

Retailers' Compensating Use Tax (CT-9U)

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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 Retailers' Compensating Use Tax. Send your return and payment to: Kansas Department of Revenue, PO Box 3506, Topeka KS 66625-3506.

PART I (Complete Part III, then Part II before completing Part I)

- Line 1. Enter the total tax from Part III, line 11.
- **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 result.
- **Line 4.** If filing a late return, enter the amount of penalty due (see **ksrevenue.gov** for current rates).
- **Line 5.** If filing a late return, enter the amount of interest due (see **ksrevenue.gov** for current rates).
- Line 6. Add lines 3, 4 and 5 and enter the result.

PART II (Deductions)

Complete lines A through K, if applicable, and enter the sum on line L. Other allowable deductions must be itemized. Use a separate schedule if necessary.

PART III

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

Tax on Food Checkbox. Check the box if you are reporting retailers' compensating use tax on eligible food or food ingredients that are exempt from the state sales tax rate. If you need to report retailer's 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 city/county where the Kansas customer took delivery/ possession of the purchased item(s). (See **Pub. KS-1700**).
- **Column 2.** Enter the gross receipts or sales during the tax period, both taxable and non-taxable. DO NOT include the sales taxes collected in this figure.
- **Column 3.** Enter the allowable deductions. All deductions must be itemized in Part II.
- Column 4. Enter the appropriate tax rate. (See Pub. KS-1700).
- **Column 5.** Subtract column 3 from column 2 and multiply the result by column 4 for each tax jurisdiction. Enter result.
- **Column 6.** Enter the state abbreviation code to receive the discount. Only retailers in MO, NE, and OK are entitled to a discount when filing and paying by the due date.
- **Column 7.** Multiply amount shown in column 5 by the applicable state discount rate and enter the result. The reciprocal discount is allowed only to retailers located in three states surrounding Kansas. The return must be filed and tax paid timely to receive the discount.
- **Column 8.** Subtract column 7 from column 5 and enter the result. **Line 9.** Add all the figures in column 8, and enter the result.
- **Line 10.** 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 11. Add lines 9 and 10. Enter total on line 11 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** 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



CT-9U Kansas Retailers' Compensating Use Tax Return

FOR OFFICE USE ONLY										

CT-9U Part I and Part II 130122	

	•			Amount Due from line 6			
				Amount Dura frag. 11. 0			
	State	Zip Code		Period Ending Date			
				Period Beginning Date			
				Tax Period	мм	DD	YY
				Due Date			
				EIN			
				Tax Account Number			
Kansas Retailers' Compensating Use Tax Voucher	FOR OFFICE U	JSE ONLY			CT-9UV 4101		
	· Do Not Detac	ch This V	oucher		• • • • • • • • • • • • • • • • • • • •		
I certify this Signature	return is correct.						
	-						
·							
E. Sales of items consumed in the pro	duction of tang	gible pers	onal prope	erty			
D. Sales of ingredient or component pa	arts of tangible	e persona	I property	produced			
C. Sales to U.S. government, state of	Kansas and Ka	ansas po	litical subd	ivision			
•							
Deductions)							
ь. Total amount due (add lines 3, 4 an	10 5)						
•							
3. Subtotal (subtract line 2 from line 1))						
2. Credit memo (see instructions)							
Total tax due from Part III							
	Amended Return			Additional Return		Name or Change	Addre
				Period Ending Date			
		State	Zip Code				
				Tay Pariod	мм	DD	
				Due Date			
				Employer ID Number			
	2. Credit memo (see instructions) 3. Subtotal (subtract line 2 from line 1 4. Penalty	1. Total tax due from Part III	Amended Return 1. Total tax due from Part III	Amended Return 1. Total tax due from Part III	Doe Date Tax Period Period Reginning Date Amended Return Amended Return Additional Return 1. Total tax due from Part III	Amended Return Additional Period Engine Date Period	Amended Return Additional Additional Name of Return Additional Return Period Engine Date

CT-9U

Part III

Kansas Retailers' Compensating Use Tax Return



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Business Name									мм	DD	YYYY
Tax Account Num	nber		EIN				Period Begi				
Missouri	State Codes and Dis (MO) = 2.00% a (NE) = 2.50% (max					olumn 6 to re a (OK) = 1.0				ited to \$2	2,500)
Tax on Food	Taxing Jurisdiction Name of City/County	(1) Code	(2) Kansas Gross Sales	(3) Deductions	(4) Tax Rate%	(5) Net Tax Before Discount	(6) State Code	(7) Disco Amou	unt	(8) Net T	
						0	Total No	et Tax (Pai	-1 III\		
		er of suppleme			10. Sum o	e. f additional Pari			·		

11. Total Tax (Add lines 9 and 10. Enter result here and on line 1, Part I).



Tax on Food

Kansas Retailers' Compensating Use Tax Return





Business Name								мм	DD	YYYY
Tax Account Number	Account Number		EIN		Period Beginning Date Period Ending Date					
Taxing Jurisdiction Name of City/County	(1) Code	(2) Kansas Gross Sales	(3) Deductions	(4) Tax Rate%	(5) Net Tax Before Discount	(6) State Code	(7 Disco Amo	ount	(8) Net Tax	(

9. Total Tax (Add totals in column 8. Enter result here and on line 10, Part III).



Kansas Retailers' Compensating Use Tax Return



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North Control	

Business Name			мм	DD	YYYY
Tax Account Number	EIN	Period Beginning Date			
		Period Ending Date			

Tax on Food	Taxing Jurisdiction Name of City/County	(1) Code	(2) Kansas Gross Sales	(3) Deductions	(4) Tax Rate%	(5) Net Tax Before Discount	(6) State Code	(7) Discount Amount	(8) Net Tax