

720

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Department of Revenue

Kentucky Corporation Income and License Tax Return (S Corporations Use Form 720S)

2004

Taxable Year Ending

See separate instructions.

A Check applicable box(es). Taxable period beginning \_\_\_\_\_, 2004, and ending \_\_\_\_\_, 200\_\_\_\_. Mo. / Yr.

Income Tax Return section with checkboxes for Separate entity, Consolidated, Return not required, and fields for Federal Identification Number, Kentucky Account Number, Name of Corporation, State and Date of Incorporation, etc.

E Check if applicable: LLC, Initial return, Final return, Short-period return, Change of name, Change of address

Main table with columns for Taxable Income Computation, License Tax Computation, and Income Tax Computation. Rows include items like Federal taxable income, Interest income, Surplus, Capital stock, etc.

TAX PAYMENT SUMMARY (Round to Nearest Dollar) Make check(s) payable to Kentucky State Treasurer and mail return with payment to Kentucky Department of Revenue, Frankfort, Kentucky 40620.

Summary box with fields for Income, License, Penalty, Interest, and TOTAL (Including Penalty and Interest).

Federal Form 1120, pages 1 and 4, or 1120A, pages 1 and 2, and any supporting schedules must be attached.

**SCHEDULE Q—KENTUCKY CORPORATION QUESTIONNAIRE**

**IMPORTANT:** Questions 4—11 must be completed by all corporations. If this is the corporation's initial return or if the corporation did not file a return under the same name and same federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. **Failure to do so may result in a request for a delinquent return.**

1. Indicate whether: (a)  completely new business; (b)  successor to previously existing business which was organized as: (1)  corporation; (2)  partnership; (3)  sole proprietorship; or (4)  other \_\_\_\_\_

If successor to previously existing business, give name, address and federal I.D. number of the previous business organization.

\_\_\_\_\_

\_\_\_\_\_

2. List the following **Kentucky** account numbers. Enter N/A for any number not applicable.

Employer Withholding \_\_\_\_\_

Sales and Use Tax Permit \_\_\_\_\_

Consumer Use Tax \_\_\_\_\_

Unemployment Insurance \_\_\_\_\_

Coal Severance and/or Processing Tax \_\_\_\_\_

3. If a foreign corporation, enter the date qualified to do business in Kentucky. \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

4. The corporation's books are in care of: (name and address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. **If the corporation has a KNOL for the taxable year and is electing to forego the net operating loss carryback period, check here** .
6. Is the corporation a partner in a partnership doing business in Kentucky?  Yes  No If yes, list name and federal I.D. number of the partnership. \_\_\_\_\_
- \_\_\_\_\_
- Did the corporation have property or payroll in Kentucky, other than partnership property or payroll?  Yes  No
7. Are disregarded entities included in this return?  Yes  No If yes, list name and federal I.D. number of the disregarded entity. \_\_\_\_\_
8. Was this return prepared on: (a)  cash basis, (b)  accrual basis, (c)  other \_\_\_\_\_
9. Is the corporation a public service corporation subject to taxation under KRS 136.120?  Yes  No
10. (a) Did the corporation file a Kentucky intangible property tax return for January 1, 2005?  Yes  No
- (b) Did the corporation file a Kentucky tangible personal property tax return for January 1, 2005?  Yes  No

11. Is the corporation currently under audit by the Internal Revenue Service?  Yes  No If yes, enter years under audit \_\_\_\_\_

\_\_\_\_\_

If the Internal Revenue Service has made final and unappealable adjustments to the corporation's taxable income which have not been reported to this department, check here  and file Form 720X, Amended Kentucky Corporation Income Tax and Corporation License Tax Return, for each year adjusted and attach a copy of the final determination.

**OFFICER INFORMATION (Failure to Provide Requested Information May Result in a Penalty)**

Has the officer information entered below changed from the last return filed?  Yes  No

President's Name: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_

President's Home Address: \_\_\_\_\_

Treasurer's Home Address: \_\_\_\_\_

President's Social Security Number: \_\_\_\_\_

Treasurer's Social Security Number: \_\_\_\_\_

Vice President's Name: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

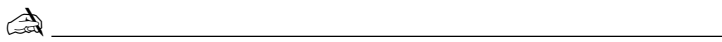
Vice President's Home Address: \_\_\_\_\_

Secretary's Home Address: \_\_\_\_\_

Vice President's Social Security Number: \_\_\_\_\_

Secretary's Social Security Number: \_\_\_\_\_

I, the undersigned, declare under the penalties of perjury, that I have examined these returns, including all accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete.

 \_\_\_\_\_ Date \_\_\_\_\_

Signature of principal officer or chief accounting officer

Date

\_\_\_\_\_  
Name and Social Security or federal identification number of person or firm preparing return

**May the Department of Revenue discuss this return with the preparer?**

Yes  No