

SCHEDULE A

Form 740-NP

Department of Revenue



KENTUCKY SCHEDULE A

2006

▶ See instructions. ▶ Attach to Form 740-NP.

ITEMIZED DEDUCTIONS

Enter name(s) as shown on Form 740-NP, page 1.		Your Social Security Number	
Medical and Dental Expenses	Do not include expenses reimbursed or paid by others.		
	1. Medical and dental expenses	1	
	2. Enter amount from Form 740-NP, page 1, line 8.....	2	
	3. Multiply the amount on line 2 by 7.5% (.075). Enter result	3	
	4. Total medical and dental. Subtract line 3 from line 1. If zero or less, enter -0-		
Taxes <i>Note:</i> Sales and use taxes are not deductible.	5. Local income taxes (do not include state income tax)	5	
	6. Real estate taxes	6	
	7. Personal property taxes	7	
	8. Other taxes (list)	8	
	9. Total taxes. Add the amounts on lines 5 through 8. Enter here		
Interest Expense <i>Note:</i> Personal interest is not deductible.	10. Home mortgage interest and points reported to you on federal Form 1098	10	
	11. Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, show that person's name and address)	11	
	12. Points not reported to you on federal Form 1098 (see instructions for special rules)	12	
	13. Investment interest (attach federal Form 4952 if required)	13	
	14. Total interest. Add the amounts on lines 10 through 13. Enter here		
Contributions <i>Note:</i> For any contribution of \$250 or more, see instructions.	15. Contributions by cash or check	15	
	16. Other than cash or check (attach federal Form 8283 if over \$500)	16	
	17. Carryover from prior year	17	
	18. Total contributions. Add the amounts on lines 15 through 17. Enter here		
Casualty and Theft Losses	19. Enter amount from attached federal Form 4684, Section A, line 16	19	
	20. Enter amount from Form 740-NP, page 1, line 8.....	20	
	21. Multiply the amount on line 20 by 10% (.10). Enter result	21	
	22. Total casualty or theft loss(es). Subtract line 21 from line 19. If zero or less, enter -0-		
Job Expenses and Most Other Miscellaneous Deductions	23. Unreimbursed employee expenses—job travel, union dues, job education, etc. (attach Form 2106 or 2106-EZ if applicable) list	23	
	24. Tax preparation fees	24	
	25. Other (investment, safe deposit box, etc.) list	25	
	26. Add the amounts on lines 23, 24 and 25. Enter here		
	27. Enter amount from Form 740-NP, page 1, line 8.....	27	
	28. Multiply the amount on line 27 by 2% (.02). Enter result	28	
	29. Total. Subtract line 28 from line 26. If zero or less, enter -0-		
Other Miscellaneous Deductions	30. Other (see instructions) list	30	
Total Itemized Deductions	31. Add the amounts on lines 4, 9, 14, 18, 22, 29 and 30. Enter here		
<ul style="list-style-type: none"> • If the amount on Form 740-NP, page 1, line 8, exceeds \$150,500 (\$75,250 if married filing separate returns), skip lines 32 through 35 and complete the limitation schedule on the reverse of this form; or • If married filing separate returns, or spouse is not filing a Kentucky return, complete lines 32 through 35 below. If single or married filing jointly, enter total deductions (line 31 above) on Form 740-NP, page 1, line 11. 			
	32. Enter your income from Form 740-NP, page 1, line 8	32	
	33. Enter joint or combined federal Adjusted Gross Income	33	
	34. Divide line 32 by line 33. Enter percentage	34	%
	35. Multiply line 31 by line 34. This is your portion of total itemized deductions. Enter here and on Form 740-NP, page 1, line 11		

SCHEDULE ME

Form 740-NP (1-07)

