Promoting Employment Across Kansas (PEAK)

Research and Analysis 109 SW 9 th Street PO Box 3506		Telephone: (785) 296-3081 FAX: (785) 296-7928	
	eka KS 66601-3506	Date	
(1)	Name of taxpayer:	EIN of taxpayer:	
(2)	Individual contact for taxpayer:	Name	
	Email Address	Telephone Number Fax Number	
(3)	Mailing address of taxpayer:	Box Number and/or Street Number and Name	
	City:	Zip:Zip:	
(4)	For the taxable year beginning,, and ending,,		
(5)	Year of participation in PEAK for this ta	payer:	
	 1st year of participation 2nd year of participation 3rd year of participation 4th year of participation 		
(6)	Number of actual jobs created as a direct result of participation in PEAK.		
(7)	Additional payroll generated as a direct result of the actual jobs created		
(8)	Additional sales or revenue generated as a direct result of participation in PEAK.		
(9)	Additional Kansas sales tax (state and local) paid or collected by this taxpayer and remitted to the Kansas Department of Revenue due to sales or purchases made in Kansas as a direct result of participation in PEAK.		
(10)	Through your participation in PEAK did	you:	
	 Construct a new facility in Kansa Purchase an existing facility in K 		
(11)	Amount of capital investment made in Kansas due to the participation in PEAK		
(12)	Additional Kansas property tax paid based on capital investment made in		
(13)	Additional Kansas income tax paid on of participation in PEAK.	creased profits as a direct result	
l decl	are under the penalties of perjury that to the	pest of my knowledge this is a true, correct, and complete application.	
	Name of Taxpayer (please type or	rint) Name of Authorized Representative (please type or print)	

Signature of Authorized Representative

INSTRUCTIONS

K.S.A. 74-50,217 requires that the Kansas Department of Revenue collect specific information in relation to the tax benefits that have been received pursuant to the promoting employment across Kansas act (PEAK). The requested information must be completed annually by each participating business and will be used in evaluating the PEAK program.

This information must be provided to the Kansas Department of Revenue no later than the 15th day of the fourth month following the end of the taxable year. This form may be mailed to kansas Department of Revenue, Research and Analysis, PO Box 3506, Topeka, KS 66601-3506, faxed to 785-296-7928, or emailed to kathleen.smith@ks.gov.

- Line (1) Enter the name and EIN of the taxpayer that is participating in PEAK.
- Line (2) Print the name, email address, telephone number, and fax number of the individual to be contacted regarding this information.
- Line (3) Enter the complete mailing address of the taxpayer.
- Line (4) Enter the taxable year for which this information pertains to.
- Line (5) Indicate the year of participation in the PEAK program.
- Line (6) Enter the number of actual jobs this taxpayer has created during the tax period referenced in line 5 as a direct result of participation in the PEAK program.
- Line (7) Enter the total compensation paid during this tax period for the employees identified on line (6).
- Line (8) Enter the sales or other revenue generated during this tax period as a direct result of participation in the PEAK program.
- Line (9) Enter the additional Kansas sales tax (both state and local) paid or collected during this tax period by this taxpayer due to sales generated or purchases made in Kansas as a direct result of participation in the PEAK program during this tax period as a direct result of participation in the PEAK program.
- Line (10) Indicate the type of investment made in Kansas.
- Line (11) Indicate the amount of investment which has been made in Kansas as a direct result of participation in PEAK.
- Line (12) Enter the amount of property tax paid based on capital investment made in Kansas as a direct result of participation in PEAK.
- Line (13) Enter the amount of additional income tax paid on increased profits as a direct result of participation in PEAK.
- Signature The name of the taxpayer as well as the authorized representative should be typed or printed in the area provided. The authorized representative must also sign the application and provide a phone number where they can be reached during business hours.