

AMENDED EMPLOYER'S RETURN OF
INCOME TAX WITHHELD

K-1

NAME AND ADDRESS		AMENDED RETURN		FOR OFFICIAL USE ONLY	
		Period Beginning: _____			
		Period Ending: _____			
		Return Due: _____ Account No.: _____			
A As Originally Reported or Adjusted	B Correct Amount	A As Originally Reported or Adjusted		B Correct Amount	
Total Number of Employees This Period	_____	1. Total wages paid this period			
	_____	2. Kentucky income tax withheld this period			
		3. Previous period adjustments or credits			
		4. Net tax due			
		5. Penalty (see instructions)			
		6. Interest (see instructions)			
		7. Total penalty and interest (line 5 plus line 6)			
		8. Total amount due (line 4 plus line 7)			
EXPLANATION OF CHANGES			Refund requested \$ _____	Credit forward to _____ period	
I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.					
SIGN HERE ➤ _____ SIGNATURE TITLE DATE					
Remit total amount due. Make check payable to: Kentucky State Treasurer . Mail to: Department of Revenue, Frankfort, Kentucky 40619 .					

