

KEOZ ANNUAL REPORT

Calendar Year _____

Business Name	KEOZ Number	Kentucky Withholding Account Number
	Activation Date	
1. Total annual gross wages exclusive of any noncash benefits paid to eligible KEOZ employees only.	\$	
2. Total annual Kentucky KEOZ assessments claimed by your company. (Include pending refunds requested for assessments not retained by company.)	\$	
3. Total annual local KEOZ 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 paid exclusive of any noncash benefits,**
- **amount of Kentucky state tax withheld for the year, and**
- **amount of Kentucky KEOZ assessment claimed for the year.**

KEOZ 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

Signature _____

Date _____

Title _____

E-Mail _____

Telephone Number _____

Fax Number _____