



Vehicle Leases Retailers' Compensating Use Tax (CT-114)

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GENERAL INFORMATION

- The due date is the 25th day of the month following the ending date of this return.
- Keep a copy of your return for your records.
- You **must file** a return even if there were no taxable sales.
- Write your Tax Account Number on your check or money order and make payable to Retailers' Compensating Use Tax. Send your return and payment to: Kansas Department of Revenue, PO Box 3506, Topeka, KS 66625-3506.

PART I

(Complete Part III, then Part II before completing Part I)

- Line 1.** Enter gross sales of vehicles leases from Part III, line 9.
- Line 2.** 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 3.** Subtract line 2 from line 1 and enter the result.
- Line 4.** If filing a late return, enter the amount of penalty due (see ksrevenue.gov for current rates).
- Line 5.** If filing a late return, enter the amount of interest due (see ksrevenue.gov for current rates).
- Line 6.** Add lines 3, 4 and 5 and enter the result.

PART II (Deductions)

Complete lines A through C and enter the sum on line D. Other allowable deductions must be itemized. Use a separate schedule if necessary.

PART III (Location Breakdown)

If more space is needed, complete Part III Supplement Schedule.

- Column 1.** Enter the jurisdiction code that coincides with the name of the city/county where the Kansas customer took delivery/possession of the purchased item(s). (see **Pub. KS-1700**).
- Column 2.** Enter the total gross vehicle leases during the tax period, both taxable and non-taxable. DO NOT include the sales taxes collected in this figure.
- Column 3.** Enter the allowable deductions. All deductions entered in column 3 must be included in Part II.
- Column 4.** Subtract column 3 from column 2 for each line. Enter result in Column 4 for each tax jurisdiction.
- Column 5.** Enter the appropriate tax rate (see **Pub. KS-1700**).
- Column 6.** Multiply column 4 by column 5 for each tax jurisdiction.
- Line 7.** Enter the sum of column 6.
- Line 8.** Enter the sum of all Part III supplement pages. Enter the total number of supplement pages included with this return. (Front and back pages are counted as separate pages.)
- Line 9.** Add lines 7 and 8. Enter the total on line 9 and on line 1 of Part I.

TAXPAYER ASSISTANCE

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

By mail

Tax Operations
PO Box 3506
Topeka KS 66625-3506

By Appointment

Go to ksrevenue.gov to set up an appointment at the Topeka or Overland Park office by using the Appointment Scheduler.

Phone: 785-368-8222

Fax: 785-291-3614

ksrevenue.gov

CT-114

(Rev. 1-23)

Kansas Vehicle Leases Retailers' Compensating Use Tax Return

FOR OFFICE USE ONLY

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CT-114
Part I and
Part II
453022



Business Name		
Mailing Address		
City	State	Zip Code

Tax Account Number	
Employer ID Number	
Due Date	
Tax Period	MM DD YYYY
Period Beginning Date	
Period Ending Date	

Date Business Closed		Amended Return		Additional Return		Name or Address Change	
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Part I

1. Total tax due from Part III.....
2. Credit memo (see instructions).....
3. Subtotal (subtract line 2 from line 1).....
4. Penalty.....
5. Interest.....
6. Total amount due (add lines 3, 4 and 5).....

Part II (Deductions)

- A. Vehicle Leases to U.S. Government, State of Kansas and Kansas Political Subdivisions
- B. Vehicle Leases to nonprofit educational institutions, elementary and secondary schools
- C. Nonprofit 501(c)(3) religious organizations or other nonprofit organizations.....
- D. Total deductions

I certify this return is correct.

Signature _____

Do Not Detach This Voucher

CT-114V

(Rev. 1-23)

Kansas Vehicle Leases Retailers' Compensating Use Tax Voucher

FOR OFFICE USE ONLY

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CT-114V
4118



Business Name		
Mailing Address		
City	State	Zip Code

Tax Account Number	
EIN	
Due Date	
Tax Period	MM DD YY
Period Beginning Date	
Period Ending Date	
Amount Due from line 6	

Daytime Phone Number: _____

Payment Amount \$ _____

411822

