



740-NP

42A740-S9 REVENUE CABINET

KENTUCKY INCOME TAX RETURN NONRESIDENT OR PART-YEAR RESIDENT

Check if Amended Return

2000

For calendar year or other taxable year beginning _____, 2000, and ending _____, 2001.

Name—Last, First, Middle Initial (Joint return, give both names and initials.) Your Social Security Number
Mailing Address (Number and Street Including Apartment Number or P.O. Box) Spouse's Social Security Number
City, Town or Post Office State ZIP Code
POLITICAL PARTY FUND
Designating \$2 will not change your refund or tax due.

FILING STATUS (see instructions)
1 Single
2 Married, filing joint return.
3 Married, filing separate returns. Enter spouse's Social Security number above and full name here.
A. Spouse B. Yourself
Democratic (1) (4)
Republican (2) (5)
No Designation (3) (6)

CREDITS COMPLETE PAGE 2 OF THIS FORM BEFORE COMPLETING LINES 4 THROUGH 31. OFFICIAL USE ONLY 1 2 3 4 5

TAXABLE INCOME
4 Enter total tax credits claimed on page 2, line 35
5 Enter amount from page 2, line 59, Column A. This is your federal Adjusted Gross Income
6 Enter amount from page 2, line 59, Column B. This is your Kentucky Adjusted Gross Income
7 Nonitemizers: Enter \$1,700. Skip lines 8(a) and 8(b) (do not prorate)
8 (a) Itemizers: Enter itemized deductions from Kentucky Schedule A, Form 740-NP
8 (b) Multiply line 8(a) by the percentage ()% from page 2, line 60
9 Subtract line 7 or line 8(b) from line 6. This is your Taxable Income

TAX
10 Enter tax from Form 740-NP Tax Table
11 Multiply \$20 by number of tax credits claimed (from line 4).
12 Multiply line 11 by the percentage ()% from page 2, line 60
13 Other tax credits (see instructions)
14 Subtract lines 12 and 13 from line 10
15 Enter Low Income Credit from worksheet in the instructions
16 Subtract line 15 from line 14
17 Enter Child and Dependent Care Credit from worksheet in the instructions
18 Subtract line 17 from line 16. This is your Income Tax Liability
19 Enter KENTUCKY USE TAX from worksheet in the instructions
20 Add lines 18 and 19. This is your Total Tax Liability
21 (a) Enter Kentucky income tax withheld as shown on attached 2000 wage and tax statements
21 (b) Enter 2000 Kentucky estimated tax payments
22 Add lines 21(a) and 21(b)
23 If line 22 is larger than line 20, enter AMOUNT OVERPAID (see instructions)
24 Nature and Wildlife Fund Contribution
25 Child Victims' Trust Fund Contribution
26 Bluegrass State Games and U.S. Olympic Committee Fund Contribution
27 Veterans' Program Trust Fund Contribution
28 Add lines 24 through 27
29 Amount of line 23 to be CREDITED to your 2001 ESTIMATED TAX
30 Subtract lines 28 and 29 from line 23. Amount to be REFUNDED TO YOU
31 If line 20 is larger than line 22, enter AMOUNT YOU OWE. Attach check for full amount payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax—2000" on the check. Place on TOP of wage and tax statements
Check if Form 2210-K is attached (see instructions)

Attach Wage and Tax Statements and Payment Here—Staple to Top Page Only

See instructions for a detailed description of funds.

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.

RESIDENCY STATUS (check one box)
Full-year nonresident. I did not live in Kentucky during the year. Enter state of residence as of December 31, 2000
Part-year resident. Complete appropriate line(s) below.
Moved into Kentucky / / 00. State moved from
Moved out of Kentucky / / 00. State moved to
Full-year resident of a reciprocal state. Circle state of residence. IL IN MI OH VA WV WI

CREDITS
32 (a) Credits for yourself: Regular Check both if 65 or over Check both if blind Enter number of boxes checked 32
(b) Credits for spouse: Regular Check both if 65 or over Check both if blind
33 Names of dependent children: (a) (b) (c) (d) Total 33
34 Tax credits for other dependents 34
35 Add the total number of tax credits claimed on lines 32, 33 and 34 above 35

INCOME Table with columns: Description, A. Total from Attached Federal Return, B. Kentucky
36 Enter all wages, salaries, tips, etc. (attach wage and tax statements) Do not include moving expense reimbursements 36
37 Moving expense reimbursement (attach Schedule ME) 37
38 Interest and dividends 38
39 Business income or (loss) (attach federal Schedule C or C-EZ) 39
40 Capital gain or (loss) (attach federal Schedule D) 40
41 Other gains or (losses) (attach federal Form 4797) 41
42 (a) Federally taxable IRA distributions, pensions and annuities 42(a)
(b) Pension income exclusion (attach Schedule P if more than \$36,414)... 42(b)
43 Rents, royalties, partnerships, estates, trusts, etc. (attach federal Schedule E) ... 43
44 Farm income or (loss) (attach federal Schedule F) 44
45 Other income (list type and amount) 45
46 Combine lines 36 through 45. This is your Total Income 46

ADJUSTMENTS TO INCOME Table with columns: Description, A. Total from Attached Federal Return, B. Kentucky
47 IRA deduction 47
48 Student loan interest deduction 48
49 Medical savings account deduction 49
50 Moving expenses (attach Schedule ME) 50
51 Deduction for one-half of self-employment tax 51
52 Self-employed health insurance deduction 52
53 Keogh retirement plan and self-employed SEP deduction 53
54 Penalty on early withdrawal of savings 54
55 Alimony paid (recipient's name and Social Security number) 55
56 Long-term care insurance premiums (see instructions) 56
57 Health insurance premiums (see instructions) 57
58 Add lines 47 through 57. Total adjustments to income 58

59 Subtract line 58 from line 46. This is your Adjusted Gross Income 59
60 Divide line 59, Column B, by line 59, Column A. If amount is equal to or greater than 100%, enter 100%. This is your Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income 60



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 joint 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 Telephone Number (daytime) Date Signed

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

Mail refund returns to Revenue Cabinet, Frankfort, KY 40618-0006. Mail returns with payment to Revenue Cabinet, Frankfort, KY 40619-0008. Make check payable to Kentucky State Treasurer.