Commonwealth of Kentucky
Department of Revenue



2006

**MOVING EXPENSE
AND REIMBURSEMENT**

➤ **Attach to Form 740-NP.**

Enter name(s) as shown on Form 740-NP, page 1.		Your Social Security Number	
1. Enter total Kentucky earned income (do not include moving expense reimbursement)	1		
2. Enter total earned income from federal return (do not include moving expense reimbursement)	2		
3. Divide line 1 by line 2. Enter result. If amount is equal to or greater than 100%, enter 100%	3	_____ . ____%	
4. (a) Enter moving expense reimbursement included in wages	4(a)		
(b) Subtract Form 3903, line 3, from Form 3903, line 4, and enter result. If zero or less, enter -0-	4(b)		
(c) Add lines 4(a) and 4(b) above and enter result here and on Form 740-NP, page 3, line 2, Column A. This is your moving expense reimbursement for federal	4(c)		
5. Multiply line 4(c) by line 3. Enter result here and on Form 740-NP, page 3, line 2, Column B. This is your moving expense reimbursement for Kentucky	5		
6. Enter moving expense deduction from federal Form 3903, line 5, here and on Form 740-NP, page 3, line 21, Column A	6		
7. Multiply line 6 by percentage on line 3. Enter here and on Form 740-NP, page 3, line 21, Column B. This is your allowable Kentucky moving expense	7		

INSTRUCTIONS—SCHEDULE ME

Full-Year Nonresidents—If you are a full-year nonresident, moving expense reimbursements are not taxable, and moving expenses are not deductible.

Part-Year Residents—If you are a part-year resident, any payments to you or on your behalf by any employer for moving expenses are considered income. These payments will be included in wages (box 1) or will be shown separately on the wage and tax statements.

Persons who were residents of Kentucky for only part of the year are required to report as income only part of the total reimbursement they received. *The amount which must be reported to Kentucky as income is based on the percentage of Kentucky earned income to total earned income.*

For the computation of this percentage, earned income is income you received for services you provided. It includes wages, salaries, tips, etc. It also includes income earned from self-employment (Schedules C, C-EZ and F and partnerships).

Line 1—Enter earned income received from Kentucky sources while a nonresident and from all sources while a resident of Kentucky. Do not include moving expense reimbursement reflected on the wage and tax statements (box 1).

Line 2—Enter total earned income reported on your federal return. Do not include moving expense reimbursement reflected on the wage and tax statements (box 1).

Line 4(a)—Enter moving expense reimbursement included in wages (box 1 of Form W-2).

Line 4(b)—Subtract federal Form 3903, line 3, from federal Form 3903, line 4, and enter result. If zero or less, enter -0-.

Line 4(c)—Add lines 4(a) and 4(b) above and enter result here and on Form 740-NP, page 3, line 2, Column A. This is your **moving expense reimbursement for federal** on the Form 740-NP.

ITEMIZED DEDUCTIONS LIMITATION SCHEDULE—Use this schedule if the federal adjusted gross income on Form 740-NP, page 1, line 8, exceeds \$150,500 (\$75,250 if married filing separate returns).

- If married filing separate returns but combining itemized deductions on one Schedule A, enter the percent of your separate income (Form 740-NP, page 1, line 8) to joint or combined federal adjusted gross income.
- If single, married filing a joint return or married filing separate Schedules A, enter 100%. _____ %

1. Multiply the amount on Schedule A, line 31, by the percent of income shown above	1.	_____
2. Add the amounts on Schedule A, lines 4, 13 and 22, plus any gambling losses included on line 30 and multiply by the percent of income shown above	2.	_____
Note: Be sure your total gambling losses are clearly identified on line 30.		
3. Subtract the amount on line 2 from the amount on line 1. (If the result is zero, STOP HERE ; enter the amount from line 1 above on Form 740-NP, page 1, line 11.)	3.	_____
4. Multiply the amount on line 3 above by 80% (.80)	4.	_____
5. Enter the amount from Form 740-NP, page 1, line 8	5.	_____
6. Enter \$150,500 (\$75,250 if married filing separate returns)	6.	_____
7. Subtract the amount on line 6 from the amount on line 5. (If the result is zero or less, STOP HERE ; enter the amount from line 1 above on Form 740-NP, page 1, line 11.)	7.	_____
8. Multiply the amount on line 7 above by 3% (.03)	8.	_____
9. Compare the amounts on lines 4 and 8 above. Enter the smaller of the two amounts here	9.	_____
10. Divide line 9 by 3	10.	_____
11. Subtract line 10 from line 9	11.	_____
12. Total itemized deductions. Subtract the amount on line 11 from the amount on line 1. Enter the result here and on Form 740-NP, page 1, line 11	12.	_____