



KANSAS Transient Guest Tax Return

Form TG-1 (Rev. 6-19)

Need to make a quick payment?

It's simple — pay your transient guest tax electronically. Visit ksrevenue.org and log in to the Kansas Customer Service Center.

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 Kansas Transient Guest Tax. Mail your return and payment to: KDOR-Miscellaneous Tax, PO Box 3506, Topeka, KS 66601-3506
- For assistance contact our office at the address shown above or call 785-368-8222.

PART I

(Complete Part II, if applicable, before completing PART I)

LINE 1 Gross Receipts. Enter the total gross receipts from charges for sleeping accommodations during this reporting period.

Line 2 Allowable Deductions. Enter the total allowable deductions from the back of the return (Part II, line C).

Line 3 Taxable Amount. Subtract line 2 from line 1 and enter result.

Line 4 Tax Due. Multiply line 3 by the appropriate tax rate percentage and enter result.

Line 5 Credit Memo. If you received a credit memo from the Kansas Department of Revenue, enter the amount from that memo on line 5. If filing an amended return, enter total amount previously paid for this filing period.

Line 6 Amount of Tax Due. Subtract line 5 from line 4 and enter result.

Line 7 Penalty. If filing a late return, enter the amount of penalty due. See our web site for current penalty rates.

Line 8 Interest. If filing a late return, enter the amount of interest due. See our web site for current interest rates.

Line 9 Total Due. Add lines 6, 7, and 8 and enter result.

PART II

Complete lines A and B, if applicable, and enter the total deductions on line C.

Sign your return and provide a **daytime phone number** on the back of this return.

..... Detach and send with payment

TG-1
(11/14)

Kansas Transient Guest 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 015- _____ F		EIN	
Beginning Date	Ending Date	Due Date	Jurisdiction Code
Business Name			
Mailing Address			
City	State	Zip Code	

Part I

1. Gross Receipts	<input type="text"/>	Tax Rate <input type="text"/> %
2. Allowable Deductions	<input type="text"/>	
3. Taxable Amount	<input type="text"/>	
4. Tax Due	<input type="text"/>	
5. Credit Memo	<input type="text"/>	
6. Amount of Tax Due	<input type="text"/>	
7. Penalty	<input type="text"/>	
8. Interest	<input type="text"/>	
9. Total Due	<input type="text"/>	

Date Business Closed Amended Return Additional Return Name or Address Change

Payment Amount \$

Please Sign The Back of This Return

490001

TAXPAYER ASSISTANCE

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

Taxpayer Assistance Center
PO Box 3506
120 E 10th Avenue
Topeka, KS 66601-3506
Phone: 785-368-8222
ksrevenue.gov

Click here to access the departments' website.

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Part II(Deductions)

- A. Receipts received from the renting of a room by a person for a period exceeding twenty-eight (28) consecutive days
- B. Receipts from direct rentals to the federal government.
- C. Total deductions (Add lines A and B)

Signature

Daytime Phone Number: