40A102 (10-05)

Commonwealth of Kentucky

DEPARTMENT OF REVENUE

Application for Extension of Time to File Individual, General Partnership and Fiduciary Income Tax Returns for Kentucky

2005



> COMPLETE ONLY IF NOT FILING FEDERAL EXTENSION

➤ SEE INSTRUCTIONS FOR PAYMENT REQUIREMENTS

INSTRUCTIONS: Taxpayers who request a federal extension are not required to file a separate Kentucky extension. The requirements may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

Interest at the "tax interest rate" applies to any income tax paid after the original due date of the return. If the amount of tax paid by the original due date is less than 75 percent of the tax due, a late payment penalty may be assessed (minimum penalty is \$10). Interest and late payment penalty charges can be avoided by remitting payment with the Extension Payment Voucher below by the due date.

Mail to: Kentucky Department of Revenue

Frankfort, KY 40602-1190

P.O. Box 1190

Use this form if you (1) are requesting a Kentucky extension of time to file (complete Section I); (2) are requesting a Kentucky extension and desire to make a payment prior to the due date (complete Sections I and II); or (3) have a federal extension and desire only to make a Kentucky payment prior to the due date (complete and submit Section II only).

You will be notified only if the application for extension is denied. To avoid the late filing penalty, a copy of this form must be attached to your return when filed. Keep a copy for yourself.

SECTION I (Please print or type name and address i	n block below	
SECTION (Ficase print of type hame and address in		
	Check type of return:	(P)
	Individual (740 or 740-N	
	General Partnership (76	5-GP)
	☐ Fiduciary (741)	
	Soc. Sec. No. or Employer I	D No
A six-month extension is requested for filing the ended	e income tax return of the above-name	d taxpayer(s) for the taxable year
REASON FOR REQUEST (A reason must be given b reason.)	efore any request can be considered. Inab	ility to pay tax liability is not a valid
Signature of taxpayer	Date Preparer other than taxpayer	Date
➤ Mail to: Kentucky Denartm	ent of Revenue, P.O. Box 1190, Frankfort, KY 40	602-1190 ◀
7 Mail to: Remarky Bepartin	ent of Revenue, 1.8. Box 1176, Translott, R1 46	002 1170
DENIED : ☐ Late (postmarked after return	due date)	
You will be notified only if the application for exte attached to your return when filed. Keep a copy for		enalty, a copy of this form must be
	MPLETE ONLY IF MAKING PAYMENT	
40A102 (10-05) Kentucky	KENTUCKY	2005
SECTION II EXT	ENSION PAYMENT VOUCHER	2005
Last name First name (joint or combined	return, give both names and initials)	Your Social Security number
Mailing address (number and street or P.O. box)	Apartment number	Spouse's Social Security number
City, town or post office	State	ZIP code
Make check payable to: Kentucky State Treasurer	Enter payment amount here \$	