

**AMENDED EMPLOYER'S RETURN OF
 INCOME TAX WITHHELD**

1 2 3

K-3

NAME AND ADDRESS	AMENDED RETURN	FOR OFFICIAL USE ONLY	
	Period Beginning: <input style="width: 50px;" type="text"/>		
	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	
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>

ANNUAL RECONCILIATION	
9. Total wages paid for the year	<input style="width: 60px;" type="text"/>
10. Total Kentucky income tax withheld as shown on K-2s	<input style="width: 60px;" type="text"/>

Period	Col. A Monthly Payments	Col. B Payments By Quarter	Col. A Monthly Payments	Col. B Payments By Quarter
Jan.	_____		_____	
Feb.	_____		_____	
Mar.	_____ 1st _____		_____ 1st _____	
Apr.	_____		_____	
May	_____		_____	
June	_____ 2nd _____		_____ 2nd _____	
July	_____		_____	
Aug.	_____		_____	
Sept.	_____ 3rd _____		_____ 3rd _____	
Oct.	_____		_____	
Nov.	_____		_____	
Dec.	_____ 4th _____		_____ 4th _____	

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)			

Refund requested \$ _____	Credit forward to _____ period
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EXPLANATION OF CHANGES

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.**



11. Total (line 11 must equal line 10)	\$ _____
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