FORM **K-5**

Commonwealth of Kentucky
Department of Revenue

KENTUCKY EMPLOYER'S REPORT OF WITHHOLDING TAX STATEMENTS

42A80518201

2020

Kentucky Withholding Account Number

Federal Employer Identification Number (FEIN)

Business Name

Mailing Address (Number and Street including Apartment Number or P.O. Box)

City, Town or Post Office	State	ZIP Code	Telephone Number

Part I—Kentucky withholding statement code and totals.

Withholding Statement Code (see instructions)	
Number of Kentucky Withholding Statements	
Total Kentucky Wages or Payments	, , .
Total Kentucky Income Tax Withheld	, , .

Part II—Complete the table below for each statement or information return issued.

	Taxpayer Identification Number (SSN or FEIN)	Last Name (Employee or Payee)	Kentucky State Wages or Payments	Kentucky State Income Tax Withheld
1			, , .	, , .
2			, , .	, , .
3			, , .	, , .
4			, , .	, , .
5			, , .	, , .

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of Taxpayer		Date
	Name of Taxpayer		Title
Paid Preparer Use	Signature of Preparer		Date
	Name of Preparer or Firm		PTIN
	Email	Phone	May the DOR discuss this return with this preparer? ☐ Yes ☐ No
Mail To:	**Kentucky Department of Revenue** K-5 Processing P. O. Box 181, Station 57 Frankfort, KY 40602		

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KENTUCKY EMPLOYER'S REPORT OF WITHHOLDING TAX STATEMENTS

42A80518202

Kentucky Withholding Account Number

	Taxpayer Identification Number (SSN or FEIN)	Last Name (Employee or Payee)	Kentucky State Wages or Payments	Kentucky State Income Tax Withheld
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

26 or more must be filed electronically