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

Department of Revenue

## KENTUCKY INDIVIDUAL INCOME TAX RETURN dent or Part-Year Resident

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740-NP		ľ	lonresid
42A740-NP	<b>Kentucky</b>	Check if	☐ Ame

Check if	☐ Amended Return	Composite Return

Dep	partment of	Rev	enue	For calend	dar year or othe	er taxable y	ear beginning _		_ , 2005, and e	nding _		200			ZU	US
	<b>A.</b> Spouse	's So	cial S	ecurity Number	<b>B.</b> Yo	ur Social Sec	urity Number									
		l		!		!	1									
	I	! !		! 		<u> </u>	1									
	Name—Last,	First,	Midd	le Initial (Joint or com	bined return, give	e both names	and initials.)									
>																
L A	Mailing Addre	N 224	dumb	er and Street or P.O. Bo	nx)		Apartment Num	nher								
В	ivialing / dais	,,,,	vai i i b	or und offect of 1.0. De	<i>5</i> K)		Apartment (van	ibei								
E L																
<u>-</u> ➤	City, Town or	Post	Office			State	ZIP Code									
												DOL 1710				
EII	ING	1	П	Single						Dagier			AL PARTY			
	ATUS	2	님	Married, filing jo	oint return.					Desigi	naurig \$2	wiii not	change y		וום סד נם <b>B</b> . <b>You</b>	
		3	H	Married, filing s		ns. Enter	spouse's Soci	al Sec	urity	Der	nocratio		(1)	-		Π
(se	e tructions)	ľ	ш	number above a	-		3 <b>pou</b> 303 <b>c</b> coi.	ui 000	i an ity		ublican		(2)	-		Ħ
1113	ii uciioris)			namber above t	and run nume					-	Designa		(3)	, 1	(6)	H
		4	П	Full-year nonres	sident I did n	ot live in k	entucky during	a the v	voar Entorist					31 200		ш
	OID EN OV		$\exists$	Part-year reside			-		year. Litter St	ate of i	esideric	e as oi D	ecember	31, 200	J	——·
	SIDENCY		Ч	Moved into Kei	=				tate moved f	rom						
SI	ATUS			Moved out of K					tate moved t					•		
(ch	eck	_		Full-year reside						-				•		
on	e box)	0	ч	filed with your	=			_		" ➤	IL	IN M	і он	VA	WV	WI
		$\overline{}$	CON	INEC WITH YOUR						JUGH	20			FFICIAL L	ISE ONI	
INIC	OME/TAX		COI	MFEETE SECTION	IS A, B, C AN	ID D BLIC	OKE COMPLET	IIVO L	INLS / ITING	1	20.		┨╻ँ			
7			tane	from page 3, line	<sub>2</sub> 35				<b>&gt;</b> 7	,		%	<u> </u>		•	Ť
8				m page 3, line 34									.1			00
9				m page 3, line 34		_	_									00
10				ter \$1,910. Skip I												00
11				temized deductio								00				
12				y the percentage								00				
13				or 12 from line 9.									1			00
14				x Table												00
15				m page 2, Section												00
16				rom line 14												00
17				m page 2, Section								00	)			
18				y the percentage								00				
19				rom line 16												00
20	Check the	bo	x tha	at represents you	ır total family	size (see	instructions fo	or line	s 20 and 21)			20	· 1 🗆	2 🗌	3 🗌	4 🔲
21				y the Family Size	_											00
22				rom line 19												00
23	Enter the	Εdι	ıcati	on Tuition Tax C	redit from Fo	rm 8863-I	<					23	•			00
24	Subtract	ine	23 f	rom line 22								24				00
25	Enter Chi	ld a	nd D	ependent Care C	redit from w	orksheet	in the instructi	ions				25	•			00
26	Income T	ax L	iabi	lity. Subtract line	25 from line	24. If line	25 is larger th	nan lir	ne 24, enter z	ero		26				00
27	Enter <b>KE</b>	NTU	СКҮ	USE TAX from \	worksheet in	the instru	ctions					27	•			00
28	Add lines	26	and	27. Enter here ar	nd on page 2,	line 29. T	his is your <b>To</b>	tal Ta	x Liability			28				00
_	A copy of p	age	es 1	and 2 of your fe	deral income	e tax retu	rn and all su	oporti	ing schedule	es mus	st be at	tached t	o Kentu	cky For	m 740-	NP.
kno	wledge and l	oelie	f, it is	re under penalties of true, correct and code being made paya	omplete. I also	understand	d and agree that	our ele	ection to file a	combin	eď return	under the	provision	s of Reg		
												(	)			
You	ır Signature (li	join	t or c	ombined return, both	n must sign.)	Spouse's S	ignature		[	Date Sig	ned	Te	lephone Nu	umber (da	aytime)	
	ed or Printed	Nam	e of F	reparer Other than T	axpayer	l.	D. Number of Pre	parer		Date						

