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,			
Filin	g Status: Check only one block.		Spouse's Social Security No.		Your Social Secu	irity No.
	Original Amended		1 1	1		I.
1.	Single					1
2.	Married, filing se on this combined		Last Name	First Name (Joint or cor	nbined return, give both na	mes and initials.)
3. 4.	Married, filing joint return Married, filing separate Mailing Address		Number and Street including Apartment Number or P.O. Box			
	returns. Enter sp name and Social	ouse's				
≻	number as it app separate return.		City, Town or Post Office		State	ZIP Code
INC	OME AND DEDUCTIONS			I—As Originally Reported or Adjusted	II—Net Change <i>Increase</i> or Decrease (see p. 2)	III Correct Amount
1.	KENTUCKY ADJUSTED GRO	OSS INCO	ME (Form 740 or 740-EZ)			
		Column	A, Spouse			
		Column	B, Yourself (or Joint)			
2.	ITEMIZED DEDUCTIONS / S					
			A, Spouse			
			B, Yourself (or Joint)			
3.	TAXABLE INCOME		,			
		Column	A, Spouse			
			B, Yourself (or Joint)			
TAX	X LIABILITY			1		
	Enter tax from Form 740, lin	e 14 or Fo	orm 740-EZ, line 4.			
			A, Spouse			
			B, Yourself (or Joint)			
5.	Business Incentive Credits.		A, Spouse			
			B, Yourself (or Joint)			
6.	Personal Tax Credits.		A, Spouse			
			B, Yourself (or Joint)			
7.	Subtract lines 5 and 6		A, Spouse			
	from line 4.		B, Yourself (or Joint)			
8.	Add line 7, Columns A and I					
	Family Size Tax Credit					
	New Home Tax Credit (2009					
	Income Tax Liability. Subtra					
	Kentucky Use Tax					
15.	Total Tax Liability					
PA	YMENTS AND CREDITS				_II	
16.	Kentucky Income Tax Withh	eld				
	Kentucky Estimated Tax Pay					
	Refundable Kentucky Corpo					
	Refundable certified rehabil					
	Film industry tax credit (KRS					
			s additional payments made a	after it was filed		
			III			
	UND OR AMOUNT DUE				I	
23.	Overpayment, if any, showr	on origir	nal return, Form 740 or Form 7	40-EZ		
	24. Subtract line 23 from line 22 and enter the result					
	5. If line 15, Column III, is more than line 24, enter amount due					
			from the due date until paid.			
			ting interest			
27.			nis return		h	
			24 enter refund to be received		-	

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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. Num	ber of Preparer	Date	
Make check payable to:	Mail to: Kentucky De	partment of Revenue, Frankfort, KY 406	18-0006.	

Kentucky State Treasurer.

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