

FORM K-5
Commonwealth of Kentucky
Department of Revenue

**KENTUCKY
EMPLOYER'S REPORT OF
WITHHOLDING TAX STATEMENTS**



2020
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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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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
Mail To:	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Kentucky Department of Revenue K-5 Processing P. O. Box 181, Station 57 Frankfort, KY 40602	

