

ST-36

(Rev. 5/08)

Kansas Retailers' Sales Tax Return

FOR OFFICE USE ONLY

Grid for office use only

454003

Business Name
A Test Company

Mailing Address
100 Main

City
Anywhere, WA 98070

State
WA

Zip Code
98070

Tax Account Number

EIN

Due Date

Tax Period

MM DD YY

Period Beginning Date

Period Ending Date

Date Business Closed

Grid for Date Business Closed

Amended Return

Amended Return checkbox

Additional Return

Additional Return checkbox

Name or Address Change

Name or Address Change checkbox

Part I

| | | |
|---|---------|----|
| 1. Total Tax (Complete Part III before completing this section) | \$15.00 | 1 |
| 2. Total Net Deduction from Part IV (if applicable) | . | 2 |
| 3. Tax (Subtract line 2 from line 1) | \$15.00 | 3 |
| 4. Estimated Tax Due for Next Month (See instructions) | . | 4 |
| 5. Estimated Tax Paid from Last Month (See instructions) | . | 5 |
| 6. Tax (Add lines 3 and 4, and subtract line 5) | \$15.00 | 6 |
| 7. Credit Memo (See instructions) | . | 7 |
| 8. Subtotal (Subtract line 7 from line 6) | \$15.00 | 8 |
| 9. Penalty | . | 9 |
| 10. Interest | . | 10 |
| 11. Total Amount Due (Add lines 8, 9 and 10) | \$15.00 | 11 |

Part II Deductions

| | | |
|--|---|---|
| A. Sales to other retailers for resale | . | A |
| B. Returned goods, discounts, allowances and trade-ins | . | B |
| C. Sales to U.S. government, State of Kansas, & Kansas political subdivision | . | C |
| D. Sales of ingredient or component parts of tangible personal property produced | . | D |
| E. Sales of items consumed in the production of tangible personal property | . | E |
| F. Sales to nonprofit hospitals or nonprofit blood banks, tissue or organ bank | . | F |
| G. Sales to nonprofit education institutions | . | G |
| H. Sales to qualifying sales tax exempt religious and nonprofit organizations | . | H |
| I. Sales of farm equipment and machinery | . | I |
| J. Sales of manufacturing machinery and equipment | . | J |
| K. Sales of alcoholic beverages | . | K |
| L. Non-taxable labor services, original construction and residential remodeling | . | L |
| M. Deliveries outside of Kansas | . | M |
| N. Other allowable deductions | . | N |
| O. Total deductions | . | O |

I certify this return is correct.

Signature

Do Not Detach This Voucher

ST-36V

(Rev. 5/08)

Kansas Retailers' Sales Tax Voucher

FOR OFFICE USE ONLY

Grid for office use only

Business Name

Mailing Address

City

State

Zip Code

Tax Account Number

EIN

Due Date

Tax Period

MM DD YY

Period Beginning Date

Period Ending Date

Amount from line 4, above

Subtract line 4 from line 11 and enter here

Daytime Phone Number: ()

Payment Amount \$ 15.00

***** TAXPAYER WORKING COPY/DO NOT FILE *****

401103