Promoting Employment Across Kansas (PEAK)

Kansas Department of Revenue
Office of Policy and Research
915 SW Harrison St., Room 230
Topeka, KS 66612-1588

Telephone: (785) 296-3081
FAX: (785) 296-7928

Date _____

(1) Name of taxpayer:_____ EIN of taxpayer:_____

(2) Individual contact for taxpayer:_____
Name

_____ _____ _____
Email Address Telephone Number Fax Number

(3) Mailing address of taxpayer:_____
Box Number and/or Street Number and Name

City: _____ State: _____ Zip: _____

(4) For the taxable year beginning _____, 20___, and ending _____, 20___.

(5) Year of participation in PEAK for this taxpayer:

- ❑ 1st year of participation
- ❑ 2nd year of participation
- ❑ 3rd year of participation
- ❑ 4th year of participation
- ❑ 5th year of participation
- ❑ 6th year of participation
- ❑ 7th year of participation
- ❑ 8th year of participation
- ❑ 9th year of participation
- ❑ 10th year of participation

(6) Number of actual jobs created as a direct result of participation in PEAK. _____

(7) Additional payroll generated as a direct result of the actual jobs created through PEAK. _____

(8) Additional sales or revenue generated as a direct result of participation in PEAK. _____

(9) Additional Kansas sales tax (state and local) paid or collected by this taxpayer and remitted to the Kansas Department of Revenue due to sales or purchases made in Kansas as a direct result of participation in PEAK. _____

(10) Through your participation in PEAK did you:

- ❑ Construct a new facility in Kansas
- ❑ Purchase an existing facility in Kansas
- ❑ Lease an existing or new facility in Kansas
- ❑ Expand one of your own existing facilities in Kansas

(11) Amount of capital investment made in Kansas due to the participation in PEAK _____

(12) Additional Kansas property tax paid based on capital investment made in Kansas due to participation in PEAK. _____

(13) Additional Kansas income tax paid on increased profits as a direct result of participation in PEAK. _____

I declare under the penalties of perjury that to the best of my knowledge this is a true, correct, and complete application.

_____ _____
Name of Taxpayer (please type or print) Name of Authorized Representative (please type or print)

_____ _____
Signature of Authorized Representative Title Phone Number

INSTRUCTIONS

K.S.A. 74-50,217 requires that the Kansas Department of Revenue collect specific information in relation to the tax benefits that have been received pursuant to the promoting employment across Kansas act (PEAK). The requested information must be completed annually by each participating business and will be used in evaluating the PEAK program.

This information must be provided to the Kansas Department of Revenue no later than the 15th day of the fourth month following the end of the taxable year. This form may be mailed to Kansas Department of Revenue, Office of Policy and Research, Room 230, 915 SW Harrison St, Topeka, KS 66612-1588, faxed to 785-296-7928, or emailed to kathleen.smith@kdor.ks.gov.

Line (1)	Enter the name and EIN of the taxpayer that is participating in PEAK.
Line (2)	Print the name, email address, telephone number, and fax number of the individual to be contacted regarding this information.
Line (3)	Enter the complete mailing address of the taxpayer.
Line (4)	Enter the taxable year for which this information pertains to.
Line (5)	Indicate the year of participation in the PEAK program.
Line (6)	Enter the number of actual jobs this taxpayer has created during the tax period referenced in line 5 as a direct result of participation in the PEAK program.
Line (7)	Enter the total compensation paid during this tax period for the employees identified on line (6).
Line (8)	Enter the sales or other revenue generated during this tax period as a direct result of participation in the PEAK program.
Line (9)	Enter the additional Kansas sales tax (both state and local) paid or collected during this tax period by this taxpayer due to sales generated or purchases made in Kansas as a direct result of participation in the PEAK program during this tax period as a direct result of participation in the PEAK program.
Line (10)	Indicate the type of investment made in Kansas.
Line (11)	Indicate the amount of investment which has been made in Kansas as a direct result of participation in PEAK.
Line (12)	Enter the amount of property tax paid based on capital investment made in Kansas as a direct result of participation in PEAK.
Line (13)	Enter the amount of additional income tax paid on increased profits as a direct result of participation in PEAK.
Signature	The name of the taxpayer as well as the authorized representative should be typed or printed in the area provided. The authorized representative must also sign the application and provide a phone number where they can be reached during business hours.