Taxable period beginning ___



__, 2009, and ending __

Kentucky Corporation/LLET Account Number

KENTUCKY CORPORATION **INCOMETAX AND LLET RETURN**

В	Check applicable box(es):	D Federal Identification Number — Taxable Y							/ear Ending/				
	LLET Receipts Method										Mo.	Yr.	
	Gross Receipts Gross Profits	Name of Corporation o	of Corporation or Affiliated Group (Print or type)							State and Date of Incorporation Principal Business Activity in KY			
	\$175 minimum												
	Nonfiling Status Code	Status Code											
	Enter Code	City		State	ZIP Co	ode	Telep	phone Number		NAICS Code Number			
<u>с</u>	Income Tax Return								(Relating to Kentucky Activity) (See www.census.gov)				
•	☐ Elected Consolidated	Pare	ent Kentucky Corporation/LLET Account No					mber	(See ww	w.census.g	ov)		
	Attach Form 722						· ·						
	☐ Mandatory NEXUS	F Check if applicable:		1 Initial ratura			Final return (attach exp	lanation! F	Amend	dod rotus	2		
	Nonfiling Status Code	Short-period return					ange of name \Box					iting period	
_	Enter Code				1	_							
_	PA	RT I—LLET COMPUTATION	ON			ı	 Other (attach Sched) Net income (line 10) 					00	
	Schedule LLET, Section	·	1		00	ı	 Net income (line 10 line) Current net operating 				-	00	
2.	Recycling/composting e					''	(mandatory nexus o	-		17		00	
2	recapture		2		00	18	8. Kentucky net incon					00	
	Nonrefundable LLET credit from Kentucky		3		00	ı	. Taxable net income						
٦.	·		4		00		(attach Schedule A	if applicable)		19		00	
5.	Nonrefundable tax credits (Schedule TCS)		5		00	ı). Net operating loss	,	DLD)	20		00	
6.	LLET liability (greater of line 3 less lines					21. Taxable net income after NOLD							
	4 and 5 or \$175 minimum		6		00		(line 19 less line 20)			21		00	
	7. Withholding tax (PTE-WH)		7		00 22. Kentucky domestic production activities					22		00	
	Estimated tax payments Extension payment		8		00	23	deduction (KDPAD)					00	
	Prior year's tax credit		10		00	آ	less line 22)			23		00	
	Income tax overpayment from		.5			Т	· · · · · · · · · · · · · · · · · · ·	ETAX CO		ON	1 2 2		
	Part III, line 15		11		00	1	. Income tax (see inst					00	
12.	. LLET due (line 6 less lines 7 through 11)		12		00	ı	Recycling/composti					- 00	
13.	LLET overpayment (line	-				_ ا	recapture				<u></u>	00	
	less line 6)	ŀ	13		00	3	B. Tax installment on					00	
	Credited to 2009 income Credited to 2010 LLET		14 15		00	4	l. Total (add lines 1 th	rough 3)		4		00	
	Amount to be refunded	ŀ	16		00	5	. Nonrefundable LLE			ed			
		TAXABLE INCOME COM		ATION		1	Liability Pass-throu	-					
Federal taxable income (Form 1120, line 28) 1				-110IV		۾	Worksheet(s) (see in 5. Nonrefundable LLE			5		00	
		Form 1120, line 28)	1		00	ľ	less \$175)					00	
	DITIONS: Interest income (state an	d local obligations)	2		00	7.	. Nonrefundable tax					00	
	State taxes based on net/gross income		3		00	8	8. Net income tax liab						
	4. Depreciation adjustment		4		00		through 7, but not le	ess than zero)		8		00	
5.	Deductions attributable to	nontaxable income	5		00	9	Estimated tax paym						
	6. Related party expenses		6	OO Check if Form 2220-K attached							00		
7.	·	1	7		00	10	. ,					00	
8. 9.		1	9		00	11.	 Prior year's tax cred LLET overpayment 					00	
9. 10.		· · · · · · · · · · · · · · · · · · ·	10		00	1	B. Income tax due (line					00	
SUBTRACTIONS:					ı	Income tax overpay		•					
	Interest income (U.S. ob	oligations)	11		00		less line 8)		_		<u> </u>	00	
12.	Dividend income		12		00	15	5. Credited to 2009 LL	.ET		15		00	
13.	• • • • • • • • • • • • • • • • • • • •	T T			00	16	6. Credited to 2010 co					00	
14.	Depreciation adjustmen	t	14		00	17	. Amount to be refur	nded		17		00	
												pages, and	
LLET				INCOME						supporti	ng schedu	les must be	
1. LLET due (Part I, Line 12) \$										-			
									Make check payable to:				
			- 1	2. Penalty \$						Kentucky State Treasurer			
3. Interest \$				3. Interest \$					l .				
4. Subtotal \$				4. Subtotal \$						Mail return with payment to: Kentucky Department of Revenue			
то	TAL PAYMENT (Add Subto	otals)		≯\$							ntucky 406		

