740->	K
-------	---

42A740-X (11-13) Department of Revenue



## AMENDED KENTUCKY INDIVIDUAL INCOME TAX RETURN



	For calendar year <i>or</i>			INCO		20
	For fiscal year beginning	······································	, and ending ,			
	Filing Status: Check only one block.		Spouse's Social Secu	urity No.	Your Social Sec	urity No.
	Original Amended					
1.	Single		i i		i	
2.	Married, filing se on this combined	parately d return	Last Name	First Name (Joint or co	mbined return, give both na	mes and initials.)
3. 4.	Married, filing jo	parate	Mailing Address	Number and Street inc	luding Apartment Number o	r P.O. Box
>	returns. Enter sp name and Social number as it app separate return.	Security	City, Town or Post Office		State	ZIP Code
INC	OME AND DEDUCTIONS		I	I—As Originally Reported or Adjusted	II—Net Change Increase or Decrease (see p. 2)	III Correct Amount
1	KENTUCKY ADJUSTED GRO		ME (Earm 740 ar 740 EZ)	Theported of Aujusted		
1.	RENTOCKT ADJUSTED GRO		A, Spouse			
			B, Yourself (or Joint)			
2	ITEMIZED DEDUCTIONS / S					
۷.	TTEIMIZED DEDUCTIONS / S		A, Spouse			
			B, Yourself (or Joint)			
2	TAXABLE INCOME	Column	B, Foursen (of Joint)			
5.		Column	A, Spouse			
			B, Yourself (or Joint)			
TAY		Column	B, Toursen (or Joint)			
	Enter tax from Form 740, lir	0 14 or E	740-E7 line 4			
4.			A, Spouse			
			B, Yourself (or Joint)			
5.	Business Incentive Credits.		A, Spouse			
5.	Business incentive oreans.		B, Yourself (or Joint)			
6	Personal Tax Credits.		A, Spouse			
0.	rersonar rax orcuits.		B, Yourself (or Joint)			
7	Subtract lines 5 and 6		A, Spouse			
/.	from line 4.		B, Yourself (or Joint)			
8			er here			
	-		) Only)			
	Income Tax Liability. Subtra					
	Kentucky Use Tax					
	Total Tax Liability					
PA	YMENTS AND CREDITS			•		
16.	Kentucky Income Tax Withh	eld				
17.	Kentucky Estimated Tax Pay	/ments				
	Refundable Kentucky Corpo					
19.	19. Refundable certified rehabilitation credit (KRS 141.382(1)(b))					
20.	20. Film industry tax credit (KRS 141.383)					
21.	Amount paid with original r	eturn, plu	s additional payments made a	after it was filed		
22.	Total of lines 16 through 21,	, Column	III			
REF	UND OR AMOUNT DUE					
23.	Overpayment, if any, shown	n on origir	nal return, Form 740 or Form 7	740-EZ		
24.	Subtract line 23 from line 22	2 and ente	r the result			
25.	If line 15, Column III, is more	e than line	e 24, enter amount due			
26.	Compute interest on the am	ount due	from the due date until paid.	Use Interest Rate		
			nting interest			
27.	Add lines 25 and 26. Pay in	full with tl	his return			
28	If line 15. Column III, is less	than line <sup>•</sup>	24 enter refund to be received	Ч		

Ν

F



## PART I – TAX CREDITS (This section must be completed for any increase or decrease in the number of personal tax credits claimed on original return) 1. Number of personal tax credits claimed on original return (Form 740, Section B, lines 3A and 3B).....

	· · · · · · · · · · · · · · · · · · ·	
2.	Number of personal tax credits claimed on this return	
3.	Difference	

Explain any difference in detail below. Include name and Social Security number.

## PART II – FAMILY SIZE TAX CREDIT (This section must be completed for any increase or decrease to Total Family Size claimed on original return.)

4.	Total Family Size claimed on original return	1	2	3	4 or more	
5.	Total Family Size claimed on this return	1	2	3	4 or more	

Explain any difference in detail below. Include name and Social Security number.

PART III – CHANGES Explain changes to income, deductions and tax from page 1, Column II in detail below. Attach additional or corrected Kentucky and/or federal forms, schedules or W-2s.

If you do not attach the required information, processing of your Form 740-X may be delayed.

PART IV – INTEREST RATE CHART - Use the following rates when computing interest for amount on Page 1, Line 25.

Jan. 1, 2014–Dec. 31, 2014	_	6%
Jan. 1, 2013–Dec. 31, 2013	-	6%
Jan. 1, 2012–Dec. 31, 2012	-	6%
Jan. 1, 2011–Dec. 31, 2011	-	5%
Jan. 1, 2010–Dec. 31, 2010	-	5%

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 appropriate income tax regulations 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 a joint or combined return, both must sign.)	Spouse's Signature	Telephone Number (daytime)	Date Signed
Typed or Printed Name of Preparer Other than Taxpayer	I.D. N	lumber of Preparer	Date
Make check payable to:	INDS Mail to: Kentucky D	Department of Revenue, Frankfort, KY 406	618-0006.

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

Kentucky State Treasurer.