

**KANSAS DEPARTMENT OF REVENUE
DIVISION OF TAXATION**

**RETAILERS' SALES TAX
EVENT REGISTRATION CERTIFICATE**



Johnson County Home and Garden Show 2024

Event Tax Rate	9.1000%
Event Food Tax Rate	6.6000%

Event Certificate Only.
Not valid for tax-
exempt purchases.

Registration Certificate valid for this Event only.
Tax Account Number is assigned to the Event.
Sales Tax Return must be filed within 30 days of Event.

State of Kansas
www.ksrevenue.gov
ST-51 (Rev.11-22)

..... **FOLD HERE AND DISPLAY CERTIFICATE AT EVENT**

Instructions for displaying Event Registration Certificate:

This Event Certificate is intended for vendors selling at Special Events in Kansas four or fewer times each year who are not registered with a Kansas tax account number starting with 004 or 005. Contact KDOR staff at KDOR_special.events@ks.gov with any questions.

- Display the Event Registration Certificate in a visible place at your location during the event.
- You must collect and remit sales tax at the rate shown on the event tax return.
- This return and tax account number are specific to the event that appears on the Event Certificate.
- You must file a return even if there were no taxable sales.
- Sales tax is due within 30 days of the event.
- The name and event tax account number appears at the top of the return form.
- Write the event tax account number on your check or money order.
- Make a copy of the return for your records.
- Visit www.ksrevenue.gov for more information about Special Events, tax bracket cards, and forms.
- Most vendors in Kansas are required to collect and remit sales tax, including not-for-profit groups.
- If you sell goods or taxable services in Kansas more than four times per year and do not have a Kansas tax account number, contact us at the email above.

If you have received this packet and are registered with a Kansas tax account number starting with 004 or 005, check the appropriate box on the second page and write in your Kansas sales tax number. Return the page in the envelope provided. Report your sales from this event on your next regular tax return.

Event Name: Johnson County Home and Garden Show 2024
Jurisdiction Code Sales: OVEJO | **Code Food:** JOOVE
Event Tax Account Number: SENK09304051F01

Begin Date: 01/26/2024
End Date: 01/28/2024
Due Date: 02/27/2024

Dear Vendor,

You are reported as a vendor for the above event. Below are instructions for reporting and paying Kansas Tax.

- Check this box **if you are registered with a tax account number starting with 004 or 005.**
Do not enter your event sales on this form. You must report event sales on your next tax return using your registered account. Enter your Kansas tax account number below and return this letter in the envelope provided.

Kansas Tax Account Number: _____ Phone: _____

Name: _____ Email: _____

- Check this box **if you do not have a tax account number starting with 004 or 005.**
 Complete the Event Tax Return and payment information below. Make separate remittance for each tax rate where it applies. A tax on Food sales column has been added, complete this section only if you are reporting retailers' sales on food and food ingredients and/or prepared food items that are subject to the reduced state sales tax rate.

Event Tax Return (Complete only if you do not have a tax account number starting with 004 or 005.)

		Total Sales	Tax Rate	Total Sales Tax Collected
Line 1	Gross Sales amount of Bulk Food and Food Ingredients (Minus amount paid via government voucher)	\$	0.066000	\$
Line 2	Gross Sales amount of Prepared Food or Non-Food items	\$	0.091000	\$
Line 3	Multiply Gross sales by applicable tax rate and add line 1 & 2			\$

I certify this tax return is correct.

Printed Name: _____ Signature: _____

Business Name (if applicable): _____ Phone: _____

Address _____

City/State/Zip _____ Email: _____

Choose one of the following payment options:

You have payment options: check, cashier's check, money order **DO NOT SEND CASH.**

- I have enclosed a check for the total tax due made out to Kansas Sales Tax. I authorize the Department of Revenue to process my check via Electronic Funds Transfer.

Printed Name: _____ Signature: _____

If you would prefer to pay/remittance sales tax online, please visit Kansas Department of Revenue - Payment Portal: www.kansas.gov/payment-portal

- If you prefer to use a credit card there will be a 2.5% fee added by the processing company. I understand and agree that this transaction is for payment only. All tax returns must be filed through the KDOR Customer Service Center or on paper forms if you have a registered sales tax account id. This payment option can also be used as a Special Events guest user with no account setup required.

Please use the provided account id below for the EIN of payment entered.

KS Taxpayer Account ID (15 characters)

004K09304051F01

Tax Amount Paid _____

Confirmation Number: _____

****Mail completed form with payment information and amount of total tax due to the return address shown below.** If no response is received within 30 days, sales tax may be assessed. Contact us by phone, fax, or email with any questions.

Kansas Department of Revenue Attn: Special Events 7600 W 119th St Suite A, Overland Park KS 66213

Contact 913-942-3063 or email KDOR_special.events@ks.gov for assistance