Policy and Research 109 SW 9th Street PO Box 3506 Topeka, KS, 66601-3506 Mark A. Burghart, Secretary



Phone: 785-296-3081 Fax: 785-296-7928 www.ksrevenue.gov Laura Kelly, Governor

Zip Code

STATE OF KANSAS PROJECT COMPLETION CERTIFICATION

TO:_

Name of Entity to whom Project Exemption Certificate was Issued

Street Address

City

This is to certify, to the best of my knowledge and belief, that all materials purchased under Project Exemption Certificate Number _______, issued by the Kansas Department of Revenue, were incorporated into the building or project for which the exemption was issued and were entitled to an exemption pursuant to K.S.A. 79-3606(c), (d), (e), (cc), (xx), (aaa), (ccc), (iii), (qqq), (sss), (ttt), (uuu), (xxx), (yyy), (hhhh), (oooo) and amendments thereto.

Contractor / Subcontractor

P.O. Box and/or Street Number and Name

City, State, Zip

Signature and Title of Authorized Representative

Date

State

INSTRUCTIONS

Upon completion of a tax exempt project, the contractor must furnish this certification to the exempt entity for which the work was performed. The exempt entity needs to retain this document in their files and record the actual date that the project was completed on-line at https://www.kdor.ks.gov/Apps/kcsc. All invoices must be retained by the contractor for a period of five (5) years and are subject to audit by the Kansas Department of Revenue.