

740-NP

42A740-NP

Department of Revenue

Check if return is:

Amended (Attach copy of original return.)



KENTUCKY INDIVIDUAL INCOME TAX RETURN Nonresident or Part-Year Resident



2015

For calendar year or other taxable year beginning _____, 2015, and ending _____, 20_____.

Form section for Social Security Numbers (A and B), Name, Mailing Address, and City/State/ZIP Code.

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

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

RESIDENCY STATUS section with options for Full-year nonresident, Part-year resident, and Reciprocal state.

COMPLETE SECTIONS A, B, C AND D ON PAGES 2 THROUGH 4 BEFORE COMPLETING LINES 7 THROUGH 28.

Main table for income and tax calculations, including lines 7 through 28, with columns for descriptions, amounts, percentages, and official use only columns.

Attach Form W-2(s) and Other Supporting Statement(s) Here. Enclose Payment with Form 740-V but Do Not Staple.



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 2015 Form W-2(s) and other supporting statements	30(a)	00	
	(b) Enter 2015 Kentucky estimated tax payments	30(b)	00	
	(c) Enter 2015 refundable certified rehabilitation credit (KRS 141.382(1)(b))	30(c)	00	
	(d) Enter 2015 film industry tax credit (KRS 141.383)	30(d)	00	
	(e) Enter Nonresident Withholding from Form PTE-WH, line 9 (KRS 141.206(4)(b)(1))	30(e)	00	
31	Add lines 30(a) through 30(e)	31		00
32	If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions)	32		00
	<i>Fund Contributions; See instructions.</i>			
			▶ (Enter amount(s) checked)	
33	(a) Nature and Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other	33(a)	00	
	(b) Child Victims' Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other	33(b)	00	
	(c) Veterans' Program Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other	33(c)	00	
	(d) Breast Cancer Research/Education Trust Fund .. <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other	33(d)	00	
	(e) Farms to Food Banks Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other	33(e)	00	
	(f) Local History Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other	33(f)	00	
34	Add lines 33(a) through 33(f)	34		00
35	Amount of line 32 to be CREDITED TO YOUR 2016 ESTIMATED TAX	35		00
36	Subtract lines 34 and 35 from line 32. Amount to be REFUNDED TO YOU	36	REFUND	00
	REFUND OPTIONS (Not available for amended returns) Check here if you would like your refund issued on a Bank of America Prepaid Debit Card <input type="checkbox"/> Check here if you would like to receive your Debit Card material in Spanish <input type="checkbox"/>			
37	If line 29 is larger than line 31, enter ADDITIONAL TAX DUE	37		00
38	(a) Estimated tax penalty and/or interest. <input type="checkbox"/> Check if Form 2210-K attached...	38(a)	00	
	(b) Interest	38(b)	00	
	(c) Late payment penalty	38(c)	00	
	(d) Late filing penalty.....	38(d)	00	
39	Add lines 38(a) through 38(d)	39		00
40	Add lines 37 and 39 and enter here. This is the AMOUNT YOU OWE	40	OWE	00

- Visit www.revenue.ky.gov for electronic payment options; or
- Make check payable to **Kentucky State Treasurer**, include your Social Security number and "KY Income Tax—2015."

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	PWR

SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS

1	Enter nonrefundable limited liability entity credit (KRS 141.0401(2))	1		00
2	Enter Kentucky small business investment credit.....	2		00
3	Enter skills training investment credit (attach copy(ies) of certification).....	3		00
4	Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a)).....	4		00
5	Enter credit for tax paid to another state (attach copy of other state's return(s))	5		00
6	Enter unemployment credit (attach Schedule UTC).....	6		00
7	Enter recycling and/or composting equipment credit (attach Schedule RC)	7		00
8	Enter Kentucky investment fund credit (attach copy(ies) of certification).....	8		00
9	Enter coal incentive credit.....	9		00
10	Enter qualified research facility credit (attach Schedule QR).....	10		00
11	Enter GED incentive credit (attach Form DAEL-31).....	11		00
12	Enter voluntary environmental remediation credit (attach Schedule VERB).....	12		00
13	Enter biodiesel and renewable diesel credit.....	13		00
14	Enter environmental stewardship credit.....	14		00
15	Enter clean coal incentive credit.....	15		00
16	Enter ethanol credit (attach Schedule ETH)	16		00
17	Enter cellulosic ethanol credit (attach Schedule CELL).....	17		00
18	Enter energy efficiency products credit (attach Form 5695-K)	18		00



SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS (continued)

19	Enter railroad maintenance and improvement credit (attach Schedule RR-1).....	19	00
20	Enter Endow Kentucky credit (attach Schedule ENDOW)	20	00
21	Enter New Markets Development Program credit	21	00
22	Enter food donation credit (attach Schedule FD).....	22	00
23	Enter distilled spirits credit (attach Schedule DS)	23	00
24	Enter angel investor credit	24	00
25	Add lines 1 through 24. Enter here and on page 1, line 15	25	00

SECTION B—PERSONAL TAX CREDITS

	Check Regular	Check all four if 65 or over	Check all four if blind	Check both for Kentucky National Guard	
1 (a) Credits for yourself:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
(b) Credits for spouse:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

1 Enter number of boxes checked on line 1

2 Dependents:

2 Enter number of dependents who:

- lived with you.....
- did not live with you (see instructions).....
- other dependents.....

First name	Last name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

3 Add lines 1 and 2 and enter here.....

x \$10

4 Multiply credits on line 3 by \$10. Enter here and **on page 1, line 17**

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.)

First name	Last name	Social Security number	First name	Last name	Social Security number

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. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Your Signature (If joint 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

Firm Name EIN Date

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



PAYMENTS **Kentucky Department of Revenue, Frankfort, KY 40619-0008.**

