

725

41A725



Department of Revenue



A \_\_\_\_\_  
Kentucky Corporation/LLET Account Number

**KENTUCKY SINGLE MEMBER LLC  
INDIVIDUALLY OWNED  
LLET RETURN**

**2007**

Taxable period beginning \_\_\_\_\_, 2007, and ending \_\_\_\_\_, 200\_\_.

<b>B</b> Check applicable box(es):  <b>LLET</b>  Receipts Method <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Gross Profits <input type="checkbox"/> \$175 minimum  Nonfiling Status Code  Enter Code  _____	<b>C</b> Federal Identification Number _____ Social Security Number _____		<b>Taxable Year Ending</b> ____ / ____ Mo. Yr.	
	Name of LLC (Place preaddressed label here; otherwise print or type.)		<input type="checkbox"/> Change of name	State and Date of Organization
	Name of Owner (Place preaddressed label here; otherwise print or type.)		<input type="checkbox"/> Change of address	Principal Business Activity in KY
	Number and Street		NAICS Code Number (Relating to Kentucky Activity) (See <a href="http://www.census.gov">www.census.gov</a> )	
	City	State	ZIP Code	Telephone Number
<b>D</b> Check if applicable: <input type="checkbox"/> Qualified investment pass-through entity <input type="checkbox"/> Initial return <input type="checkbox"/> Amended return <input type="checkbox"/> Short-period return (attach explanation) <input type="checkbox"/> Final return (attach explanation) <input type="checkbox"/> No packet required for 2008				
<b>E</b> Check applicable box: <input type="checkbox"/> Composite return <input type="checkbox"/> Single return				

PART I—KENTUCKY NET DISTRIBUTABLE INCOME			PART II—LLET COMPUTATION		
1. Ordinary income (loss) .....		00	1. Schedule LLET, Section D, line 1 ...		00
2. Net income (loss) from rental real estate activities .....		00	2. Recycling/composting equipment tax credit recapture .....		
3. Net income (loss) from other rental activities .....		00	3. Total (add lines 1 and 2) .....		00
4. Interest income .....		00	4. Nonrefundable LLET credit from Kentucky Schedule(s) K-1 .....		00
5. Dividend income .....		00	5. Nonrefundable tax credits (Schedule TCS) .....		00
6. Royalty income .....		00	6. LLET liability (greater of line 3 less lines 4 and 5 or \$175 minimum) ...		00
7. Net short-term and long-term capital gain (loss). If net (loss), do not include more than (\$3,000) .....		00	7. Estimated tax payments .....		00
8. Section 1231 net gain or (loss) .....		00	8. Extension payment .....		00
9. Other income (attach schedule) .....		00	9. Prior year's tax credit .....		00
10. Other deductions (attach schedule) .....		00	10. <b>LLET due</b> (line 6 less lines 7 through 9) .....		00
11. <b>Total net distributable income</b> (lines 1 through 9, less line 10) .....		00	11. <b>LLET overpayment</b> (lines 7 through 9 less line 6) .....		00
12. Enter 100% or the apportionment fraction from Schedule A, Section I, line 12 .....		%	12. Credited to 2008 LLET .....		00
			13. <b>Amount to be refunded</b> .....		00

PART III—LLET CREDIT FOR MEMBER		
<p>➤ <b>Federal Schedules C, E and F, and any other supporting federal forms and schedules must be attached.</b></p>	1. LLET liability (Part II, the total of lines 4 and 6) .....	00
	2. Minimum tax .....	175 00
	3. Member's LLET credit (line 1 less line 2) .....	00

TAX PAYMENT SUMMARY (Round to nearest dollar)	
<b>LLET</b>	
LLET due (Part II, line 10)	\$ _____
Penalty	\$ _____
Interest	\$ _____
<b>Total Payment</b>	\$ _____

**Make check payable to:  
Kentucky State Treasurer**

**Mail return with payment to:  
Kentucky Department of Revenue  
Frankfort, Kentucky 40620**



**SCHEDULE Q—SINGLE MEMBER LIMITED LIABILITY COMPANY QUESTIONNAIRE**

**IMPORTANT:** Questions 1—9 must be completed by the limited liability company.

1. Single member's (owner) name, address and Social Security number or federal I.D. number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List the following **Kentucky** account numbers. Enter N/A for any number not applicable.

Employer Withholding \_\_\_\_\_  
Sales and Use Tax Permit \_\_\_\_\_  
Consumer Use Tax \_\_\_\_\_  
Unemployment Insurance \_\_\_\_\_  
Coal Severance and/or Processing Tax \_\_\_\_\_

3. If a foreign limited liability company, enter the date qualified to do business in Kentucky. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. The limited liability company's books are in care of: (name and address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are disregarded entities included in this return?  
 Yes  No  
If yes, list name, address and federal I.D. number of the entity(ies).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Was the limited liability company a partner in a pass-through entity doing business in Kentucky for the tax year being reported?  Yes  No

If yes, list name and federal I.D. of the pass-through entity(ies).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the limited liability company doing business in Kentucky, other than the interest held in a pass-through entity doing business in Kentucky?  Yes  No

7. Was this return prepared on: (a)  cash basis, (b)  accrual basis, (c)  other \_\_\_\_\_

8. Did the limited liability company file a Kentucky tangible personal property tax return for January 1, 2008?  
 Yes  No

9. Is the single member limited liability company currently under audit by the Internal Revenue Service?  Yes  No  
If yes, enter years under audit  
\_\_\_\_\_

If the Internal Revenue Service has made final and unappealable adjustments to the limited liability company's taxable income which have not been reported to this department, check here  and file Form 740X, Amended Kentucky Individual Income Tax Return for Tax Year 2005, 2006 or 2007, or Form 740-XP, Amended Kentucky Individual Income Tax Return for Tax Year 2004 and prior years, whichever is applicable, and file an amended Form 725, Kentucky Single Member LLC Individually Owned Corporation Income Tax or LLET Return, for each year adjusted and attach a copy of the final determination.

I, the undersigned, declare under the penalties of perjury, that I have examined these returns, including all accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete.

\_\_\_\_\_  
Signature of member (owner)

\_\_\_\_\_  
SSN or FEIN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person or firm preparing return

\_\_\_\_\_  
SSN, PTIN or FEIN

\_\_\_\_\_  
Date

**May the DOR discuss this return with the preparer?**  
 Yes  No  
E-mail Address:  
\_\_\_\_\_  
Telephone No.:  
\_\_\_\_\_