

**Return for Water Protection and Clean Drinking Water Fees**

Return for \_\_\_\_\_ file and pay tax by \_\_\_\_\_. TAX ACCOUNT NUMBER \_\_\_\_\_

**NEW OWNERS  
DO NOT USE  
PREVIOUS  
OWNERS FORM**

- 1. Gallons of water sold at retail .....
- 2. Divide amount on line 1 by 1,000 .....
- 3. **Water Protection Fee** due ( \_\_\_\_\_ multiplied by the amount on line 2) ..... \$ \_\_\_\_\_
- 4. **Clean Drinking Water Fee** due ( \_\_\_\_\_ multiplied by the amount on line 2)..... \$ \_\_\_\_\_
- 5. Total due (add amounts on lines 3 and 4)..... \$ \_\_\_\_\_

If zero sales this filing period write "NO SALES"

I declare under the penalties of perjury that this is a true, correct and complete return.

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

Daytime phone number \_\_\_\_\_

Mail return and payment to: **KDOR-MISCELLANEOUS TAX, POBOX750680 TOPEKA KS 66625-0680**

Detach and send with payment

**Instructions for Water Protection and Clean Drinking Water Fees (WP-1)  
for Public Water Suppliers**

**GENERAL INFORMATION**

- The WP-1 return and payment is due 45 days from the end of the filing period. You must file a return even if there were no taxable sales.
- Keep a copy of your completed return for your records.
- **Sign your return** and provide a daytime phone number.
- Be sure your check or money order contains your tax account number and a daytime phone number.
- Mail your return and payment to: **KDOR-Miscellaneous Tax, PO Box 750680, Topeka, KS 66625-0680**
- If you have questions contact our office at 785-368-8222 or visit our website at [ksrevenue.org](http://ksrevenue.org).

**LINE BY LINE INSTRUCTIONS**

- Line 1 – Number of gallons of water sold at retail.** Enter the number of gallons of water sold at retail for this reporting period.
- Line 2 – Divide amount on line 1 by 1,000.** Divide amount on line 1 by 1,000, rounding to the nearest whole number.
- Line 3 – Water Protection Fee due.** Multiply amount on line 2 by the Water Protection Fee rate.\*
- Line 4 – Clean Drinking Water Fee due.** Multiply amount on line 2 by the Clean Drinking Water Fee rate.\*
- Line 5 – Total due.** Add amounts on lines 3 and 4 and enter the result.

\* If the rate is not preprinted on your return, refer to Publication KS-1527 on our website for the current rate.

**Notice of Change in Business**

If any of the following information has changed, complete this form and return it to the Kansas Department of Revenue at the address shown above.

- 1. Name as shown on tax return \_\_\_\_\_
- 2. Tax account number as shown on tax return \_\_\_\_\_
- 3. If the ownership has changed within monthly period, provide the following information:  
Name of new owner: \_\_\_\_\_ Date of Change: \_\_\_\_\_
- 4. If the business was discontinued permanently within the period covered by this return, provide the date of closing: \_\_\_\_\_
- 5. If the business location was changed, provide the new address: \_\_\_\_\_
- 6. If the trade name has changed, provide the new trade name: \_\_\_\_\_