



TO: Employers
DATE: September 21, 2009
SUBJECT: 2009 Kentucky Wage and Tax Statements (W-2/K-2) Order Form

Employers are required to furnish each employee with a wage and tax statement on or before January 31, 2010. This applies to all employees from whose wages tax has been withheld or would have been withheld if no more than one exemption had been claimed.

The Kentucky Department of Revenue maintains a record of the receipt of the wage and tax statements by utilizing the Kentucky Withholding Account Number. It is extremely important that the **correct account number** as assigned by the Kentucky Department of Revenue be entered in the applicable block on the wage statements. Failure to enter the correct account number contributes to delays in processing and possible mishandling of the statements.

The Department of Revenue is providing combination federal and Kentucky wage and tax statements based on the rate schedule below. Orders for up to 100 forms will be filled at no charge. The forms consist of all required copies of federal Form W-2 and Revenue Form K-2. Employers must use these official forms or approved commercially printed forms. Federal W-2 forms may be used if the Kentucky tax withheld is clearly identified. Any questions regarding commercially printed forms or magnetic media should be addressed to the Division of Individual Income Tax, Withholding Tax Branch, Station 57, P.O. Box 1274, Frankfort, KY 40602-1274, (502) 564-7287.

Please type or clearly print your name, address, including ZIP code, and number of forms requested on the order form below and return with payment.

**DO NOT INCLUDE WITHHOLDING TAX PAYMENTS OR RETURNS
WITH THIS ORDER FORM OR THERE WILL BE A DELAY IN PROCESSING.**

Make check payable to: **Kentucky State Treasurer**
Return bottom portion with payment to: **Kentucky Department of Revenue,
Operations and Support Services Branches, P.O. Box 518,
Frankfort, KY 40602-0518**

| Form Rates | |
|---|-----------|
| 1-100 | No Charge |
| 101 or more | \$17.50 |
| Plus \$.07 for each additional form over 101 | |

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

DETACH HERE

**Please Fill Out This Side With Name and Address
Information. This is Our Label.**

W-2/K-2 Quantity _____

| | | | | |
|---|---------------------------------|----------|------------|------------|
| FROM: Department of Revenue Frankfort, KY 40620 | Name _____ | | | |
| | Telephone () _____ | | | |
| TO: Name _____ _____ Street _____ City, State and ZIP Code _____ | Wage and Tax Statements | Quantity | Unit Price | Total Cost |
| | Up to 100 Form W-2/K-2 | | NC | NC |
| | 101 (flat rate) Form W-2/K-2 | 101 | \$ 17.50 | \$ |
| | Over 101 (per Form W-2/K-2) | | x \$0.07 | \$ |
| | Sales Tax (6%)..... | | | \$ |
| Total | | | \$ | |