KANSAS DEPARTMENT OF REVENUE DIVISION OF TAXATION

RETAILERS' SALES TAX EVENT REGISTRATION CERTIFICATE



Pinners Conference 2025

Event Tax Rate
Event Food Tax Rate

9.3500% 2.8500%

Event Certificate Only. Not valid for taxexempt 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.

SERETPAY 09252024

Event Name: Pinners Conference 2025		Begin Date:	01/31/2025
Jurisdiction Code Sales: OVEJO Code I	Food: JOOVE	End Date:	02/01/2025
Event Tax Account: SENK09304051F01 Count	y: Johnson	Due Date:	03/03/2025
Part I – Do you have a Kansas Retailers' Sales Tax a	_		_
III, and mail this form to the address at the bo			
Do not mail payment to Special Events.	Include these sales in	n your next sales tax r	eturn.
Part II – If you do not have a Kansas Retailers' Sales of sales tax collected. Note: The reduced food sales tax rate is for are not heated immediately prior to sale (regular retail sales tax rate. You may call	or food and food ing (served warm). Prep	redients that are serv	ed without a utensil and ages are subject to the
Event Tax Return (Complete only if you do not ha	ave a		Total Sales
tax account number starting with 004 or 005.)	Total Sales	Tax Rate	Tax Collected
Line 1 Gross Sales amount of Bulk Food and Food Ingred (Minus amount paid via government voucher)	ients \$	Multiply by 0.028500	\$
Line 2 Gross Sales amount of Prepared Food or Non-Food items	\$	Multiply by 0.093500	\$
Line 3 Multiply Gross sales by applicable tax rate and add line 1 & 2			\$
Which company do you represent? I only provided information or took dona Note: Most nonprofit (tax exempt) orgated the number below with any question.	tions without providing anizations making sal	ng donors with any goo	ds or services.
Part III – Please provide the following information:	D		
First and Last Name:Business Name:			
Mailing Address:			
Phone Number:Email:			
Part IV - Choose one of the following payment optio	ns:		
 ☐ I have enclosed a money order or cashier's check ☐ I have enclosed a check made payable to Kansas State the Kansas Department of Revenue to process made in the Enclosed and Tax Type: Business and Tax Type: Sales Tax Kxxxxxxxxx ◆ Use the tax rate, jurisdiction, and tax account in 	Sales Tax for the amo y check via Electronic ment Portal at www.love. When completin x – Special Event. The	unt in Part II, line 3 and c Funds Transfer. kansas.gov/payment-pog the process, be sure the tax account # is 9 dig	ortal o select
Confirmation Number:	Total Sales Ta	ax Remitted (Part II lin	ne 3)
Part V – I certify that this return is correct and comple		nowledge.	_
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