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. In 2024, the Kansas Legislature modified the tax credit through the passage of Senate Bill 15. Taxpayers can claim a 15% tax credit for expenditures of goods and services purchased from qualified vendors that have been certified by Commerce. A vendor can become certified if it meets the established requirements set forth by K.S.A. 79-32,273 and completes the certification application with the Kansas Department of Commerce. Qualified Vendors who have been certified are listed on the tax credit's page on the Kansas Department of Commerce website.

The Purchases from the Disability Employment Act 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. The applicant must retain proper records of their tax credit for tax filing purposes.

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, per K.S.A. 74-50,225

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



Applicant Information

Yes No

Type of Entity:							
• •	S Corp	Sole Corp.	HC	11	GP	ΙP	Other:
•	•	•					Other.
Company Contact	t Last Name:						
Company Contact	t Email:						
Company Contact	t Phone:						
Physical Address							
Address:							
City:							
County:							
Postal Code:							
Mailing Address							
Address:							
City:							
County:							
Postal Code							
1 03tai 0 0ac							
Tax Credit Informa	ation						
Name of Qualified	d Vendor(s): _						
Total Amount of P	urchases:						
	•						
Federal Tax ID:							
NAICS Code:							
Is your company a	active and in §	good standing	with the S	State of	Kansas?		
Yes		J					
No							
Application Fee o	f \$250.00 sul	bmitted?					

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
Tume		Oignature
Title		Date

Submit the application and supporting documents to:

Tara.Logan@ks.gov

ATTN: Tara Logan Kansas Department of Commerce 1000 SW Jackson Street, Suite 100

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APPLICATION Disability Employment Act



Verification of Purchases

Qualified Vendor		Certifies that	Applicant Company Name		
Purchased \$	Total Dollar Amount Purchased	_ from January 1,	20 to December 31, 20		
	Qualified Vendor Name Printed	_			
	Qualified Vendor Signature	-	 Date		
	Applicant Name Printed	-			
	Applicant Signature	-	 Date		

All companies are required to have this form completed when applying for the Purchases from Disability Employment Act. The company is expected to provide documentation to verify the above noted purchases.