42A815 (8-06)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

WITHHOLDING TAX REFUND APPLICATION



Name of Business	Ente	r Exact Name as it Appears on Vo	our Account (please print or type)	() Telephone Number	(include area code)
Mailing Address					•	
11441635	P.O.	Box or Number and Street	City or Town	County	State	ZIP Code
	(1) Withholding tax account number under which tax was paid to the Kentucky State Treasurer					
	(2)	Period(s) in which tax was reported and paid				
	(3) Explain the reason(s) for refund (attach separate sheet if necessary)					
	(4)		uested			
	(5) Banking Information (if electronic fund transfer (EFT) requested)					
		Name of Bank				
		Depositor Account Numb	oer (DAN)			
		Routing Transit Number ((RTN)	Acc	ount Type ➤	☐ Checking ☐ Savings ☐ Other
Instructions	(1) This application must be completed to receive the refund requested via EFT.					
	(2)	(2) Only the taxpayer making payment of the tax directly to the Kentucky State Treasurer may file the application for refund.				
	(3)	(3) Claims for refunds or credits must be filed within four years from the date the tax was paid to the State Treasurer. After the statute of limitations has expired, no claims for refunds or credits will be considered.				
	(4) Mail completed application to the Kentucky Department of Revenue, Withholding Tax Section, P.O. Box 181, Station 57, Frankfort, KY 40602-0181.					
and statements) and	to the gn thi	best of my knowledge and is application. The undersig	jury that I have examined this refu belief, the statements contained he ened certifies that no tax liability or	erein are true, co	mplete and corr	ect, and that I am
			Title			
Name		(Print or Type)	Date			
		(Print or Type)				