

**KANSAS DEPARTMENT OF REVENUE
DIVISION OF TAXATION**

**RETAILERS' SALES TAX
EVENT REGISTRATION CERTIFICATE**



Sparks Flea Market Spring 2024

Event Tax Rate 8.5000%
Event Food Tax Rate 4.0000%

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: Sparks Flea Market Spring 2024

Begin Date: 05/02/2024

Jurisdiction Code Sales: DONCO

Code Food: CODON

End Date: 05/05/2024

Event Tax Account: SENK08768741F01

County: Doniphan

Due Date: 06/04/2024

Part I – Do you have a Kansas Retailers’ Sales Tax account starting with 004 or 005? Please enter it below, complete Part III, and mail this form to the address at the bottom of the page. _____

Do not mail payment to Special Events. Include these sales in your next sales tax return.

Part II – If you do not have a Kansas Retailers’ Sales Tax account, use the event tax return below to calculate the amount of sales tax collected.

Note: The reduced food sales tax rate is for food and food ingredients that are served without a utensil and are not heated immediately prior to sale (served warm). Prepared meals and beverages are subject to the regular retail sales tax rate. You may call the number at the bottom of the page with any questions.

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 Prepared Food or Non-Food items	\$	0.040000	\$
Line 2	Gross Sales amount of Bulk Food and Food Ingredients (Minus amount paid via government voucher)	\$	0.085000	\$
Line 3	Multiply Gross sales by applicable tax rate and add line 1 & 2			\$

I made no sales and took no orders for sales at this event.

I make sales as an independent consultant and pay sales tax when I purchase products for inventory.
Which company do you represent? _____

I only provided information or took donations without providing donors with any goods or services.

Note: Most nonprofit (tax exempt) organizations making sales in Kansas must collect sales tax. You may call the number below with any questions.

Part III – Please provide the following information:

First and Last Name: _____ Business Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Part IV - Choose one of the following payment options:

I have enclosed a money order or cashier’s check made payable to Kansas Sales Tax for the amount in Part II, line 3.

I have enclosed a check made payable to Kansas Sales Tax for the amount in Part II, line 3 and I authorize the Kansas Department of Revenue to process my check via Electronic Funds Transfer.

I have made payment online using the KDOR Payment Portal at www.kansas.gov/payment-portal

• To pay using the online portal, visit the link above. When completing the process, be sure to select Entity Type:

Business and Tax Type: Sales Tax – Special Event. The tax account # is 9 digits starting with Kxxxxxxxxx

• Use the tax rate, jurisdiction, and tax account information at the top of the page to complete the event information.

Confirmation Number: _____ **Total Sales Tax Remitted** (Part II line 3) _____

Part V – I certify that this return is correct and complete to the best of my knowledge.

Signature: _____ Printed Name: _____

****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 913-942-3082

or email KDOR_special.events@ks.gov for assistance