

Customer Relations  
Kansas Department of Revenue  
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**CERTIFICATION BY OWNER AND GENERAL CONTRACTOR**  
**REFUND FORM A**

**Application For Refund of Kansas Sales Tax Paid On**  
**The Purchase Or Repair Of Grain Storage Facilities**

Owner of Grain Storage Facility \_\_\_\_\_

Mailing Address \_\_\_\_\_

Type, Capacity, and \_\_\_\_\_

Location of Facility \_\_\_\_\_

Date that Facility was \_\_\_\_\_ Date that Materials

Built or Repaired \_\_\_\_\_ Were Purchased \_\_\_\_\_

**I. QUESTIONS TO BE ANSWERED BY THE OWNER.**

1. As the owner, did you hire someone to repair or construct a grain storage facility? Yes \_\_\_ No \_\_\_  
If you answered "Yes," please answer question (2). If you answered "No," please skip question (2), and answer question (3).

2. Please state the name and address of the general contractor or repairman that you hired. \_\_\_\_\_

Have you attached copies of the billing from the contractor or repairman? Yes \_\_\_ No \_\_\_.

*You must attach copies of all the billings to you from your contractor or repairman to this form and give them your contractor or repairman, along with a blank copy of Refund Form B. They, in turn, will complete these Forms and file a refund request with the state for the taxes you paid. They should also submit refund requests to their retailers for any sales taxes they paid on materials.*

3. As the owner, did you purchase building materials and do the repair work or construction work yourself? Yes \_\_\_ No \_\_\_. Please list the retailers who sold you materials. \_\_\_\_\_

*Please copy all your purchase invoices and separate them by retailer. You should then attach your invoices from one retailer to a copy of Refund Form B, along with a copy of this completed form, and give the documentation to each retailer that you paid tax to. Each retailer should then process your refund request.*

Owner's signature \_\_\_\_\_ FEIN or SSN # \_\_\_\_\_

Owner's telephone number, with area code: \_\_\_\_\_

**II. QUESTIONS TO BE ANSWERED BY THE GENERAL CONTRACTOR,  
CONTRACTOR/RETAILER, OR GRAIN BIN DEALER.**

1. Did you collect and remit sales tax on the total charges to the owner as a separately stated line item?  
Yes \_\_\_\_\_ No \_\_\_\_\_. Is this the refund amount being claimed by the owner? Yes \_\_\_\_\_ No \_\_\_\_\_.  
During which reporting period did you report the sales tax to Kansas? \_\_\_\_\_

*If this is the total amount of refund being sought, the contractor, contractor/retailer, or grain bin dealer should complete the rest of this form and Refund Form B and send them to the department at the address provided at the bottom of Form B. A copy of the billing to the owner showing the tax collected must be attached to the documentation sent to the department.*

2. If you answered "No" to the first question in this subsection, what was the total amount of sales tax that you reported to the state on the project? \_\_\_\_\_ During what reporting period or periods did you report the tax? \_\_\_\_\_ Please attach a copy of the customer billing.

3. Please state your business name and registration number, as they appear on you sales tax registration certificate. *This section must be completed.*

Name: \_\_\_\_\_

Kansas Taxpayer Account Number: \_\_\_\_\_

4. Did you pay sales tax to subcontractors, and/or to retailers for materials and supplies that you used to build or repair the grain storage facility? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please name each subcontractor, and each retailer to whom you paid sales tax when you purchased materials and supplies to build or repair the grain storage facility? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
*General contractors must copy all purchase invoices and separate them by retailer and subcontractor. You should then attach all invoices from one retailer or subcontractor to a copy of Refund Form B, along with a copy of this completed form, and give the documentation to each retailer and subcontractor that charged you tax. They, in turn, should process your refund request.*

**Signature of contractor, repairman, or dealer:** \_\_\_\_\_

**FEIN OR SSN #:** \_\_\_\_\_

**Telephone number, with area code:** \_\_\_\_\_