



QUALIFIED DISABLED VETERAN'S REQUEST FOR SALES TAX REFUND

Effective July 1, 2026, K.S.A. 79-3606h allows a sales tax exemption on qualifying purchases for disabled veterans who have met certain qualifications. Eligible purchases for the sales tax exemption cannot exceed \$24,000 per calendar year.

In accordance with K.S.A. 79-3650, prior to submitting a refund claim to Kansas Department of Revenue you must first contact the retailer where you made your purchase to request a refund. You must allow 60 days for the retailer to respond to your request. If the retailer has not responded to your request within 60 days; if they refuse to refund you; or you cannot contact them, you may request a refund from Kansas Department of Revenue. You must submit proof that you attempted to contact the retailer.

Refund applications may only be submitted for tax totaling \$50 or more.

CLAIMANT INFORMATION				
Name of Veteran or Spouse			Social Security Number (SSN)	
Address of Claimant				
City	State	Zip Code		
Name of Contact Person			Veteran Exemption Number	
Contact Person Email Address				

DOCUMENTATION NEEDED

- Copy of *legible* retailer receipts/invoices included in the refund request.
- Complete the summary of all receipts/invoices included in the refund request below. Attach additional sheets if necessary.
- Complete date below indicating you have first contacted the Retailer for your refund. If you have contacted the retailer by email, attach those emails to this refund request form.

Purchase Date	Retailer Name	Date Retailer Contacted for Refund	Purchase Amount	Tax Paid
Total				

Send this form and copy of paperwork to:

Kansas Department of Revenue
Audit Services - Veteran Refunds
PO Box 3506
Topeka KS 66601-3506
Email: KDOR_Audit.Funds@KS.gov
Phone: (785) 296-7108 Fax: (785) 296-0531

By signing this form, I declare under the penalties of perjury that (1) to the best of my knowledge information provided above is true and correct, (2) a refund has not been requested from the retailer(s) listed above in addition to submitting the refund to the State of Kansas, (3) I attempted in good faith to first obtain the refund from the retailer, (4) I have not made exempt purchases that have exceeded the \$24,000.00 threshold within a calendar year, and (5) the purchases above were made for the benefit of the eligible person.

Signature of Claimant

Date

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