Signature of principal officer or chief accounting officer

Name of person or firm preparing return

Commonwealth of Kentucky DEPARTMENT OF REVENUE



SCHEDULE Q-KENTUCKY CORPORATION/LLET QUESTIONNAIRE **IMPORTANT**: Questions 4—13 must be completed by all corporations. 5. The corporation's books are in care of: (name and address) If this is the corporation's initial return or if the corporation did not file a return under the same name and same federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. Failure to do so may result in a request for a delinquent return. 6. Are disregarded entities included in this return? ☐ Yes ☐ No. If yes, list name, address and federal I.D. number Indicate whether: (a) □ new business; (b) □ successor of the entity. _ to previously existing business which was organized as: (1) \square corporation; (2) \square partnership; (3) \square sole proprietorship; 7. Was the corporation a partner or member in a pass-through or (4) dother _ entity doing business in Kentucky? ☐ Yes ☐ No. If yes, attach If successor to previously existing business, give name, schedule listing name and federal I.D. number of the pass-through address and federal I.D. number of the previous business Was the corporation doing business in Kentucky, outside of its interest in a pass-through entity? ☐ Yes ☐ No 2. List the following Kentucky account numbers. Enter N/A for 8. Are related party costs made to related members as defined in any number not applicable. KRS 141.205(1)(I) included in this return? ☐ Yes ☐ No. If yes, Employer Withholding list name, federal I.D. and/or Kentucky Corporation/LLET account Sales and UseTax Permit _ number of the individual or entity. Consumer Use Tax ____ **Caution**: If the corporation elected to file a consolidated income tax Unemployment Insurance __ return for tax years beginning prior to January 1, 2005, skip questions Coal Severance and/or 9 and 10 and go to question 11. Processing Tax _ 9. Did the corporation at any time during the taxable year do If a foreign corporation, enter the date qualified to do business business in Kentucky and own 80 percent or more of the voting in Kentucky. __ _ / __ / ___ / ___ stock of another corporation doing business in Kentucky? ☐ Yes ☐ No. If yes, list name, address and federal I.D. number 4. If change of accounting period, Item F on page 1, is checked, of the entity. _ complete the following information: Year End before the change: and Day_ Month 10. Was 80 percent or more of the corporation's voting stock owned a.

Change from a Fiscal Year to a Calendar Year by any corporation doing business in Kentucky at any time of (NOT a 52/53 week filer): b.

Change from a Calendar Year to a Fiscal Year I.D. number of the entity. (NOT a 52/53 week filer): New Year End: Month and Day _ 11. Was this return prepared on: (a) □ cash basis, (b) □ accrual basis, c.

Change from a Fiscal Year to a Calendar Year (c) □ other (52/53 week filer): 12. Did the corporation file a Kentucky tangible personal property New Year End: December and Day of week _ tax return for January 1, 2010? ☐ Yes ☐ No d.

Change from a Calendar Year to a Fiscal Year (52/53 week filer): 13. Is the corporation currently under audit by the Internal Revenue New Year End: Service? ☐ Yes ☐ No Month _ and Day of week If yes, enter years under audit If a 52/53 week filer: (Choose one of the options below.) If the Internal Revenue Service has made final and unappealable i. D Option A: Ends on the same day of the week and adjustments to the corporation's taxable income which have not whatever date this same day of the week last occurs been reported to the department, check here □ and file an amended in a calendar month. return. See Instructions 2009 Kentucky Corporation IncomeTax and ☐ Option B: Ends on the same day of the week and LLET Return, page 6 for information regarding amended returns. whatever date this same day of the week falls that is Attach a copy of the final determination to the amended return. the nearest to the last day of the calendar month. OFFICER INFORMATION (Failure to Provide Requested Information May Result in a Penalty) Attach a schedule listing the name, home address and Social Security number of the vice president, secretary and treasurer. Has the attached officer information changed from the last return filed? Yes No President's Home Address President's Name President's Social Security Number Date Became President I, the undersigned, declare under the penalties of perjury, that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and May the DOR discuss this complete. return with the preparer?

www.revenue.ky.gov

SSN, PTIN or FEIN

☐ Yes ☐ No E-mail Address:

Telephone Number: