



APPLICANT INFORMATION

- Check this box if you are applying as a qualified disabled veteran who has been honorably discharged and has a 100% disability or is deemed totally disabled or unemployable and the disability is permanent (Complete Part A)
- Check this box if you are applying as a surviving spouse on behalf of a qualified deceased veteran (Complete Part B)
- Check this box if you are requesting to change your name, spouse's name, household member name, or address of record
- Check this box if you were previously issued a card and it has been lost, stolen, damaged, or needs replaced

PART A - INFORMATION FOR QUALIFIED DISABLED VETERAN

Are you a Kansas resident? Yes No You must be a Kansas resident to qualify for the disabled veteran sales tax exemption card.

Veteran Full Name (First, Middle initial, Last)		Veteran SSN		
Mailing Address	City	State	Zip	County
Telephone Number	Email Address			
Spouse Full Name (if applicable)		Spouse SSN		
Household Member Name (if applicable)				

PART B - INFORMATION FOR SURVIVING SPOUSE OF A QUALIFIED DISABLED VETERAN

Was the veteran a Kansas resident at the time of death? Yes No Enter date of death _____

Veteran Full Name (First, Middle initial, Last)		Veteran SSN		
Surviving Spouse Full Name		Surviving Spouse SSN		
Mailing Address	City	State	Zip	County
Telephone Number	Email Address			
Household Member Name (if applicable)				

CERTIFICATION OF APPLICANT

- Yes No Do you agree to give permission for a Kansas Office of Veterans Services (KOVs) or Kansas Department of Revenue (KDOR) representative to verify your application information with the U.S. Department of Veterans Affairs (VA). Selecting no will not prevent approval of your application, but may result in longer processing time and further communication with you to determine eligibility.
- I hereby certify under penalties of perjury, the information provided above is true and accurate. I agree to notify the Kansas Department of Revenue within thirty (30) days of any change that may affect my qualifying status in this exemption program.

Signature of Veteran _____ Date _____

Signature of Surviving Spouse _____ Date _____

QUALIFICATIONS

The Kansas Disabled Veteran Sales Tax Exemption creates a sales tax exemption beginning July 1, 2026, for purchases of tangible personal property and services by a qualified disabled veteran who has been honorably (Honorably or General (under honorable conditions)) discharged and has a 100% disability or is deemed totally disabled or unemployable and the disability is permanent.

- Exempt purchases are limited to and shall not exceed \$24,000 per calendar year.
- This sales tax exemption shall apply only to purchases that are used or will be used for the personal use of the eligible person or their spouse.
- Qualified individuals will be issued a sales tax exemption card listing their name, sales tax exemption number, issue date, expiration date, spouse name (if applicable), and household member name (if applicable). This shows who is authorized to make purchases on their behalf.
- An authorized household member includes one additional person only if residing with the qualified disabled veteran.
- The surviving spouse of a qualified disabled veteran who was eligible for a sales tax exemption at the time of the qualified disabled veterans death is eligible to receive the sales tax exemption until remarrying.

The following purchases are NOT exempt from sales tax: motor vehicles, alcoholic beverages, tobacco products, electronic cigarettes, consumable material for electronic cigarettes, and any purchases made for the production of income.

REQUIRED ATTACHMENTS

- The VA Award letter or VA Benefit Summary Letter and Certificate of Release or Discharge from Active Duty (DD Form 214, Member 4 copy) must be included / uploaded with this application. Please contact the Kansas Office of Veterans Services for assistance in obtaining these documents at 1-800-513-7731 or kcva.webmaster@ks.gov.
- If veteran is deceased, a copy of the death certificate will be required.
- If the address listed above is not a Kansas address, you will need to provide proof of residency: cancelled mail, USPS Change of address form, utility bill, lease agreement, valid Kansas drivers license / ID card.

TAXPAYER ASSISTANCE

Please submit your completed application and required documentation to:

Kansas Department of Revenue
PO Box 3506
Topeka KS 66625-3506
Phone: 785-368-8222
Fax: 785-296-2073

To obtain additional information and apply online, please visit:
www.ksrevenue.gov/vetsalesexempt.html