

**KIRA ANNUAL REPORT**

Calendar Year \_\_\_\_\_

Business Name	KIRA Number	Kentucky Withholding Account Number
	Activation Date	
1. Total annual gross wages subject to income tax paid to <b>eligible KIRA employees only</b> .	\$	
2. Total annual Kentucky KIRA assessments claimed by your company. (Include pending refunds requested for assessments not retained by company.)	\$	
3. Total annual local KIRA assessments claimed by your company, if applicable.	\$	
4. Total annual Kentucky tax withheld and reported under this account number for all employees, eligible and ineligible.	\$	

**Please attach spreadsheet that lists for each eligible employee the following information:**

- **name,**
- **Social Security number,**
- **state of residency,**
- **annual gross wages subject to income tax paid,**
- **amount of Kentucky state tax withheld for the year, and**
- **amount of Kentucky KIRA assessment claimed for the year.**

**KIRA Annual Report is due by March 15 of each year.**

Mail to: Kentucky Department of Revenue  
Tax Credits Section  
P.O. Box 181, Station 52  
Frankfort, KY 40602-0181

Fax to: (502) 564-0058

E-mail to: [KRC.WEBResponseEconomicDevelopmentCredits@ky.gov](mailto:KRC.WEBResponseEconomicDevelopmentCredits@ky.gov)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

E-Mail \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_