

740-NP

42A740-NP

Department of Revenue

Check if return is:

Amended (Attach copy of original return.)



KENTUCKY INDIVIDUAL INCOME TAX RETURN Nonresident or Part-Year Resident



2011

For calendar year or other taxable year beginning _____, 2011, and ending _____, 20_____.

Form section for personal information including Social Security Numbers (A. Spouse's, B. Your), Name, Mailing Address, and City/Town/Post Office.

FILING STATUS section with options for Single, Married (joint or separate), and Political Party Fund (Democratic, Republican, No Designation).

RESIDENCY STATUS section with options for Full-year nonresident, Part-year resident, and Full-year resident of a reciprocal state.

Attach Form W-2(s), Other Supporting Statement(s) and Payment Here—Staple to Top Page Only

Table with 28 rows for tax calculations and 5 columns for official use only. Includes instructions for completing sections A, B, C, and D on pages 2 through 4.



REFUND/TAX PAYMENT SUMMARY

29	Enter amount from page 1, line 28. This is your Total Tax Liability	• 29		00
30	(a) Enter Kentucky income tax withheld as shown on attached 2011 Form W-2(s) and other supporting statements.....	• 30(a)	00	
	(b) Enter 2011 Kentucky estimated tax payments	• 30(b)	00	
	(c) Enter 2011 refundable certified rehabilitation credit (KRS 141.382(1)(b))	• 30(c)	00	
	(d) Enter 2011 film industry tax credit (KRS 141.383)	• 30(d)	00	
	(e) Enter Nonresident Withholding from Form PTE-WH, line 9 (KRS 141.206(4)(b)(1))	• 30(e)	00	
31	Add lines 30(a) through 30(e)	• 31		00
32	If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions)	32		00
	<i>Fund Contributions; See instructions.</i>		▶ (Enter amount(s) checked)	
33	Nature and Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other	• 33	00	
34	Child Victims' Trust Fund	• 34	00	
35	Veterans' Program Trust Fund	• 35	00	
36	Breast Cancer Research/Education Trust Fund	• 36	00	
37	Add lines 33 through 36	37		00
38	Amount of line 32 to be CREDITED TO YOUR 2012 ESTIMATED TAX	• 38		00
39	Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU	REFUND • 39		00
40	If line 29 is larger than line 31, enter ADDITIONAL TAX DUE	• 40		00
41	(a) Estimated tax penalty and/or interest. <input type="checkbox"/> <i>Check if Form 2210-K attached...</i>	41(a)	00	
	(b) Interest	41(b)	00	
	(c) Late payment penalty	41(c)	00	
	(d) Late filing penalty.....	41(d)	00	
42	Add lines 41(a) through 41(d). Enter here.....	• 42		00
43	Add lines 40 and 42 and enter here. This is the AMOUNT YOU OWE	OWE 43		00
	<ul style="list-style-type: none"> • Make check payable to Kentucky State Treasurer or visit www.revenue.ky.gov for more options. • Write your Social Security number and "KY Income Tax—2011" on the check. 		OFFICIAL USE ONLY	
				PWR

SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS

1	Enter nonrefundable limited liability entity credit (KRS 141.0401(2))	1	00
2	Enter Kentucky small business investment credit.....	2	00
3	Enter skills training investment credit (attach copy(ies) of certification).....	3	00
4	Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))	4	00
5	Enter credit for tax paid to another state (attach copy of other state's return(s))	5	00
6	Enter unemployment credit (attach Schedule UTC).....	6	00
7	Enter recycling and/or composting equipment credit (attach Schedule RC)	7	00
8	Enter Kentucky Investment Fund credit (attach copy(ies) of certification)	8	00
9	Enter coal incentive credit.....	9	00
10	Enter qualified research facility credit (attach Schedule QR).....	10	00
11	Enter GED incentive credit (attach Form DAEL-31).....	11	00
12	Enter voluntary environmental remediation credit (attach Schedule VERB).....	12	00
13	Enter biodiesel and renewable diesel credit.....	13	00
14	Enter environmental stewardship credit.....	14	00
15	Enter clean coal incentive credit.....	15	00
16	Enter ethanol credit (attach Schedule ETH)	16	00
17	Enter cellulosic ethanol credit (attach Schedule CELL).....	17	00
18	Enter energy efficiency products credit (attach Form 5695-K)	18	00



SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS (continued)

19	Enter railroad maintenance and improvement credit (attach Schedule RR-1).....	19	00
20	Enter Endow Kentucky credit (attach Schedule ENDOW)	20	00
21	Add lines 1 through 20. Enter here and on page 1, line 15	21	00

SECTION B—PERSONAL TAX CREDITS **Check Regular** **Check both if 65 or over** **Check both if blind**

- 1 (a) Credits for yourself:
- (b) Credits for spouse:

1 Enter number of boxes checked on line 1

2 Dependents:

2 Enter number of dependents who:

First name	Last name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

- lived with you.....
- did not live with you (see instructions).....
- other dependents.....

3 Add lines 1 and 2 and enter here.....

• 3
x \$20
4

4 Multiply credits on line 3 by \$20. Enter here and **on page 1, line 17**

SECTION C—FAMILY SIZE TAX CREDIT (List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

First name	Last name	Social Security number	First name	Last name	Social Security number

A copy of pages 1 and 2 of your federal income tax return and all supporting schedules must be attached to Kentucky Form 740-NP.

I, the undersigned, declare under 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 complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Your Signature (If joint return, both must sign.) Spouse's Signature Date Signed ()
Telephone Number (daytime)

Typed or Printed Name of Preparer Other than Taxpayer I.D. Number of Preparer Date

Firm Name EIN Date

Mail to: **REFUNDS** **Kentucky Department of Revenue, Frankfort, KY 40618-0006.**



PAYMENTS **Kentucky Department of Revenue, Frankfort, KY 40619-0008.**

