

740-NP

Check if return is:

42A740-NP

- Amended
Composite



Department of Revenue

KENTUCKY INDIVIDUAL INCOME TAX RETURN



2006

For calendar year or other taxable year beginning 2006, and ending 2006.

Nonresident or Part-Year Resident

Form fields for Social Security Numbers (A and B), Name, Mailing Address, and City/Town/Post Office.

FILING STATUS section with options for Single, Married (joint or separate returns).

POLITICAL PARTY FUND section with options for Democratic, Republican, and No Designation.

RESIDENCY STATUS section with options for nonresident, part-year resident, or full-year resident of a reciprocal state.

Table with 28 rows for INCOME/TAX calculations and 5 columns for OFFICIAL USE ONLY.

A copy of pages 1 and 2 of your federal income tax return and all supporting schedules must be attached to Kentucky Form 740-NP.

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.

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



29 Enter amount from page 1, line 28. This is your Total Tax Liability 29 00
30 (a) Enter Kentucky income tax withheld as shown on attached 2006 Form W-2(s) and other supporting statements 30(a) 00
(b) Enter 2006 Kentucky estimated tax payments 30(b) 00
(c) Enter refundable Kentucky corporation tax credit (KRS 141.420(3)(c)) as shown on attached Kentucky Schedule(s) K-1 or Form(s) 725 30(c) 00
31 Add lines 30(a) through 30(c) 31 00
32 If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions) 32 00
See instructions for a detailed description of funds. (Enter amount(s) checked)
33 Nature and Wildlife Fund Contribution \$2 \$5 \$10 Other 33 00
34 Child Victims' Trust Fund Contribution \$2 \$4 Other 34 00
35 Veterans' Program Trust Fund Contribution 35 00
36 Breast Cancer Research and Education Trust Fund Contribution 36 00
37 Add lines 33 through 36 37 00
38 Amount of line 32 to be CREDITED TO YOUR 2007 ESTIMATED TAX 38 00
39 Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU 39 00
40 If line 29 is larger than line 31, enter ADDITIONAL TAX DUE 40 00
41 (a) Estimated tax penalty (c) Late payment penalty
Check if Form 2210-K attached (d) Late filing penalty
(b) Interest (e) Add lines 41(a) through 41(d). Enter here 41(e) 00
42 Add lines 40 and 41(e) and enter here. This is the AMOUNT YOU OWE 42 00

Make check payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax—2006" on the check.

SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS

1 Enter nonrefundable Kentucky corporation tax credit (KRS 141.420(3)) (attach Kentucky Schedule(s) K-1 or Form(s) 725) .. 1 00
2 Enter skills training investment credit (attach copy(ies) of certification) 2 00
3 Enter historic preservation restoration credit 3 00
4 Enter credit for tax paid to another state (attach copy of other state's return(s)) 4 00
5 Enter unemployment credit (attach Schedule UTC) 5 00
6 Enter recycling and/or composting equipment credit (attach Schedule RC) 6 00
7 Enter Kentucky Investment Fund credit (attach copy(ies) of certification) 7 00
8 Enter credit for purchases of Kentucky coal used for generating electricity 8 00
9 Enter qualified research facility credit (attach Schedule QR) 9 00
10 Enter GED incentive credit (attach Form DAEL-31) 10 00
11 Enter voluntary environmental remediation credit (Brownfield) 11 00
12 Enter biodiesel credit 12 00
13 Enter environmental stewardship credit 13 00
14 Enter clean coal incentive credit 14 00
15 Add lines 1 through 14. Enter here and on page 1, line 15 15 00

SECTION B—PERSONAL TAX CREDITS

1 (a) Credits for yourself: Check Regular Check both if 65 or over Check both if blind
(b) Credits for spouse:
2 Dependents:
First name Last name Dependent's Social Security number Dependent's relationship to you Check if qualifying child for family size tax credit
3 Add lines 1 and 2 and enter total here 3 x \$20
4 Multiply credits on line 3 by \$20. Enter here and on page 1, line 17 4

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.

SECTION D



INCOME

		A. Total from Attached Federal Return	B. Kentucky
1	Enter all wages, salaries, tips, etc. (attach wage and tax statements) Do not include moving expense reimbursements	00	00
2	Moving expense reimbursement (<i>attach Schedule ME</i>)	00	00
3	Interest	00	00
4	Dividends	00	00
5	Taxable refunds, credits or offsets of state and local income taxes	00	00
6	Alimony received	00	00
7	Business income or loss (<i>attach federal Schedule C or C-EZ</i>)	00	00
8	Capital gain or loss (<i>attach federal Schedule D</i>)	00	00
9	Other gains or losses (<i>attach federal Form 4797</i>)	00	00
10	(a) Federally taxable IRA distributions, pensions and annuities	00	00
	(b) Pension income exclusion (<i>attach Schedule P if more than \$41,110</i>)		(00)
11	Rents, royalties, partnerships, estates, trusts, etc. (<i>attach federal Schedule E</i>)	00	00
12	Farm income or loss (<i>attach federal Schedule F</i>)	00	00
13	Unemployment compensation	00	00
14	Taxable Social Security benefits	00	
15	Gambling winnings	00	00
16	Other income (list type and amount) _____	00	00
17	Combine lines 1 through 16. This is your Total Income	00	00
ADJUSTMENTS TO INCOME			
18	Archer medical savings account (MSA) deduction	00	00
19	Certain business expenses of reservists, performing artists and fee-basis government officials (<i>attach federal Form 2106 or 2106-EZ</i>)	00	00
20	Health savings account deduction (<i>attach federal Form 8889</i>)	00	00
21	Moving expenses (<i>attach Schedule ME</i>)	00	00
22	Deduction for one-half of self-employment tax	00	00
23	Self-employed SEP, SIMPLE, and qualified plans deduction	00	00
24	Self-employed health insurance deduction	00	
25	Penalty on early withdrawal of savings	00	00
26	Alimony paid (enter recipient's name and Social Security number) _____	00	00
27	IRA deduction	00	00
28	Student loan interest deduction	00	00
29	Jury duty pay you gave to your employer	00	00
30	Domestic production activities deduction	00	00
31	Long-term care insurance premiums (see instructions)		00
32	Health insurance premiums (see instructions)		00
33	Add lines 18 through 32. Total adjustments to income	00	00
34	Subtract line 33 from line 17. This is your Adjusted Gross Income	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 Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income		___ %

SECTION E—COMPUTATION OF MODIFIED GROSS INCOME FOR FAMILY SIZE TAX CREDIT

If federal adjusted gross income is \$26,600 or less, you may qualify for the Family Size Tax Credit. See instructions.

(a)	Enter your federal adjusted gross income from line 34, Column A. If zero or less, enter zero	(a)	00
(b)	Enter your spouse's federal adjusted gross income if married filing separate returns and living in the same household. If zero or less, enter zero	(b)	00
(c)	Enter tax-exempt interest from municipal bonds (non-Kentucky)	(c)	00
(d)	Enter amount of lump-sum distributions not included in federal adjusted gross income (federal Form 4972)	(d)	00
(e)	Enter total of lines (a), (b), (c) and (d). This is your Modified Gross Income . Use this amount to determine if you qualify for the Family Size Tax Credit	(e)	00