40A100 (10-10)

Commonwealth of Kentucky

DEPARTMENT OF REVENUE



APPLICATION FOR REFUND OF INCOMETAXES

For Use by Individuals, Fiduciaries and Corporations



Under the provisions of KRS 141.235 and Regulation 103 KAR 15:040, the undersigned taxpayer requests a refund of income taxes paid as shown below:

Taxpayer Income Tax Account Number

1.	Name of taxpayer:					
2.	Address:					
	Number and street or rural route					
	City, town or post office	Count	У	State	ZIP Code	
3.	Type of taxpayer (individual, fiduciary, co	pe of taxpayer (individual, fiduciary, corporation):				
4.	Taxable year involved (indicate dates of	exable year involved (indicate dates of fiscal year, if applicable):				
5.	(a) Amount of taxes paid with return and/or by declaration:					
	(b) Amount of taxes paid on assessment (if applicable):					
6.	Dates of payment(s):					
7.	Validation number imprinted by this department on each check used in making payments (if payment was made by taxpayer's check). If more than one payment was made, indicate each date and validation number separately:					
8.	Amount of tax refund requested:	amount of tax refund requested:				
9.	Statement of taxpayer's reasons for believing that a refund should be granted (attach schedule if necessary):					
this	ne undersigned, hereby certify that there is no tax lia is applicant, and declare under the penalties of perju id to the best of my knowledge the statements contai	ry that I have ex	amined this application (inc	_		
Sigr	nature of individual taxpayer or fiduciary	Date	Spouse's signature if tax pa	aid by joint return		
Sigr	nature of principal corporation officer or chief accounting officer			Date		