P.O. Box 1190

Frankfort, KY 40602-1190





2010

## > COMPLETE ONLY IF NOT FILING FEDERAL EXTENSION

## > SEE INSTRUCTIONS FOR PAYMENT REQUIREMENTS

INSTRUCTIONS: 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.

Interest at the annual rate of 5 percent applies to any income tax paid after the original due date of the return. If the amount of tax paid by the original due date is less than 75 percent of the tax due, a late payment penalty may be assessed (minimum penalty is \$10). Interest and late payment penalty charges can be avoided by remitting payment with the Extension Payment Voucher below by the due date.

## APPLICATION FOR EXTENSION OF TIME TO FILE INDIVIDUAL, GENERAL PARTNERSHIP AND FIDUCIARY INCOMETAX RETURNS FOR KENTUCKY

Use this form if you (1) are requesting a Kentucky extension of time to file (complete Section I); (2) are requesting a Kentucky extension and desire to make a payment prior to the due date (complete Sections I and II); or (3) have a federal extension and desire only to make a Kentucky payment prior to the due date (complete and submit Section II only).

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.

Extension rayment	voucher below by the due t	dato.	
SECTION I (Please	e print or type name and	d address in block below.)	
		Check type of return:	
		☐ Individual (740 or 74	40-NP)
		☐ General Partnership	o (765-GP)
		☐ Fiduciary (741)	
		Soc. Sec. No. or Employ	ver ID No.
A six-month exte	ension is requested for	r filing the income tax return of the above-na	amed taxpayer(s) for the taxable year
REASON FOR RE	QUEST (A reason must l	be given before any request can be considered.	nability to pay tax liability is not a valid
Signature of taxpayer		Date Preparer other than taxpayer	Date
	➤ Mail to: Kent	ucky Department of Revenue, P.O. Box 1190, Frankfort,	KY 40602-1190 ◀
DENIED:	☐ Late (postmarked a	after return due date) 🔲 Other:	
	ed only if the application in the second in	for extension is denied. To avoid the late filing pend r yourself.	alty, a copy of this form must be attached
 40A102 (11-10)		COMPLETE ONLY IF MAKING PAYMENT	2010
SECTION II K	entucky Spirit		2010
			KENTUCKY EXTENSION PAYMENT VOUCHER
Last name	First name (joint o	r combined return, give both names and initials)	Your Social Security number
Mailing address (number and street or P.O. box)		Apartment number	Spouse's Social Security number
City, town or post office		State	ZIP code
	e to: Kentucky StateTreasur Department of Revenue	rer Enter payment amount here	ş <b>&gt;</b> \$