

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 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) or (cc), as amended.

Contractor / Subcontractor

P.O. Box and/or Street Number and Name

Street Address City State Zip Code

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 address shown at the top of this form. 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.