

**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: 100px;" 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: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> | | |

| ANNUAL RECONCILIATION | | | |
|--|--|--|--|
| 9. Total wages paid for the year | | | |
| 10. Total Kentucky income tax withheld as shown on W-2s... | | | |
| | | 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) | |

| Period | Col. A Monthly Payments | Col. B Payments By Quarter | Col. A Monthly Payments | Col. B Payments By Quarter | |
|--|-------------------------|----------------------------|-------------------------|----------------------------|--|
| Jan. | _____ | | _____ | | Refund requested \$ _____ Credit forward to _____ period |
| Feb. | _____ | | _____ | | |
| Mar. | _____ 1st _____ | | _____ 1st _____ | | |
| Apr. | _____ | | _____ | | |
| May | _____ | | _____ | | EXPLANATION OF CHANGES |
| June | _____ 2nd _____ | | _____ 2nd _____ | | |
| July | _____ | | _____ | | |
| Aug. | _____ | | _____ | | |
| Sept. | _____ 3rd _____ | | _____ 3rd _____ | | |
| Oct. | _____ | | _____ | | |
| Nov. | _____ | | _____ | | |
| Dec. | _____ 4th _____ | | _____ 4th _____ | | |
| 11. Total (line 11 must equal line 10) | | | | | \$ _____ |

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.**

