



*Kathleen Sebelius, Governor  
Joan Wagnon, Secretary*

www.ksrevenue.org

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### **Tax Clearance Information Sheet**

We look forward to partnering with you to make this year's Fourth of July a great success and ask for your participation in accepting a new Kansas State tax procedure.

Your involvement in the Fourth of July this year will be in accordance with Kansas State laws. We are working with the Kansas Department of Revenue (KDOR) to make sure the proper taxes are paid by all vendors. To do this, every vendor must contact the KDOR to receive a Tax Clearance letter prior to receiving a Fireworks Stand Permit. The Tax Clearance Letter will only be issued to vendors who are current on their Kansas State Business Tax filings and payments.

#### **EVERY VENDOR MUST REQUEST A TAX CLEARANCE LETTER.**

To request this Tax Clearance letter, please complete the attached Tax Clearance Request Form and submit to KDOR according to the directions on the form.

Please return your Tax Clearance letter along with your payment receipt and insurance forms by June 20th. If you do not request/receive your Tax Clearance letter by June 25th, please fax the completed Tax Clearance Request Form to KDOR 913/631-6125 Attention: Special Events, as soon as possible.

ALL VENDORS are required to submit their Tax Clearance letter prior to moving onto or accessing the Fireworks Stand. Tax clearance request forms can also be found at -  
<http://www.ksrevenue.org/specialsalesevents.htm>

Thank You. We appreciate all you do to help to make the Fourth of July a success.

Sincerely,

Kansas Dept. of Revenue

APPLICATION FOR SPECIAL EVENT TAX CLEARANCE

COMPLIANCE ENFORCEMENT

METROPOLITAN ASSISTANCE CENTER, 13420 W. 62<sup>ND</sup> TERRACE, SHAWNEE, KS 66216-1782

Voice 913-631-0296 x202 Fax 913-631-6125 <http://www.ksrevenue.org/>

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APPLICATION FOR SPECIAL EVENT TAX CLEARANCE

**1. Name and date of event for which you are requesting a clearance letter.**

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

**2. Applicant Information: Business Individual (Please circle one)**

\_\_\_\_\_  
Name (Registered) Identification Number (FEIN or SSN)

\_\_\_\_\_  
Business Name (If different than registered name) Tax Identification Number (if applicable)

\_\_\_\_\_  
Current Street Address City, State, Zip

\_\_\_\_\_  
Daytime Telephone Number Fax Number

\_\_\_\_\_  
Email

**3. Previous events vended at in Kansas**

If you do not have a Kansas sales tax account, have you sold in Kansas in the past 3 years. If so, please list the event(s) name and event date(s) below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Third Party copy**

I \_\_\_\_\_, request that the Kansas Department of Revenue forward a copy of my tax clearance letter to \_\_\_\_\_

Entity requiring letter for participation in event.

**5. Signature**

\_\_\_\_\_  
Print Name Title (Corporate Officer, Partner, Individual, etc)

\_\_\_\_\_  
Signature Date

Return this request to the Kansas Department of Revenue Special Events:

Mail: Kansas Department of Revenue  
Attn: Special Events  
13420 W. 62<sup>nd</sup> Terr.  
Shawnee, KS 66216

Fax: (913) 631-6125  
Email: kdor\_special\_events@kdor.state.ks.us