P.O. Box 1190

Frankfort, KY 40602-1190





2010

> COMPLETE ONLY IF NOT FILING FEDERAL EXTENSION

> SEE INSTRUCTIONS FOR PAYMENT REQUIREMENTS

INSTRUCTIONS: Taxpayers who request a federal extension are not required to file a separate Kentucky extension. The requirements may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

Interest at the annual rate of 5 percent applies to any income tax paid after the original due date of the return. If the amount of tax paid by the original due date is less than 75 percent of the tax due, a late payment penalty may be assessed (minimum penalty is \$10). Interest and late payment penalty charges can be avoided by remitting payment with the Extension Payment Voucher below by the due date.

APPLICATION FOR EXTENSION OF TIME TO FILE INDIVIDUAL, GENERAL PARTNERSHIP AND FIDUCIARY INCOMETAX RETURNS FOR KENTUCKY

Use this form if you (1) are requesting a Kentucky extension of time to file (complete Section I); (2) are requesting a Kentucky extension and desire to make a payment prior to the due date (complete Sections I and II); or (3) have a federal extension and desire only to make a Kentucky payment prior to the due date (complete and submit Section II only).

You will be notified only if the application for extension is denied. To avoid the late filing penalty, a copy of this form must be attached to your return when filed. Keep a copy for yourself.

SECTION I (Please print or type name	and address in block below.)	
	Check type of return:	
	☐ Individual (740 or 740	
	☐ General Partnership (765-GP)
	☐ Fiduciary (741)	
	Soc. Sec. No. or Employe	r ID No.
A six-month extension is requested ended	I for filing the income tax return of the above-nan	ned taxpayer(s) for the taxable year
REASON FOR REQUEST (A reason m reason.)	ust be given before any request can be considered. In	ability to pay tax liability is not a valid
Signature of taxpayer	Date Preparer other than taxpayer Kentucky Department of Revenue, P.O. Box 1190, Frankfort, KY	Date
	sed after return due date)	40002-1130
You will be notified only if the applicat to your return when filed. Keep a copy	tion for extension is denied. To avoid the late filing penal y for yourself.	ty, a copy of this form must be attached
40A102 (11-10)	COMPLETE ONLY IF MAKING PAYMENT	2010
SECTION II VINBRIDLED SPIRITY.		KENTUCKY EXTENSION PAYMENT VOUCHER
Last name First name (jo	pint or combined return, give both names and initials)	Your Social Security number
Mailing address (number and street or P.O. box)	Apartment number	Spouse's Social Security number
City, town or post office	State	ZIP code
Make check payable to: Kentucky State Tre	Enter payment amount nere :.	> \$