40A100 (11-90)
Commonwealth of Kentucky
REVENUE CABINET

APPLICATION FOR REFUND OF INCOME TAXES

For Use by Individuals, Fiduciaries and Corporations

Under the provisions of KRS 141.235 and Regulation 103 KAR 15:040, the undersigned taxpayer requests a refund of income taxes paid as shown below:

Taxpayer Income Tax Account Number

1. Name of taxpayer: _____

2. Address: _____
Number and street or rural route

_____
City, town or post office | County | State | ZIP Code

3. Type of taxpayer (individual, fiduciary, corporation): _____

4. Taxable year involved (indicate dates of fiscal year, if applicable): _____

5. (a) Amount of taxes paid with return and/or by declaration: _____

   (b) Amount of taxes paid on assessment (if applicable): _____

6. Dates of payment(s): _____

7. Validation number imprinted by this Cabinet on each check used in making payments (if payment was made by taxpayer's check). *If more than one payment was made, indicate each date and validation number separately:*

_____

_____

_____

8. Amount of tax refund requested: _____

9. Statement of taxpayer's reasons for believing that a refund should be granted (attach schedule if necessary):

_____

_____

_____

_____

_____

I, the undersigned, hereby certify that there is no tax liability for income taxes or any other taxes due or owing the Commonwealth of Kentucky by this applicant, and declare under the penalties of perjury that I have examined this application (including any attached schedules and statements) and to the best of my knowledge the statements contained herein are true, complete and correct.

_____ _____
Signature of individual taxpayer or fiduciary | Date | Spouse's signature if tax paid by joint return

_____
Signature of principal corporation officer or chief accounting officer | Date

_____
Signature and firm or employer of preparer of this application if other than the taxpayer

Return to Kentucky Revenue Cabinet, Frankfort, KY 40620