740-NP-R

42A740-NP-R
Department of Revenue



KENTUCKY INCOME TAX RETURN Nonresident — Reciprocal State



Борин	Nonresiden					t-Reciprocal State			
Number and street or P.O. box Mailing Address		Your first name and middle initial		Your Social Securit		y no.	tax return for 200	you file a Kentucky income eturn for 2009? Yes ☐ I. If no, give reason:	
		Apt. no.	City, town or post office	State	ZIP code				
Т	INSTRUCTIONS								
	This form may be used by qualifying full-year nonresidents to claim a refund of Kentucky income taxes withheld during 2010. To determine if you qualify, you must check "Yes" or "No" for the applicable statements below. <i>If eligible, complete lines 1–6.</i> Enter only the taxpayer's name in which the Kentucky wages and salaries were earned in the name box above. Do not include your spouse's name. If both spouses earned only Kentucky wages and salaries as a resident of a reciprocal state, each spouse must file a separate Form 740-NP-R.								
	A. I was a nonresident of Ker	tucky during a	II of 2010.				☐ Yes	□ No	
	B. My only 2010 Kentucky income was from salaries or wages earned while a resident of any of the following states: (circle state(s)) 1–Illinois 2–Indiana 3–Michigan 4–Ohio 5–Virginia 6–West Virginia 7–Wisconsin Note: Race track, lottery and other gambling winnings are not salaries or wages.								
l l	For Virginia residents only: C. I commuted daily to a place of employment in Kentucky.							□ No	
Attach Kentucky Wage and Tax Statements Here	Number and street				_	Form 740-NP and other Kentucky tax forms can be downloaded. www.revenue.ky.gov			
tuck)	City		State	ZIP cod	— le			,,,,,,,	
Ken ☐	ony		State	211 000					
Attach	Enter total Kentucky income to Attach 2010 wage and tax state Nature and Wildlife Fund Con	ement(s)			Γ		1	00	
	□ \$10 □ \$25 □ \$50 □ Oth	tribution					00		
	□\$10 □\$25 □\$50 □Othe 4. Veterans' Program Trust Fund	Contribution			Γ		00		
	□\$10 □\$25 □\$50 □Othe 5. Breast Cancer Research/Educ □\$10 □\$25 □\$50 □Othe	ation Trust Fund	Contribution				00		
	6. From line 1, subtract lines 2, 3	3, 4 and 5. Amou	nt to be REFUNDED				● 6	00	
	TACH A COPY	OF THE 20	10 RETURN FILED WI	TH YOUR	STATE	OF RE	SIDENCE.	'	
l decla	are under the penalties of perjury that I h	ave examined this	return and to the best of my know	wledge and b	elief, it is a	true, corre	ect and complete	return.	
Your S	Signature			Date	Signed	() Telephone Number (daytime)			
Typed	or Printed Name of Preparer Other thanTax	•	I.D. Number of Preparer		Date				
	Li Mai	l to: Kentucky	Department of Revenue,	Frankfort,	KY 4061	8-0006			

Note: Nonresidents of reciprocal states who want to prevent their Kentucky employer from withholding Kentucky income tax from their paychecks should file a copy of Revenue Form 42A809, Certificate of Nonresidence, with their employer. The form is available from the employer, the Kentucky Department of Revenue, Frankfort, KY 40620, or by visiting www.revenue.ky.gov