



APPLICATION FOR EXTENSION OF TIME TO FILE

FIDUCIARY INCOME TAX RETURNS FOR KENTUCKY

INDIVIDUAL, GENERAL PARTNERSHIP AND

COMPLETE ONLY IF NOT FILING FEDERAL EXTENSION

## SEE INSTRUCTIONS FOR PAYMENT REQUIREMENTS

Use this form if you are requesting a Kentucky extension of time to file. Taxpayers who request a federal extension are not required to file a separate Kentucky extension. The requirements may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

You may choose to electronically file your Kentucky extension for Individual returns. Filing electronically allows you the option to pay electronically through a direct debit transaction scheduled on or before April 18, 2017.

All taxpayers filing this Application for Extension must complete Section I and the Payment Voucher. If no payment is being remitted, leave the Amount Paid box on the Payment Voucher blank. If you are filing your Application of Extension electronically and choose to pay by direct debit, complete Section II with your banking information.

You will be notified only if the Application for Extension is denied. To avoid the late filing penalty, a copy of this form must be attached to your return when filed. Keep a copy for yourself.

Section I

A six-month extension is requested for filing the income tax return of the taxpayer(s) listed below for the taxable year ended

REASON FOR REQUEST (A reason must be given before any request can be considered. Inability to pay tax liability is not a valid reason.)

Signature of Taxpayer Date		Signature of Paid Prepa	irer Date
➤ Mail to: Kentucl	ky Department of Revenue, P.O	). Box 1190, Frankfort, KY 40602-119	90 \prec
DENIED: Late (postmar	rked after return date)	Other:	
Section II - Direct Debit of Tax Due (Com	plete only if filing electronic ex	tension)	
Routing Transit number (RTN)		st 2 numbers of the RTN must be ough 12 or 21 through 32.	
Depositer account number (DAN)			
	ax due debit amount \$	Debit date / /	
I authorize the Kentucky Department of Revenue and its indicated above for payment of my state taxes owed and I notify the Kentucky Department of Revenue to terminate 564-4581 no later than 2 business days prior to the payment of t	the financial institution to debit the entr e the authorization. To revoke (cancel)	y to this account. This authorization is to rer a payment, I must contact the Kentucky Dep	main in full force and effect un partment of Revenue at (502)
taxes to receive confidential information necessary to ans			g of the electronic payment of
Your Signature (If joint or combined return, both must s	sign) Spouse':	s Signature	Date
	Detach here and mail voucher with	h your payment	
40A 102 (09/16)	Kentucky Extension	Payment Voucher	2016
	12/31/2016 Year Ending		
Your Social Security No. / FEIN		Spouse's Social Security N	lo.
LASTNAME	FIRST NAME	SPOUSE'S NAME	
		Amount Paid	0 0
Mailing Address (Number and Street including Apartn	nent No. or P.O. Box)	Make check payable to: Ker	ntucky State Treasurer
City, Town or Post Office State Zip	Code		
Check type of return:			
Individual Fiduciary	Mail to:		4047050003
General Partnership	Kentucky Departmen	t of Revenue	
For informational purposes only.	P.O. Box 1190 Frankfort, KY 40602-1	1190	
General Partnerships DO NOT have a tax liability.	DO NOT ATTACH CHECK T		