42A801(D) (11-24)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

AMENDED EMPLOYER'S RETURN OF INCOME TAX WITHHELD

K-1

NAME AND ADDRESS

AMENDED RETURN

Period Beginning: _____

Period Ending: _____

Return Due: _____

Account No.: _____

FOR OFFICIAL USE ONLY

	A As Originally Reported or Adjusted		**B** Correct Amount	
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).....				

A As Originally Reported or Adjusted	**B** Correct Amount
Total Number of Employees This Period	

EXPLANATION OF CHANGES

Refund requested $_____

Credit forward to _____ period

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.**

TEAM KENTUCKY