

Return for Water Protection and Clean Drinking Water Fees

Return for _____ file and pay tax by _____. TAX ACCOUNT NUMBER _____

**NEW OWNERS
DO NOT USE
PREVIOUS
OWNERS FORM**

- 1. Gallons of water sold at retail
- 2. Divide amount on line 1 by 1,000
- 3. **Water Protection Fee** due (_____ multiplied by the amount on line 2) \$ _____
- 4. **Clean Drinking Water Fee** due (_____ multiplied by the amount on line 2)..... \$ _____
- 5. Total due (add amounts on lines 3 and 4)..... \$ _____

If zero sales this filing period write "NO SALES"

I declare under the penalties of perjury that this is a true, correct and complete return.

SIGNATURE _____

TITLE _____

Daytime phone number _____

Mail return and payment to: MISC. TAX SECTION, KANSAS DEPARTMENT OF REVENUE, 915 SW HARRISON ST, TOPEKA KS 66612-1588

Detach and send with payment

**Instructions for Water Protection and Clean Drinking Water Fees (WP-1)
for Public Water Suppliers**

GENERAL INFORMATION

- The WP-1 return and payment is due 45 days from the end of the filing period. You must file a return even if there were no taxable sales.
- Keep a copy of your completed return for your records.
- **Sign your return** and provide a daytime phone number.
- Be sure your check or money order contains your tax account number and a daytime phone number.
- Mail your return and payment to: **Miscellaneous Tax, Kansas Department of Revenue, 915 SW Harrison St., Topeka, KS 66612-1588.**
- If you have questions contact our office at 785-368-8222 or visit our website at ksrevenue.org.

LINE BY LINE INSTRUCTIONS

- Line 1 – Number of gallons of water sold at retail.** Enter the number of gallons of water sold at retail for this reporting period.
- Line 2 – Divide amount on line 1 by 1,000.** Divide amount on line 1 by 1,000, rounding to the nearest whole number.
- Line 3 – Water Protection Fee due.** Multiply amount on line 2 by the Water Protection Fee rate.*
- Line 4 – Clean Drinking Water Fee due.** Multiply amount on line 2 by the Clean Drinking Water Fee rate.*
- Line 5 – Total due.** Add amounts on lines 3 and 4 and enter the result.

* If the rate is not preprinted on your return, refer to Publication KS-1527 on our web site for the current rate.

Notice of Change in Business

If any of the following information has changed, complete this form and return it to the Kansas Department of Revenue at the address shown above.

- 1. Name as shown on tax return _____
- 2. Tax account number as shown on tax return _____
- 3. If the ownership has changed within monthly period, provide the following information:
Name of new owner: _____ Date of Change: _____
- 4. If the business was discontinued permanently within the period covered by this return, provide the date of closing: _____
- 5. If the business location was changed, provide the new address: _____
- 6. If the trade name has changed, provide the new trade name: _____