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

WITHHOLDING TAX REFUND APPLICATION

Name of Business	Enter Exact Name as it Appears on Your Account *(please print or type)*	( ) Telephone Number *(include area code)*
Mailing Address	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) Amount of tax refund requested _____ (5) Banking Information *(if electronic fund transfer (EFT) requested)* Name of Bank _____ Depositor Account Number (DAN) __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Routing Transit Number (RTN) __ __ __ __ __ __ __ __ __ Account Type ➤ ☐ Checking ☐ Savings ☐ Other	
Instructions	(1) This application must be completed to receive the refund requested via EFT. (2) Only the taxpayer making payment of the tax directly to the Kentucky State Treasurer may file the application for refund. (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.	

I, the undersigned, declare under the penalties of perjury that I have examined this refund application (including any attached schedules and statements) and to the best of my knowledge and belief, the statements contained herein are true, complete and correct, and that I am duly authorized to sign this application. The undersigned certifies that no tax liability of any kind is due or owing the Commonwealth of Kentucky by this applicant.

Signed _____ Title _____

Name _____ Date _____
(Print or Type)