

Disability Employment Act

Program Overview

The Purchases from the Disability Employment Act, formerly known as the Qualified Vendor Tax Credit program, was created by the 2019 Kansas Legislature through the passage of House Bill 2044. Taxpayers can claim a 15% tax credit for expenditures of goods and services purchased from qualified vendors. A qualified vendor is a Certified Business or State Use Law Vendor that meets the established requirements. At a minimum, the qualified vendor must have 30% of its employees classified as blind or disabled, contribute at least 75% of health insurance premiums and pay minimum wage or greater. The Kansas Department of Administration will verify that a qualified vendor meets the established requirements.

The Purchases from the Disability Employment Act is available for tax years 2019 through 2023 and will be on a first come, first served basis. The tax credit is capped at \$500,000 per qualified vendor each tax year. It is a non-refundable tax credit and unused tax credits may carry over for up to four years and apply against the liability of future tax years. The Kansas Department of Commerce will certify the qualified expenditures are eligible for the tax credit through the application process.

To be considered for the Purchases from Disability Employment Act, applicants must:

- Complete the application form
- Upload all required attachments
- Remit a non-refundable \$250.00 application fee to the Kansas Department of Commerce

Submit the application and supporting documents to:

Tara Logan, Special Assistant to the Chief of Staff

785-588-0227

Tara.Logan@ks.gov

Kansas Department of Commerce
1000 SW Jackson Street, Suite 100
Topeka, KS 66612-1354
Phone: 785-296-3481

www.kansascommerce.gov

APPLICATION

Disability Employment Act

KANSAS
COMMERCE

Applicant Information

Company Legal Name: _____

DBA: _____

Type of Entity:

C Corp. S. Corp. Sole Corp. LLC LL GP LP Other:

Company Contact First Name: _____

Company Contact Last Name: _____

Company Contact Email: _____

Company Contact Phone: _____

Physical Address

Address: _____

Address Line 2 (Apt. No., etc.): _____

City: _____

State: _____

Postal Code: _____

Mailing Address

Address: _____

Address Line 2 (Apt. No., etc.): _____

City: _____

State: _____

Postal Code: _____

Tax Credit Information

Name of Qualified Vendor(s): _____

Total Amount of Purchases: _____

Tax Credit Amount Requested: _____

Federal Tax ID: _____

NAICS Code: _____

Is your company active and in good standing with the State of Kansas?

Yes

No

Application fee of \$250.00 submitted?

Yes

No

APPLICATION

Disability Employment Act



Submit the following documents with the application:

- Attachment A — Verification of Purchases
- Attachment B — One or more of the following documents to show the date and amount of goods or services purchase from the qualified vendor.
 - o Invoice
 - o Purchase order
 - o Contract
 - o Bill of sale
 - o Other similar document showing date of purchase(s) and amount paid

I hereby certify on behalf of _____ that the information above is true and correct.
Company Name

Name

Signature

Title

Date

Submit the application and supporting documents to:

Tara.Logan@ks.gov

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