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| Policy & Research | Phone: | (785) 296-3081 |
| Kansas Department of Revenue | Fax: | (785) 296-7928 |
| 915 SW Harrison St | www.ksrevenue.org | |
| Topeka, KS 66612-1588 |  | |

## STATE OF KANSAS

### PROJECT COMPLETION CERTIFICATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TO: | City of Overland Park | | | | | |
|  | Name of Entity to whom Project Exemption Certificate was Issued | | | | | |
|  | | | | | | |
| 8500 Santa Fe Drive | | Overland Park | | Kansas | | 66212 |
| Street Address | | City | | State | | Zip Code |
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| This is to certify, to the best of my knowledge and belief, that all materials purchased under **Exemption Certificate Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, issued by the Kansas Department of Revenue, were incorporated into the building or project for which the exemption was issued and were entitled to an exemption pursuant to K.S.A. 79-3606(c), (d), (e), (xx), (aaa), (ccc), (iii), (qqq), (sss), (ttt), (uuu), (xxx) and (yyy) as amended. | | | | | | |
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| Contractor/Subcontractor | | | | | | |
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| P.O. Box and/or Street Number and Name | | | | | | |
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| City, State Zip | | | | | | |
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|  | | |  | |  | |
| Signature and Title of Authorized Representative | | | | | Date | |
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| **INSTRUCTIONS** | | | | | | |
|  | | | | | | |
| Upon completion of a tax exempt project, the contractor must furnish this certification to the exempt entity for which the work was performed. The exempt entity needs to retain this document in their files and record the actual date that the project was completed on-line at https://www.kdor.org/taxcenter/. All invoices must be retained by the contractor for a period of five (5) years and are subject to audit by the Kansas Department of Revenue. | | | | | | |
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