



740-X

42A740-X (11-01)

Revenue Cabinet

AMENDED KENTUCKY INDIVIDUAL INCOME TAX RETURN FOR TAX YEARS 1998, 1999, 2000, 2001

199 200

For calendar year or For fiscal year beginning and ending

Filing Status: Check only one block.

- Original Amended 1. Single 2. Married, filing separately on this combined return 3. Married, filing joint return 4. Married, filing separate returns.

Personal information fields: Last Name, First Name, Mailing Address, City, State, ZIP Code, Social Security Numbers, etc.

INCOME AND DEDUCTIONS

Table with 3 columns: I-As Originally Reported or Adjusted, II-Net Change Increase or Decrease, III Correct Amount. Rows include Kentucky Adjusted Gross Income, Itemized Deductions, and Taxable Income.

TAX LIABILITY

Enter credits from original return or page 2, line 7 A. Spouse B. Yourself (or Joint)

Table for tax liability calculations: Enter tax from Tax Table, Low Income Credit, Child and Dependent Care Credit, Income Tax Liability, Kentucky Use Tax, Total Tax Liability.

PAYMENTS AND CREDITS

Table for payments and credits: Kentucky Income Tax Withheld, Kentucky Estimated Tax Payments, Amount paid with original return, Total of lines 10 through 12.

REFUND OR AMOUNT DUE

Table for refund or amount due: Overpayment, Subtract line 14 from line 13, Compute interest, Add lines 16 and 17, Refund to be received.

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.

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

PART I—TAX CREDITS (Lines 1 through 7 must be completed for any increase or decrease in the number of tax credits claimed on original return.)

1. Number of tax credits claimed on original return	➤		
2. Number of tax credits claimed on this return	➤		
3. Difference	➤		
4. Additional Credits for Yourself and Spouse (Check only those boxes not checked on original return.)			
{ Yourself <input type="checkbox"/> If 65 or Over <input type="checkbox"/> <input type="checkbox"/> If Blind <input type="checkbox"/> <input type="checkbox"/> Spouse <input type="checkbox"/> Check Two Check Two }	Enter number of boxes checked ➤		
5. Enter first names of your dependent children who lived with you, but were not claimed on original return.			
	Enter number ➤		
6. Other dependents not claimed on original return			
(a) Name	(b) Relationship	(c) Months lived in your home.	(d) Did you provide more than one-half of dependent's support?
			Enter number of other dependents listed ➤
7. Tax credits claimed on this return by: (a) Spouse _____ ; (b) Yourself (or Joint) _____ .			

PART II— EXPLANATION OF CHANGES to Income, Deductions, Tax and Credits (from page 1, Column II). Show computations in detail. Attach applicable Kentucky and/or federal schedules.