FOI	RM 740-NP (2005)	■ W	ww.reve	nue.ky.g	OV				Page 2
REF	UND/TAX PAYMENT SUMMARY								
29	Enter total tax liability from page 1, line 28						29		00
30	(a) Enter Kentucky income tax withheld as show	n on <b>attac</b>	hed						
	2005 Form W-2(s) and other supporting state	ments			30(a) •		00		
	(b) Enter 2005 Kentucky estimated tax payments				30(b) •		00		
	(c) Enter refundable Kentucky corporation tax cre						00		
31	Add lines 30(a) through 30(c)						31		00
32	If line 31 is larger than line 29, enter AMOUNT O	VERPAID (	see instruct	ions)			32		00
	instructions for a detailed description of funds.					r amount(s) ch			
	Nature and Wildlife Fund Contribution   \$2	\$5	\$10	Other	33	•	00		
	Child Victims' Trust Fund Contribution   \$2						00		
	Veterans' Program Trust Fund Contribution					l l	00		
	Breast Cancer Research and Education Trust Fun						00		
	Add lines 33 through 36					•	37		00
38	Amount of line 32 to be CREDITED TO YOUR 2006	6 ESTIMAT	ΓED TAX				38 •		00
						_	<b>-</b> [		
39	Subtract lines 37 and 38 from line 32. Amount to	be <b>REFUN</b>	DED TO YO	OU		REFUND	39 •		00
40	If line 29 is larger than line 31, enter ADDITIONAL	TAX DUE					. 40 •		00
	(a) Estimated tax penalty								
	Check if Form 2210-K attached		filing pena				·		
	(b) Interest				d). Enter	here	11(e) •		00
							-		
42	Add lines 40 and 41(e) and enter here. This is the	<b>AMOUNT</b>	YOU OWE			OWE	42		00
	Make check payable to Kentucky State Treasurer							on the check.	
	Staple check or	n top of at	tached wad	e and tax s	tatement	s on page 1.			
	TION A—BUSINESS INCENTIVE AND OTHER CR								
1	Enter nonrefundable Kentucky corporation tax cre	edit (KRS 1	141.420(3)) .				. 1		00
2	Enter skills training investment credit (attach cop	y(ies) of ce	ertification)				. 2		00
3	Enter historic preservation restoration credit						. 3		00
4	Enter credit for tax paid to another state (attach c	opy of ret	urn(s) filed	with other s	state)		. 4		00
5	Enter unemployment credit (attach Schedule UTC	C)					. 5		00
6	Enter recycling and/or composting equipment cre	edit <i>(attach</i>	Schedule I	RC)			. 6		00
7	Enter Kentucky Investment Fund credit (attach co	py(ies) of	certification	n)			. 7		00
8	Enter credit for purchases of Kentucky coal used	for genera	ting electric	city			. 8		00
9	Enter qualified research facility credit (attach Sch	edule QR)					. 9		00
10	Enter GED incentive credit (attach Form DAEL-31)	)					. 10		00
11	Enter voluntary environmental remediation credit	t (Brownfie	elds)				. 11		00
12	Enter biodiesel credit						. 12		00
13	Add lines 1 through 12. Enter here and on page	1, line 15					. 13		00
SEC	TION B—PERSONAL TAX CREDITS Check Reg	gular C	heck both if	65 or over	Check	both if blind			
1	(a) Credits for yourself:							ter number of kes checked	
	(b) Credits for spouse:							line 1	
2	Dependents:	D		Depend		heck if qualifying		ter number of bendents who:	
	First name Last name	Social Sec	endent's curity number	relation to yo		child for family size tax credit		ved with you	
		I I	I I				• d	id not live with you	
		 	! !				(5	see instructions)	
		 					• 0	ther dependents	
		İ	i I						
3	Add lines 1 and 2 and enter total here							3 •	x \$20
4	Multiply credits on line 3 by \$20. Enter here and <b>c</b>	on page 1	line 17					4	<u>χ ΦΖΟ</u>
								•	Cooties D'
	TION C—FAMILY SIZE TAX CREDIT(List the name a		-	•	ying child		ı cıaimec		
First	name Last name Soc	ial Security no	umber   F	First name		Last name		Social Security r	number
		<u> </u>							
							Of	ficial Use Only	

