

KANSAS SALES AND USE TAX REFUND APPLICATION

465001

Complete this application using the instructions that begin on page 3. **Entries are required on all fields marked with an asterisk (*).** An incomplete application and missing documentation will delay the processing of your refund.

| PART A - RETAILER (VENDOR) | |
|-----------------------------------|------------------------------------|
| *Business Name | *Employer ID Number (EIN) |
| *Business Address | *Kansas Tax Account Number |
| *City, State, Zip Code | Previous Kansas Tax Account Number |
| *Contact Person | *Telephone Number |
| Email Address | Fax Number |

No Yes Retailer/Vendor authorizes KDOR to discuss this refund request with any employee of the company and not only the contact person listed above which prepared the request. A DO-10 (POA) is still required documentation if the request is prepared/filed by a 3rd party.

Source of refund: Retailer filing for tax they paid Retailer filing for tax paid by their customer
 Consumer filing for tax paid to a vendor Consumer filing for tax paid directly to the state

Did the consumer receive a refund or credit? No Yes If yes, enclose a copy of the credit or cancelled check.

| PART B - CLAIMANT (CONSUMER) | |
|-------------------------------------|---|
| *Claimant Name | *Employer ID Number (EIN) or Social Security Number (SSN) |
| *Claimant Address | |
| *City, State, Zip Code | |
| *Contact Person | *Daytime Phone Number |
| Email Address | Fax Number |

No Yes Claimant/Consumer authorizes KDOR to discuss this refund request with any employee of the company and not only the contact person listed above which prepared the request. A DO-10 (POA) is still required documentation if the request is prepared/filed by a 3rd party.

| PART C - REFUND INFORMATION | |
|------------------------------------|---------------------------|
| Total Refund Request: \$ | Refund Request Period(s): |

Check the refund type and provide applicable exemption certificates (**see instructions beginning on page 4**):

- | | |
|---|---|
| <input type="checkbox"/> Manufacturing Machinery & Equipment, K.S.A.79-3606(kk) pg 4 <input type="checkbox"/> Consumed in Production, K.S.A.79-3606(n) pg 5 <input type="checkbox"/> Ingredient or Component Part, K.S.A.79-3606(m) pg 5 <input type="checkbox"/> Business or Retail Business Project, K.S.A.79-3606(cc) or 79-3606(hhhh) pg 5 | <input type="checkbox"/> Hospital, School, Political Subdivision Project, K.S.A. 79-3606(d) pg 6 <input type="checkbox"/> U.S. Government Project, K.S.A.79-3606(e) pg 6 <input type="checkbox"/> Motor Vehicle Refund pg 7 <input type="checkbox"/> Other (please explain) _____ _____ |
|---|---|

**You are required to complete Part D (page 9). Retailer should complete Part E (page 10).
If the retailer does not respond, the claimant will need to complete Part F (page 11).**

I declare under penalties of perjury that to the best of my knowledge this is a true, correct, and complete application.

Signature of Retailer (**ONLY** owner, partner, company officer or POA) Date

Signature of Claimant (**ONLY** owner, partner, company officer or POA) Date

No Yes I agree to accept all written notices sent by the Department electronically, in lieu of written notice sent first class mail, and waive any objection to the legal sufficiency of any such notice because it was sent electronically.

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ASSIGNMENT OF RIGHT TO REFUND

Pursuant to K.S.A. 79-3650(a)(4)

Retailer assignment of right to allow purchaser/consumer to file refund request directly with the Kansas Department of Revenue

- (1) My name is _____, and I am a duly authorized representative of _____ (the "Assignor/Retailer"). By executing this Assignment of Right to a Refund ("Assignment"), the Assignor/Retailer assigns all rights and interest to the tax refund herein described that the Assignor/Retailer may have to _____ (the "Assignee/Consumer"), subject to the limitation noted herein. The Assignee's/Consumer's federal Employer Identification Number (EIN) is _____.
- (2) The tax refund that is subject of this Assignment is described as follows:
 Tax Type: _____ Period(s): _____
 Requested Amount: _____
 Transactions: _____ (Attach schedule if necessary)
 Please explain other specific limitations: _____
- (3) The Assignor/Retailer agrees to provide to the Assignee/Consumer any information or documentation in their possession needed for submission to the Kansas Department of Revenue to support or prove the refund request. Assignor/Retailer waives confidentiality to the extent necessary for the Kansas Department of Revenue to verify the tax sought to be refunded was remitted to the Kansas Department of Revenue.
- (4) By executing this Assignment, the Assignor/Retailer affirms that the Assignor/Retailer remitted the tax sought to be refunded and has neither previously claimed a refund nor taken a credit on a return for taxes that are subject of this Assignment, and further affirms that the Assignor/Retailer will not claim a refund or a credit for those taxes in the future in accordance with K.S.A. 79-3615(j).
- (5) The Assignor/Retailer understands the Assignor/Retailer shall be subject to the penalties of K.S.A. 79-3615(h) for any false information provided in this statement. [\$500 to \$10,000 fine and one to six months imprisonment]

| | |
|---|------------------------|
| _____ | _____ |
| Assignor/Retailer Entity Name | Tax Account Number |
| _____ | _____ |
| Print or type the name of the person authorizing assignment | Relationship to Entity |
| _____ | _____ |
| Signature of person authorizing assignment | Date |
| _____ | _____ |
| Email address | Phone Number |

I certify under penalties of perjury that, to the best of my knowledge, all of the information and statements made in this Assignment of Right to Refund are true and correct.

STATE OF KANSAS)
) SS:
 COUNTY OF _____)

This Assignment of Right to Refund was acknowledged before me on _____, 20 _____ by

_____ as _____
 Name of Assignor/Retailer and Official Capacity (officer, superintendent, business manager, etc.)

Notary Public: _____

My appointment expires: _____

AFFIDAVIT

This refund application is being submitted directly to the Kansas Department of Revenue without the participation of the retailer for the following reason:

- The retailer is no longer in business.
- The retailer has moved and the Consumer cannot locate the Retailer.
- The Consumer attempted in good faith to obtain a refund from the Retailer and provides documentation that the Retailer refused or is unable to refund the tax or did not act within 60 days of the date of the first refund request. "Good Faith" means that the consumer provided the retailer with all of the documentation and information needed to determine the validity of the refund request and has otherwise made a reasonable attempt to obtain the refund from the retailer. This includes making a reasonable attempt to find the correct address of the retailer. A mere request that a retailer agrees to allow the consumer to file a refund claim directly with the department, without completing the Assignment of Right to Refund form, shall not constitute a good faith attempt to obtain the refund from the retailer. (Retailers may be contacted.)

A copy of the certified letter and mail receipt to the retailer must be attached to the refund request.

On _____ the first refund request and required documents were sent to the retailer.
(Date)

I certify under penalties of perjury that, to the best of my knowledge, all of the information and statements made in this Affidavit are true and correct.

(Claimant/Consumer's Signature) (Date)

STATE OF KANSAS)
) SS:
COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me on _____, 20____ by _____

Notary Public: _____

My appointment expires: _____