



740-NP

42A740-S9 REVENUE CABINET

KENTUCKY INCOME TAX RETURN NONRESIDENT OR PART-YEAR RESIDENT

Check if Amended Return

2001

For calendar year or other taxable year beginning \_\_\_\_\_, 2001, and ending \_\_\_\_\_, 2002.

Use Kentucky label if correct. Otherwise print or type.

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

- 1 Single
2 Married, filing joint return.
3 Married, filing separate returns. Enter spouse's Social Security number above and full name here.

Demographic Republican No Designation A. Spouse B. Yourself

CREDITS

COMPLETE PAGE 2 OF THIS FORM BEFORE COMPLETING LINES 4 THROUGH 31.

OFFICIAL USE ONLY

1 2 3 4 5

TAXABLE INCOME

Table with 5 columns for tax credits and taxable income lines 4-9.

TAX

Table with 5 columns for tax liability and refund/owe amounts, lines 10-31.

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, 2001 \_\_\_\_\_.

Part-year resident. Complete appropriate line(s) below.  
 Moved into Kentucky \_\_\_\_ / \_\_\_\_ / 01. State moved from \_\_\_\_\_.  
 Moved out of Kentucky \_\_\_\_ / \_\_\_\_ / 01. 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	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 \$37,500)... 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 <b>Total Income</b> ..... 46				
<b>ADJUSTMENTS TO INCOME</b>				
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 <b>Adjusted Gross Income</b> ..... 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 <b>Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income</b> ..... 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.**