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P B F R

Mail to: Kentucky Department of Revenue, Frankfort, KY 40618-0006.

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

REFUNDS

	CTION D COME	A. Total from <i>Attached</i> Federal Return	B. Kentucky
	Enter all wages, salaries, tips, etc. (attach wage and tax statements)		
٠	Do not include moving expense reimbursements	1 00	00
2	Moving expense reimbursement (attach Schedule ME)	0.0	00
	Interest		00
ى 1		4 00	00
4		0.0	00
	Taxable refunds, credits or offsets of state and local income taxes		00
	Alimony received		00
	Business income or loss (attach federal Schedule C or C-EZ)	0.0	
	Capital gain or loss (attach federal Schedule D)		00
	Other gains or losses (attach federal Form 4797)		00
10	(a) Federally taxable IRA distributions, pensions and annuities		( 00
	(b) Pension income exclusion (attach Schedule P if more than \$41,110) 10(b)		( 00)
	Rents, royalties, partnerships, estates, trusts, etc. (attach federal Schedule E) 1		00
	Farm income or loss (attach federal Schedule F)		00
	Unemployment compensation		00
	Taxable Social Security benefits	0.0	
15	Gambling winnings	5 00	00
16	Other income (list type and amount)		
	1	6 00	00
			00
	Combine lines 1 through 16. This is your <b>Total Income</b>	7 00	00
	JUSTMENTS TO INCOME		00
	Educator expenses		00
19	Certain business expenses of reservists, performing artists and	00	00
	fee-basis government officials (attach federal Form 2106 or 2106-EZ)		00
	Health savings account deduction (attach federal Form 8889)		00
	Moving expenses (attach Schedule ME)		00
	Deduction for one-half of self-employment tax		
23	Self-employed SEP, SIMPLE, and qualified plans deduction		00
	Self-employed health insurance deduction		
	Penalty on early withdrawal of savings	5 00	00
26	Alimony paid (enter recipient's name and Social Security number)		00
27	IRA deduction	7 00	00
28	Student loan interest deduction		00
29	Tuition and fees deduction	9 00	00
30	Domestic production activities deduction	00	00
31	Long-term care insurance premiums (see instructions)	1	00
32	Health insurance premiums (see instructions)	2	00
33	Add lines 18 through 32. Total adjustments to income	3 00	00
34	Subtract line 33 from line 17. This is your <b>Adjusted Gross Income</b>	4 00	00
35	Divide line 34, Column B, by line 34, Column A. If amount is equal to or greater than 100%, enter 100%. This is your <b>Percentage of Kentucky</b>		04
	Adjusted Gross Income to Federal Adjusted Gross Income	5	%
SE	CTION E—COMPUTATION OF MODIFIED GROSS INCOME FOR FAMILY SIZE TAX O	CREDIT	
If fe	ederal adjusted gross income is \$25,736 or less, you may qualify for the Family Size	e Tax Credit. See instructions.	
(a)	Enter your federal adjusted gross income from line 34, Column A, but not less that	an zero (a)	00
			- 00
(b)	living in the same household, but not less than zero		00
	Tiving in the same nousehold, but not less than zero	(6)	
(c)	Enter tax-exempt interest from municipal bonds (non-Kentucky)	(c)	00
(d)			
(4)	(federal Form 4972)		00
(e)	Enter total of lines (a), (b), (c) and (d). This is your <b>Modified Gross Income</b> . Use th		
,	determine if you qualify for the Family Size Tax Credit		00