

KENTUCKY INCOME TAX RETURN NONRESIDENT OR PART-YEAR RESIDENT

Check if Amended Return

2003

For calendar year or other taxable year beginning _____, 2003, and ending _____, 2004.

Use Kentucky label if correct. Otherwise print or type.

Name—Last, First, Middle Initial (Joint return, give both names and initials.) Mailing Address (Number and Street Including Apartment Number or P.O. Box) City, Town or Post Office State ZIP Code

Your Social Security Number B. Spouse's Social Security Number A.

POLITICAL PARTY FUND Designating \$2 will not change your refund or tax due. A. Spouse B. Yourself Democratic (1) Republican (2) No Designation (3) (4) (5) (6)

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.

CREDITS COMPLETE PAGE 2 OF THIS FORM BEFORE COMPLETING LINES 4 THROUGH 31. 4 Enter total tax credits claimed on page 2, line 35

OFFICIAL USE ONLY 1 2 3 4 5

TAXABLE INCOME 5 Enter amount from page 2, line 60, Column A. This is your federal Adjusted Gross Income 6 Enter amount from page 2, line 60, Column B. This is your Kentucky Adjusted Gross Income 7 Nonitemizers: Enter \$1,830. Skip lines 8(a) and 8(b) (do not prorate) 8 (a) Itemizers: Enter itemized deductions from Kentucky Schedule A, Form 740-NP 8(a) 00 (b) Multiply line 8(a) by the percentage ()% from page 2, line 61 8(b) 00 9 Subtract line 7 or line 8(b) from line 6. This is your Taxable Income 9 00

TAX 10 Enter tax from Form 740-NP Tax Table 10 00 11 Multiply \$20 by number of tax credits claimed (from line 4). 11 00 12 Multiply line 11 by the percentage ()% from page 2, line 61 12 00 13 Other tax credits (see instructions) 13 00 14 Subtract lines 12 and 13 from line 10 14 00 15 Enter Low Income Credit from worksheet in the instructions 15 00 16 Subtract line 15 from line 14 16 00 17 Enter Child and Dependent Care Credit from worksheet in the instructions 17 00 18 Subtract line 17 from line 16. This is your Income Tax Liability 18 00 19 Enter KENTUCKY USE TAX from worksheet in the instructions 19 00 20 Add lines 18 and 19. This is your Total Tax Liability 20 00 21 (a) Enter Kentucky income tax withheld as shown on attached 2003 wage and tax statements 21(a) 00 (b) Enter 2003 Kentucky estimated tax payments 21(b) 00 22 Add lines 21(a) and 21(b) 22 00 23 If line 22 is larger than line 20, enter AMOUNT OVERPAID (see instructions) 23 00 24 Nature and Wildlife Fund Contribution \$2 \$5 \$10 Other Enter amount checked 24 00 25 Child Victims' Trust Fund Contribution \$2 \$4 Other Enter amount checked 25 00 26 Bluegrass State Games and U.S. Olympic Committee Fund Contribution 26 00 27 Veterans' Program Trust Fund Contribution 27 00 28 Add lines 24 through 27 28 00 29 Amount of line 23 to be CREDITED to your 2004 ESTIMATED TAX 29 00 30 Subtract lines 28 and 29 from line 23. Amount to be REFUNDED TO YOU 30 00 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—2003" on the check. Place on TOP of wage and tax statements 31 00 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
Full-year nonresident. I did not live in Kentucky during the year. Enter state of residence as of December 31, 2003
Part-year resident. Complete appropriate line(s) below.
Moved into Kentucky / / 03. State moved from
Moved out of Kentucky / / 03. State moved to
Full-year resident of a reciprocal state. Attach a copy of the 2003 return filed with your state of residence and circle the 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. Rows 36-46 including wages, moving expense, interest, business income, capital gain, other gains, IRA distributions, rents, farm income, and other income.

ADJUSTMENTS TO INCOME Table with columns: Description, A. Total from Attached Federal Return, B. Kentucky. Rows 47-59 including educator expenses, IRA deduction, student loan interest, tuition, moving expenses, self-employment tax, health insurance, and other adjustments.

60 Subtract line 59 from line 46. This is your Adjusted Gross Income
61 Divide line 60, Column B, by line 60, 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

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.