Change | <input type="text"/> |
|----------------------|----------------------|----------------|----------------------|-------------------|----------------------|------------------------|----------------------|

### Part I

- Total tax due from Part III.....
- Credit memo (see instructions).....
- Subtotal (subtract line 2 from line 1).....
- Penalty.....
- Interest.....
- Total amount due (add lines 3, 4 and 5).....

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

I certify this return is correct.

Signature \_\_\_\_\_



Do Not Detach This Voucher

# CT-10UV

(Rev. 1-23)

## 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"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|



|                 |       |          |
|-----------------|-------|----------|
| Business Name   |       |          |
| Mailing Address |       |          |
| City            | State | Zip Code |

|                        |                      |
|------------------------|----------------------|
| Tax Account Number     | <input type="text"/> |
| EIN                    | <input type="text"/> |
| Due Date               | <input type="text"/> |
| <b>Tax Period</b>      | <b>MM DD YY</b>      |
| Period Beginning Date  | <input type="text"/> |
| Period Ending Date     | <input type="text"/> |
| Amount Due from line 6 | <input type="text"/> |

Daytime Phone Number: \_\_\_\_\_

Payment Amount \$



412222





