

**KANSAS DEPARTMENT OF REVENUE
DIVISION OF TAXATION**

**RETAILERS' SALES TAX
EVENT REGISTRATION CERTIFICATE**



Johnson County Home and Garden 2022

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.11-21)

..... **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 us 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 in the Event Name.
- 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.org 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 2022

Begin Date: 01/21/2022

Jurisdiction Code: OVEJO

End Date: 01/23/2022

Event Tax Account Number: SENK09304051F01

Due Date: 02/22/2022

Dear Vendor,

You are reported as a vendor for the above event. Below are instructions for reporting and paying Retailers' Sales and Retailers' Compensating Use tax.

Check this box **if you are registered with a tax account number (starting with 004 or 005)** to collect Kansas Retailers' Sales or Retailers' Compensating Use Tax. Include any sales you made at the above event on your next tax return. Enter your Kansas tax account number below and return a copy of this letter in the envelope provided.

Kansas Retailers' Sales Tax Account Number: 004-

Kansas Retailers' Consumers Compensating Use Tax Account Number: 005-

Name: _____ Phone: _____ 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.

Event Tax Return (Complete if you are not registered to collect Kansas Sales / Use tax.)

Line 1	Total of all sales before tax	\$	
Line 2	Total value of any items in your inventory that you consumed, gave as samples, or that your customers paid for with government vouchers.	\$	
Line 3	Subtotal (add line 1 and line 2)	\$	
Line 4	Tax Rate		0.091
Line 5	Tax Due (multiply line 3 by line 4)	\$	

I certify this tax return is correct.

Printed Name: _____ Signature: _____

Date: _____ Phone: _____ Email: _____

Payment Information

You have four payment options: check, cashier's check, money order or Visa/MasterCard credit cards. Check one and complete the information below. **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: _____

I authorize the Department of Revenue to process payment of total tax due shown above on my Visa or MasterCard. I understand there will be a 2.5% fee added by the processing company for the convenience of a card transaction.

Printed Name: _____ Signature: _____

Card Number: _____ Expiration Date: _____ 3-Digit Code: _____

Mail the completed form in the envelope provided to:

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

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