

SCHEDULE M

Form 740
42A740-M

Department of Revenue

**KENTUCKY
FEDERAL ADJUSTED GROSS INCOME
MODIFICATIONS**

Attach to Form 740.

2005

Enter name(s) as shown on tax return.

Your Social Security Number

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PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

A. Spouse (Use if Filing Status 2 is checked.)

B. Yourself (or Joint)

		Dollars	Cents	Dollars	Cents
1	Enter interest income from bonds issued by other states and their political subdivisions	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00
2	Enter self-employed health insurance deduction from federal Form 1040, line 29	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00
3	Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00
4	Enter federal depreciation from Form 4562	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00
5	Other additions (list and enter total): (a) _____ (b) _____ (c) _____	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00
6	Total Additions. Enter here and on Form 740, page 1, line 6	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00

PART II

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

7	Enter state income tax refund or credit reported as income on federal Form 1040	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00
8	Enter interest income from U.S. government bonds and securities	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00
9	Enter excludable amount of retirement income (attach Schedule P if more than \$41,110)	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00
10	Enter taxable amount of Social Security and Railroad Retirement Board benefits from federal Form 1040, line 20(b) (1040A, line 14(b))	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00
11	Enter long-term care insurance premiums	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00
12	Enter health insurance premiums not previously deducted from income. Do not include premiums paid with pretax dollars (cafeteria plan)	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00
13	Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00
14	Enter Kentucky depreciation from revised Form 4562	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00
15	Other subtractions (list and enter total): (a) _____ (b) _____ (c) _____	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00
16	Total Subtractions. Enter here and on Form 740, page 1, line 8	<input type="text"/>	<input type="text"/> 00	<input type="text"/>	<input type="text"/> 00