Kentucky Corporation Income Tax Return

(Pass-Through Corporations Use Applicable Forms)

Taxable Year Ending

Department of Revenue

➤ See separate instructions.

	Taxable period begir	ning		_ , 2005, and endi	ng	, 20	00	Mo.	Yr.			
A If filing consolidated, check the appropriate		C Kentucky Corporatio				_						
box. See instructions.	Name of Corporation or Affilia	ted Group (Place pro	Group (Place preaddressed label here; otherwise print or type.)				State and Date of Incorporation					
Consolidated	Number and Street											
Election Made prior		Principal Business Activity in KY										
to 2005, attach Form 722.		State	ZIP	Code	ode Telephone Number		NAICS Code Number (Relating to Kentucky Activity) (See www.census.gov)					
☐ Mandatory Nexus	D Name of Common Parent	•	Kentucky Corporation Account Number						(See www.tensus.gov)			
E Check if applicable	le: No packet requir	ed for 2006		Initial return		Final re	eturn <i>(a</i>	attach explan	nation)			
Short-period	return <i>(attach explanation)</i>			☐ Change of name ☐ Change of address								
PART I	-TAXABLE INCOME COMP	UTATION			PART III-	TAX CON	ИPARIS	ON				
1. Federal taxable inco	me (Form 1120, line 28;			Income tax fr	om Part I (multipl	y line 21						
Form 1120A, line 24)				by rates) (see instructions)								
ADDITIONS:				Alternative minimum (AMC) (lesser of								
2. Interest income (stat	e and local obligations)			Part II, line 2 o	or line 5)	<u></u>						
3. State taxes based or	n net/gross income			PART IV—TAX COMPUTATION								
4. Depreciation adjustn	nent			Tax liability (Part III, greater of line 1, line								
5. Deductions attributa	ble to nontaxable income			or \$175 minin	num)							
6. Related party expens	ses			2. Recycling/con	Recycling/composting equipment tax credit							
7. Pass-through loss(es) from other corporation(s)			recapture								
subject to Kentucky	corporation income tax			3. Total (add lin	es 1 and 2) (if \$17	5 minimun	ո, 🗀					
8. Other (attach schedu	ıle)			skip lines 4 through 15 and enter on line 16)								
9. Total (add lines 1 thr	ough 8)			Economic development tax credits								
SUBTRACTIONS:				5. Historic prese								
10. Interest income (U.S. obligations)				6. Unemployment tax credit								
	Dividend income			7. Recycling/composting equipment tax credit								
	Federal work opportunity credit			Recycling/composting equipment tax credit Recycling/composting equipment tax credit								
• •	nent			S. Enterprise zone tax credit								
Pass-through income from other corporation(s)				10. Kentucky investment fund tax credit								
subject to Kentucky corporation income tax				11. Coal incentive tax credit								
15. Other (attach schedule)				12. Qualified research facility tax credit								
•	ess lines 10 through 15)			1								
•	, , <u> </u>			13. GED incentive tax credit								
17. Current net operating loss adjustment				14. Voluntary environmental remediation tax credit (Brownfields)								
	(mandatory nexus only)											
 Rentucky net income Taxable net income 	Kentucky net income (add lines 16 and 17)			15. Biodiesel tax credit								
				16. Net tax liability (line 3 less lines 4								
	(attach Schedule A if applicable)			through 15) (\$175 minimum)								
20. Net operating loss of21. Taxable net income				17. Estimated tax payments								
(line 19 less line 20)				19. Prior year's credit								
PART II—ALTERNATIVE MINIMUM (AMC)				1		-						
Gross Receipts	into /logo Kontrolog			21. Tax overpayn								
3 0	Kentucky gross receipts (less Kentucky returns and allowances)			22. Credited to 20 23. Amount to be								
	·				·		Nearest Della) r)				
	d by .00095)				YMENT SUMN	_			•			
Gross Profits				TAX (check app		Incom		AMC Gross	Receipts			
• •	ipts		AMC Gross			um \$17	ס					
•	returns and allowances			Tax								
•	ost of goods sold			Penalty								
Gross profit (subtract				Interest								
•				TOTAL (Includi	ng Penalty							
5 Tay (line / multiplied	1 by (1075)		1	and Interest)	>	-						

Make check(s) payable to:

Kentucky State Treasurer. Mail return with payment to: Kentucky Department of Revenue Frankfort, Kentucky 40620.

➤ Federal Form 1120, pages 1, 2 and 4, or 1120A, pages 1 and 2, and any supporting schedules must be attached. Form 720 (2005) Page 2

If yes, list name, federal I.D. and/or Kentucky corporation

7. Is the net distributive income (loss) received from a corpora-

tion subject to the tax imposed by KRS 141.040 included in

account number of the individual or entity. ___

SCHEDULE Q-KENTUCKY CORPORATION QUESTIONNAIRE

IMPORTANT: Questions 4—13 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**.

req	juest for a definquent return.		-	yes, list name, federal I.D. and		
1.	Indicate whether: (a) □ new business; (b) □ successor to previously existing business which was organized as: (1) □ corporation; (2) □ partnership; (3) □ sole proprietorship; or (4) □ other	tax	ution: If the corporation elected return for tax years beginning	d to file a consolidated income prior to January 1, 2005, skip		
	If successor to previously existing business, give name, address and federal I.D. number of the previous business organization.	-	estions 8 and 9 and go to question bid the corporation at any tin business in Kentucky and ow voting stock of another corpo tucky? Yes No. If yes, Ii I.D. number of the entity.	ne during the taxable year do vn 80 percent or more of the tration doing business in Ken- ist name, address and federal		
2	List the following <i>Kentucky</i> 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	9.	Was 80 percent or more of towned by any corporation dointime of the year? ☐ Yes ☐ I and federal I.D. number of the	ng business in Kentucky at any No. If yes, list name, address		
3.	Processing Tax If a foreign corporation, enter the date qualified to do business in Kentucky / / /		Was this return prepared on: basis, (c) □ other			
4.	The corporation's books are in care of: (name and address)	 11. Is the corporation a public service corporation subject to taxation under KRS 136.120? ☐ Yes ☐ No 12. Did the corporation file a Kentucky tangible personal property tax return for January 1, 2006? ☐ Yes ☐ No 				
5.	Is the corporation a partner in a general partnership(s) doing business in Kentucky? Yes No. If yes, attach schedule listing name, federal I.D. and Kentucky account number of the general partnership(s).	13.	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,			
6.	Was the corporation doing business in Kentucky, outside of its interest in a general partnership? ☐ Yes ☐ No Are related party costs made to related members as defined in KRS 141.205(1)(I) included in this return? ☐ Yes ☐ No.			n 720X or Form 720XX, whichever ar adjusted and attach a copy of		
OFF	FICER INFORMATION (Failure to Provide Requested Information Ma	y Resu	It in a Penalty)			
Has Pres	ach a schedule listing the name, home address and Social Security sthis officer information attached changed from the last return filed sident's Namesident's Social Security Number	l? [r of the vice president, secretary Yes No sident's Home Address			
	ne undersigned, declare under the penalties of perjury, that I have			mpanying schedules and state-		
mei £ 1	nts, and to the best of my knowledge and belief, it is true, correct a	nd com	plete.	May the Department of Revenue discuss this return		
,	Signature of principal officer or chief accounting officer		Date	with the preparer? ☐ Yes ☐ No		
	Name and Social Security or federal identification number of pe	rson or fir	rm preparing return	E-mail Address:		