



Retailers' Sales Tax Return (ST-16)

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GENERAL INFORMATION

- The due date is the 25th day of the month following the ending date of this return.
- You must file** a return even if there were no taxable sales.
- Keep a copy of your return for your records.
- Write your Tax Account Number on your check or money order and make payable to Retailers' Sales Tax. Send your return and payment to: Kansas Department of Revenue, PO Box 3506, Topeka, KS 66625-3506.

PART I

- Line 1.** Enter the total gross receipts or sales for the reporting period. Do not include the sales tax in this figure.
- Line 2.** Enter the cost of tangible personal property consumed or used by you that was purchased without tax. For example, items removed from inventory and used by you.
- Line 3.** Enter total allowable deductions from Part II, line O.
- Line 4.** Add lines 1 and 2, and subtract line 3. Enter the result.
- Line 5.** Multiply line 4 by the appropriate tax rate percentage and enter the result on line 5.

(Rev. 12-21)

Line 6. Enter the amount from any credit memorandum issued by the Department of Revenue. If filing an amended return, enter the total amount previously paid for this filing period.

Line 7. Subtract line 6 from line 5 and enter the result.

Line 8. If filing a late return, enter the amount of penalty due (see ksrevenue.gov for current rates).

Line 9. If filing a late return, enter the amount of interest due (see ksrevenue.gov for current rates).

Line 10. Add lines 7, 8 and 9 and enter the result.

Signature. Sign your return on the back.

PART II (Deductions)

Complete lines A through N of Part II, if applicable, and enter the sum on line O. Other allowable deductions must be itemized. Use a separate schedule if necessary.

TAXPAYER ASSISTANCE

If you have questions or need assistance completing this form, contact our office.

By Phone
785-368-8222

By Mail
Tax Operations
PO Box 3506
Topeka KS 66625-3506

By Appointment

Go to ksrevenue.gov to set up an appointment at the Topeka or Overland Park office by using the Appointment Scheduler.

Detach and send with payment

ST-16

(Rev. 6-22)

Kansas Retailers' Sales Tax Return

FOR OFFICE USE ONLY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Tax Account Number 004 - F		EIN	
Beginning Date	Ending Date	Due Date	Jurisdiction Code
Business Name and Address			

Part I

1. Gross Sales of Receipts	
2. Merchandise Consumed	
3. Deductions	
4. Net Sales	
5. Net Tax	
6. Credit Memo	
7. Subtotal	
8. Penalty	
9. Interest	
10. Total Due	

Tax Rate
%

Date Business Closed Amended Return Additional Return Name or Address Change

Payment Amount \$

Please Sign the Back of This Return

..... Detach and send with payment

ST-16 Part II (Deductions) (Rev. 6-22)

- A. Sales to other retailers for resale
- B. Returned goods, discounts, allowances and trade-ins
- C. Sales to U.S. government, state of Kansas and Kansas political subdivision
- D. Sales of ingredient or component parts of tangible personal property produced.....
- E. Sales of items consumed in the production of tangible personal property.....
- F. Sales to nonprofit hospitals or nonprofit blood, tissue or organ banks
- G. Sales to nonprofit educational institutions.....
- H. Sales to qualifying sales tax exempt religious and nonprofit organizations
- I. Sales of farm equipment and machinery
- J. Sales of integrated production machinery and equipment.....
- K. Sales of alcoholic beverages
- L. Non-taxable labor services, original construction and residential remodeling
- M. Deliveries outside of Kansas.....
- N. Other allowable deductions.....
- O. Total deductions (Enter amount here and on line 3, Part I)

	A
	B
	C
	D
	E
	F
	G
	H
	I
	J
	K
	L
	M
	N
	O

4004

I certify this return is correct.

Signature

Daytime Phone Number