



Withholding Tax Deposit Report (KW-5)

GENERAL INFORMATION

- Due dates are
 - **Monthly** - 15th day of the month following the ending date of this return.
 - **Annual** - 25th day of the month following the ending date of this return.
 - **Quarterly** - 25th day of the month following the ending date of this return.
 - **Semi-Monthly** - 10th and 25th day of the month following the ending date of this return.
- **You must file** a return even if no Kansas tax was withheld.
- Sign and date the deposit report, include phone number.
- To file either type of return, use a blank KW-5. Mark an "X" in the applicable box on the front of the form and report the additional or amended amount on line 1. Form KW-5 can be downloaded at: ksrevenue.gov
 - **Additional Return:** If you have paid less than the actual taxes withheld in a period, you will need to file an additional KW-5 for that period.
 - **Amended Return:** If you have an overpayment that cannot be recaptured or used in subsequent periods of the same calendar year, you will need to file an amended KW-5.
- **Name and/or Address Change:** If there has been a change in your business name and/or address (not ownership) check the box and enter the new name and/or address on the back of this form.
- If this is the final withholding deposit for this ownership, enter the effective date of the change of ownership in the "Withholding Account Closed On" boxes and check the appropriate box on the back of this form. New owners must re-register.
- Keep a copy of your return for your records.
- Write your Tax Account Number on your check or money order and make payable to Kansas Withholding Tax. Send your return and payment to: Kansas Department of Revenue, PO Box 3506, Topeka, KS 66625-3506.

SPECIFIC LINE INSTRUCTIONS

- LINE 1:** Enter the amount which has been withheld for this tax period. If no tax was withheld, enter a zero "0", sign and mail the report. You must file a deposit report for each filing period even if no tax has been withheld.
- LINE 2:** Enter the amount of any credit or overpayment available from a prior period and the date of the filing period generating the credit. Enclose a copy of your credit memo (if one has been issued to you).
- LINE 3:** Subtract line 2 from line 1 and enter the result on line 3.
- LINE 4:** A 15% penalty is due if this report is filed or the tax is paid after the due date. Additional penalty is due if the report is filed and/or paid on or after February 1 of the following year. Information about additional penalty rates is on our website: ksrevenue.gov
- LINE 5:** If filing this report after February 1 of the following year, interest is due. The interest rate is subject to change each year. A chart of the current and prior interest rates is on our website: ksrevenue.gov
- LINE 6:** Add lines 3, 4 and 5 and enter the total on line 6.

TAXPAYER ASSISTANCE

If you have questions or need assistance completing this form, contact our office.

By Phone
785-368-8222

By Mail
Tax Operations
PO Box 3506
Topeka KS 66625-3506

By Appointment

Go to ksrevenue.gov to set up an appointment at the Topeka or Overland Park office by using the Appointment Scheduler.

(Rev. 11-22)

..... Detach and send with payment

KW-5

(Rev. 3-22)

KANSAS WITHHOLDING TAX DEPOSIT REPORT

FOR OFFICE USE ONLY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Kansas Withholding Tax Account Number		Employer ID Number (EIN)	
Filing Frequency	Pay Days Falling On and Between	Due Date	
SIGN HERE X		Date	Daytime Phone
Name of Employer/Payor		Business Name and/or Address change. Mark this box & complete the back of this form. <input type="checkbox"/>	

1. State Tax Withheld this Period

2. Credit Applied From
(Date)

3. Net Amount

4. Penalty _____ 5. Interest _____

MMDDYY

Withholding Account Closed On

Amended Return

Additional Return

6. TOTAL \$



5001



5001

..... Detach and send with payment



**CHANGE OF
BUSINESS NAME**

New Business Name	Effective Date
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**CHANGE OF
ADDRESS**

New Street Address		
New PO Box		
City	State	Zip Code

- Close all accounts
- Close only withholding account



5008