

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

Telephone: (785) 296-3498
FAX: (785) 296-7928

STATE OF KANSAS PROJECT COMPLETION CERTIFICATION

TO: _____
Name of Entity to Whom Project Exemption Certificate was Issued

Street Address City State Zip Code

This is to certify, to the best of my knowledge and belief, that all materials purchased under **Project 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(d), (e), (cc), (xx), (aaa), or (ccc) as amended.

Contractor/Subcontractor

PO Box and/or Street Number and Name

City, State, Zip

Signature and Title of Authorized Representative Date

INSTRUCTIONS

Upon completion of a tax-exempt project, the contractor must furnish this certification to the taxpayer for which the work was performed. A copy of this certification must also be forwarded to the Kansas Department of Revenue, Office of Policy and Research, 915 SW Harrison St., Topeka, Kansas 66612-1588. All invoices must be retained by the contractor for a period of five years and are subject to audit by the Kansas Department of Revenue.

PR-77
(Rev. 4/00)