

KENTUCKY INDIVIDUAL INCOME TAX RETURN
Full-Year Residents Only

For calendar year or other taxable year beginning _____, 2005, and ending _____, 200_____.

2005

A. Spouse's Social Security Number	B. Your Social Security Number	
Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)		
Mailing Address (Number and Street or P.O. Box)		Apartment Number
City, Town or Post Office		State ZIP Code

FILING STATUS (see instructions) 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married, filing separately on this combined return. (If both had income.) 3 <input type="checkbox"/> Married, filing joint return. 4 <input type="checkbox"/> Married, filing separate returns. Enter spouse's Social Security number above and full name here. _____	POLITICAL PARTY FUND <i>Designating \$2 will not change your refund or tax due.</i> <table style="width:100%; border: none;"> <tr> <td></td> <td style="text-align: center;">A. Spouse</td> <td style="text-align: center;">B. Yourself</td> </tr> <tr> <td>Democratic</td> <td>(1) <input type="checkbox"/></td> <td>(4) <input type="checkbox"/></td> </tr> <tr> <td>Republican</td> <td>(2) <input type="checkbox"/></td> <td>(5) <input type="checkbox"/></td> </tr> <tr> <td>No Designation</td> <td>(3) <input type="checkbox"/></td> <td>(6) <input type="checkbox"/></td> </tr> </table>		A. Spouse	B. Yourself	Democratic	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>	Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>	No Designation	(3) <input type="checkbox"/>	(6) <input type="checkbox"/>
	A. Spouse	B. Yourself											
Democratic	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>											
Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>											
No Designation	(3) <input type="checkbox"/>	(6) <input type="checkbox"/>											

INCOME/TAX		A. Spouse (Use if Filing Status 2 is checked.)	B. Yourself (or Joint)
5 Enter amount from federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4. (If total of Columns A and B is \$25,736 or less, you may qualify for the Family Size Tax Credit. See instructions.)	5 •	00	00
6 Additions from Schedule M, line 6	6 •	00	00
7 Add lines 5 and 6	7	00	00
8 Subtractions from Schedule M, line 16	8 •	00	00
9 Subtract line 8 from line 7. This is your Kentucky Adjusted Gross Income	9	00	00
10 Itemizers: Enter itemized deductions from Kentucky Schedule A. Nonitemizers: Enter \$1,910 in Columns A and/or B	10 •	00	00
11 Subtract line 10 from line 9. This is your Taxable Income	11	00	00
12 Enter tax from Tax Table, Computation or Schedule J. Check if from Schedule J <input type="checkbox"/>	12	00	00
13 Enter tax from Form 4972-K <input type="checkbox"/> ; Schedule RC-R <input type="checkbox"/>	13 •	00	00
14 Add lines 12 and 13 and enter total here	14	00	00
15 Enter amounts from page 2, Section A, lines 13A and 13B	15	00	00
16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero	16	00	00
17 Enter amounts from page 2, Section B, lines 4A and 4B	17	00	00
18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero	18	00	00
19 Add tax amount(s) in Columns A and B, line 18 and enter here	19	00	00
20 Check the box that represents your total family size (see instructions before completing lines 20 and 21)	20 •	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
21 Multiply line 19 by Family Size Tax Credit decimal amount ____ . ____ (____ %) and enter here	21 •	00	00
22 Subtract line 21 from line 19	22	00	00
23 Enter the Education Tuition Tax Credit from Form 8863-K, line 12	23 •	00	00
24 Subtract line 23 from line 22	24	00	00
25 Enter Child and Dependent Care Credit from federal Form 2441, line 9 \times 20% (.20)	25 •	00	00
26 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero	26	00	00
27 Enter KENTUCKY USE TAX from worksheet in the instructions	27 •	00	00
28 Add lines 26 and 27. Enter here and on page 2, line 29. This is your Total Tax Liability	28	00	00

Attach a complete copy of federal Form 1040 if you received farm, business, or rental income or loss. If not required, check here. Do you wish to receive a packet next year? (check one) 1 Yes 2 No

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 combined 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 or combined return, both must sign.)	Spouse's Signature	Date Signed	() Telephone Number (daytime)
Typed or Printed Name of Preparer Other than Taxpayer	I.D. Number of Preparer	Date	

Attach Form W-2(s), Other Supporting Statement(s) and Payment Here—Staple to Top Page Only

REFUND/TAX PAYMENT SUMMARY

Table with 2 main columns: Description and Amount. Rows include: 29 Enter total tax liability from page 1, line 28; 30 (a) Enter Kentucky income tax withheld as shown on attached 2005 Form W-2(s) and other supporting statements; 31 Add lines 30(a) through 30(c); 32 If line 31 is larger than line 29, enter AMOUNT OVERPAID; 33 Nature and Wildlife Fund Contribution; 34 Child Victims' Trust Fund Contribution; 35 Veterans' Program Trust Fund Contribution; 36 Breast Cancer Research and Education Trust Fund Contribution; 37 Add lines 33 through 36; 38 Amount of line 32 to be CREDITED TO YOUR 2006 ESTIMATED TAX; 39 Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU; 40 If line 29 is larger than line 31, enter ADDITIONAL TAX DUE; 41 (a) Estimated tax penalty; (b) Interest; (c) Late payment penalty; (d) Late filing penalty; (e) Add lines 41(a) through 41(d). Enter here; 42 Add lines 40 and 41(e) and enter here. This is the AMOUNT YOU OWE.

Make check payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax—2005" on the check.

Staple check on top of attached wage and tax statements on page 1.

SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS

Table with 4 columns: Line number, Description, A. Spouse, B. Yourself. Rows include: 1 Enter nonrefundable Kentucky corporation tax credit (KRS 141.420(3)); 2 Enter skills training investment credit; 3 Enter historic preservation restoration credit; 4 Enter credit for tax paid to another state; 5 Enter unemployment credit; 6 Enter recycling and/or composting equipment credit; 7 Enter Kentucky Investment Fund credit; 8 Enter credit for purchases of Kentucky coal used for generating electricity; 9 Enter qualified research facility credit; 10 Enter GED incentive credit; 11 Enter voluntary environmental remediation credit; 12 Enter biodiesel credit; 13 Add lines 1 through 12, Columns A and B.

SECTION B—PERSONAL TAX CREDITS

Table with 4 columns: Description, Check Regular, Check both if 65 or over, Check both if blind. Rows include: 1 (a) Credits for yourself; (b) Credits for spouse; 2 Dependents: Table with columns for First name, Last name, Social Security number, Relationship to you, Check if qualifying child; 3 Add total number of credits claimed on lines 1 and 2; 4 Multiply credits on line 3A by \$20 and enter on line 4A. Multiply credits on line 3B by \$20 and enter on line 4B.

SECTION C—FAMILY SIZE TAX CREDIT(List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

Table with 6 columns: First name, Last name, Social Security number, First name, Last name, Social Security number.

REFUNDS Mail to: Kentucky Department of Revenue, Frankfort, KY 40618-0006.
PAYMENTS Mail to: Kentucky Department of Revenue, Frankfort, KY 40619-0008.

Official Use Only table with columns: EST, CF, NT, P, B, F, R, 1, 2.