



## Retail Water Protection and Clean Drinking Water Fees Return (WP-1)

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#### GENERAL INFORMATION

- The due date is 45 days from the end of the quarter.
- Complete the business name, tax account number, EIN, mailing address, period beginning and ending dates.
- If your business has closed, check the appropriate box and enter the date your business closed.
- If you are filing an amended or additional return, or if your name or address has changed, check the appropriate box.
- Write your Tax Account Number on your check or money order and make payable to Kansas Department of Revenue. Send your return and payment to Kansas Department of Revenue, PO Box 3506, Topeka, KS 66625-3506
- Keep a copy of your return for your records.

#### RETURN INSTRUCTIONS

**Line 1.** Enter the number of gallons of water sold at retail.

**Line 2.** Divide the amount on line 1 by 1,000 and enter the result on line 2, rounding to the nearest whole number.

**Line 3.** Enter the Water Protection Fee due by multiplying \$.032 by the amount on Line 2 and enter on Line 3.

**Line 4.** Enter the Clean Drinking Water Fee due by multiplying \$.03 by the amount on Line 2 and enter on Line 4 (if applicable).

**Line 5.** Enter the sum of Line 3 and Line 4 for total Water Protection and Clean Drinking Water fees due.

**Line 6.** Enter the amount from any credit memorandum issued by the Department of Revenue. If filing an amended return, enter the total amount previously paid for this filing period.

**Line 7.** Subtract Line 6 from Line 5 and enter the result.

**Line 8.** If filing a late return, enter the amount of penalty due (see [ksrevenue.gov](http://ksrevenue.gov) for current rates).

**Line 9.** If filing a late return, enter the amount of interest due (see [ksrevenue.gov](http://ksrevenue.gov) for current rates).

**Line 10.** Add Lines 7, 8 and 9 and enter the result.

**Signature.** Sign your return and enter your printed name, title, phone number and email address.

#### VOUCHER INSTRUCTIONS

Enter the account number, EIN, period beginning date and period ending date, business name and address.

**Line 1.** Enter the Water Protection Fee amount from Line 3 of the return. This amount will not include any applicable penalty and interest amount due or credit memo amount that may have been applied on the return.

**Line 2.** Enter the Clean Drinking Water Fee from Line 4 of the return. This amount will not include any applicable penalty and interest amount due or credit memo amount that may have been applied on the return.

**Payment Amount.** Enter the Total Amount Due from Line 10 of the return. This is the amount that you will remit with the return and voucher.

#### TAXPAYER ASSISTANCE

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

##### Email

[KDOR\\_Miscellaneous.Tax@ks.gov](mailto:KDOR_Miscellaneous.Tax@ks.gov)

##### By Phone

785-368-8222

##### By Mail

Tax Operations  
PO Box 3506  
Topeka, KS 66625-3506

##### By Appointment

Go to [ksrevenue.gov](http://ksrevenue.gov) to schedule an appointment.

*Office hours are 8:00 a.m. to 4:45 p.m.,  
Monday through Friday.*

# KANSAS Retail Water Protection and Clean Drinking Water Fees

FOR OFFICE USE ONLY									



Business Name			Tax Account Number	
Mailing Address			Employer ID Number	
City		State	Zip Code	
			Period Beginning Date (mmdyyy)	
			Period Ending Date (mmdyyy)	

Date Business Closed (mmdyyy)  Amended Return  Additional Return  Name or Address Change

- 1. Gallons of water sold at retail.....
- 2. Divide amount of line 1 by 1,000 and enter the result here .....
- 3. Water Protection Fee due (multiply \$.032 by the amount on Line 2).....
- 4. Clean Drinking Water Fee due (multiply \$.03 by the amount on Line 2).....
- 5. Total fees due (add Lines 3 and 4 and enter the result here) .....
- 6. Credit Memo .....
- 7. Subtotal .....
- 8. Penalty .....
- 9. Interest .....
- 10. Total amount due (total of Lines 7, 8 and 9) .....

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

..... Detach here and send with payment .....

# KANSAS Retail Water Protection and Clean Drinking Water Fee Payment Voucher

FOR OFFICE USE ONLY									



Tax Account Number		EIN	
Period Beginning Date		Period End Date	
Business Name			
Mailing Address			
City		State	Zip Code

Line 1. Water Protection Fee from Line 3 .....

Line 2. Clean Drinking Water Fee from Line 4 .....

**Note:** The total of Line 1 and Line 2 may not equal the Payment Amount below. See instructions.

Payment Amount \$