

BANK DEPOSITS TAX RETURN



Property Assessed January 1, _____

Name _____
 Mailing Address _____
 City _____ State _____ ZIP Code _____
 County _____ FEIN _____

Type Tax = 048
FEIN is the Account Number.

INSTRUCTIONS

Each financial institution as defined in KRS 136.500(10) shall file this return with the Department of Revenue, Office of Property Valuation, Frankfort, Kentucky 40601-2103. This return must be filed with payment on or before March 1 each year and should include the amount of deposits as of the preceding January 1.

Nonresident individual and corporation deposits, reported on lines 14 and 15, may be grouped according to states.

For additional information, contact the Department of Revenue at (502) 564-8175.

The tax on line 18 must be paid to the Department of Revenue on or before March 1. (KRS 132.030 and KRS 132.040)

Total Deposits

- 1. Demand deposits of individuals, partnerships and corporations \$ _____
- 2. Time deposits of individuals, partnerships and corporations _____
- 3. Deposits of the United States government (including postal savings) _____
- 4. Deposits of state and political subdivisions..... _____
- 5. Deposits of other banks and trust companies _____
- 6. Other deposits (certified and officers' checks) _____
- 7. Deposits of public schools and public libraries..... _____
- 8. Deposits of religious and charitable institutions _____
- 9. Total deposits (add lines 1 through 8) \$ _____

Deposits not Subject to Tax

- 10. Deposits of the United States government (line 3)..... \$ _____
- 11. Deposits of state and political subdivisions (line 4)..... _____
- 12. Deposits of other banks and trust companies (line 5) _____
- 13. Other deposits (certified and officers' checks) (line 6)..... _____
- 14. Deposits of public schools and public libraries (line 7) _____
- 15. Deposits of religious and charitable institutions (line 8)..... _____
- 16. Deposits of nonresident individuals (ATTACH SCHEDULE) _____
- 17. Deposits of nonresident corporations (ATTACH SCHEDULE) _____
- 18. Total deposits not subject to tax (add lines 10 through 17) \$ _____
- 19. Deposits subject to tax (subtract line 18 from line 9)..... _____
- 20. State Deposits Tax (multiply line 19 by \$.00001)..... \$ _____

I declare, under the penalties of perjury, that this return (including any accompanying schedules and statements) is a correct and complete return; and that all my taxable property has been listed.

Signature of Taxpayer	Date	E-mail Address
Contact Person (Print)	Telephone Number	Fax Number
		E-mail Address