



For calendar year or other taxable year beginning _____, 2008, and ending _____, 200_____.

Form section for Social Security Numbers (A and B) and Mailing Address (Name, Address, City, State, ZIP Code).

FILING STATUS (see instructions) section with checkboxes for Single, Married (separate), Married (joint), and Married (separate returns).

POLITICAL PARTY FUND section with checkboxes for Democratic, Republican, and No Designation for both Spouse and Yourself.

INCOME/TAX table with columns for Spouse (A) and Yourself (B), rows 5-28 detailing various tax items and credits.

Attach Form W-2(s), Other Supporting Statement(s) and Payment Here - Staple to Top Page Only

Enter personal tax credit amounts from page 3, Section B, lines 4A and 4B



REFUND/TAX PAYMENT SUMMARY

| | | | | |
|--|--|-----------------|------|----|
| 29 | Enter amount from page 1, line 28. This is your Total Tax Liability | • 29 | | 00 |
| 30 | (a) Enter Kentucky income tax withheld as shown on attached 2008 Form W-2(s) and other supporting statements..... | • 30(a) | | 00 |
| | (b) Enter 2008 Kentucky estimated tax payments..... | • 30(b) | | 00 |
| 31 | Add lines 30(a) and 30(b) | • 31 | | 00 |
| 32 | If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions) | 32 | | 00 |
| <i>Fund Contributions; See instructions.</i> | | | | |
| ▶ (Enter amount(s) checked) | | | | |
| 33 | Nature and Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other | • 33 | | 00 |
| 34 | Child Victims' Trust Fund | • 34 | | 00 |
| 35 | Veterans' Program Trust Fund | • 35 | | 00 |
| 36 | Breast Cancer Research/Education Trust Fund | • 36 | | 00 |
| 37 | Add lines 33 through 36 | 37 | | 00 |
| 38 | Amount of line 32 to be CREDITED TO YOUR 2009 ESTIMATED TAX | • 38 | | 00 |
| 39 | Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU | REFUNDED TO YOU | • 39 | 00 |
| 40 | If line 29 is larger than line 31, enter ADDITIONAL TAX DUE | • 40 | | 00 |
| 41 | (a) Estimated tax penalty <input type="checkbox"/> Check if Form 2210-K attached | • 41(a) | | 00 |
| | (b) Interest | • 41(b) | | 00 |
| | (c) Late payment penalty | • 41(c) | | 00 |
| | (d) Late filing penalty | • 41(d) | | 00 |
| 42 | Add lines 41(a) through 41(d). Enter here..... | • 42 | | 00 |
| 43 | Add lines 40 and 42 and enter here. This is the AMOUNT YOU OWE | AMOUNT YOU OWE | 43 | 00 |

▶ Make check payable to **Kentucky State Treasurer** or visit www.revenue.ky.gov for electronic payment options.

▶ Write your Social Security number and "KY Income Tax—2008" on the check.

| OFFICIAL USE ONLY | |
|-------------------|-----|
| | PWR |

SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS

| | A. Spouse | | B. Yourself | |
|--|-----------|----|-------------|----|
| 1 Enter nonrefundable limited liability entity tax credit (KRS 141.0401(2)) (attach Kentucky Schedule(s) K-1 or Form(s) 725) | 1 | 00 | 1 | 00 |
| 2 Enter skills training investment credit (attach copy(ies) of certification)..... | 2 | 00 | 2 | 00 |
| 3 Enter historic preservation restoration credit..... | 3 | 00 | 3 | 00 |
| 4 Enter credit for tax paid to another state (attach copy of other state's return(s)) | 4 | 00 | 4 | 00 |
| 5 Enter unemployment credit (attach Schedule UTC)..... | 5 | 00 | 5 | 00 |
| 6 Enter recycling and/or composting equipment credit (attach Schedule RC) | 6 | 00 | 6 | 00 |
| 7 Enter Kentucky Investment Fund credit (attach copy(ies) of certification) | 7 | 00 | 7 | 00 |
| 8 Enter coal incentive tax credit..... | 8 | 00 | 8 | 00 |
| 9 Enter qualified research facility credit (attach Schedule QR)..... | 9 | 00 | 9 | 00 |
| 10 Enter GED incentive credit (attach Form DAEL-31)..... | 10 | 00 | 10 | 00 |
| 11 Enter voluntary environmental remediation credit (Brownfield)..... | 11 | 00 | 11 | 00 |
| 12 Enter biodiesel and renewable diesel credit..... | 12 | 00 | 12 | 00 |
| 13 Enter environmental stewardship credit..... | 13 | 00 | 13 | 00 |
| 14 Enter clean coal incentive credit..... | 14 | 00 | 14 | 00 |
| 15 Enter ethanol credit (attach Schedule ETH) | 15 | 00 | 15 | 00 |
| 16 Enter cellulosic ethanol credit (attach Schedule CELL) | 16 | 00 | 16 | 00 |
| 17 Add lines 1 through 16, Columns A and B. Enter here and on page 1, line 15 .. | 17 | 00 | 17 | 00 |



SECTION B—PERSONAL TAX CREDITS

Check Regular

Check both if 65 or over

Check both if blind

- 1 (a) Credits for yourself:
- (b) Credits for spouse:

1 Enter number of boxes checked on line 1

2 Dependents:

2 Enter number of dependents who:

| First name | Last name | Dependent's Social Security number | Dependent's relationship to you | Check if qualifying child for family size tax credit |
|------------|-----------|------------------------------------|---------------------------------|--|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

- lived with you.....
- did not live with you (see instructions).....
- other dependents.....

3 Add total number of credits claimed on lines 1 and 2.

3 Enter total credits.....

If married filing separately on a combined return (Filing Status 2), each taxpayer must claim his or her own credits from line 1, divide the credits on line 2, and enter the totals in Boxes 3A and 3B. All other filers enter the amount from line 3 in Box 3B

| Spouse | Yourself |
|--------|----------|
| •3A | •3B |
| x \$20 | x \$20 |
| 4A | 4B |

4 Multiply credits on line 3A by \$20 and enter on line 4A. Multiply credits on line 3B by \$20 and enter on line 4B. Enter here and on page 1, line 17, Columns A and B

SECTION C—FAMILY SIZE TAX CREDIT (List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

| First name | Last name | Social Security number | First name | Last name | Social Security number |
|------------|-----------|------------------------|------------|-----------|------------------------|
| | | | | | |

Attach a complete copy of federal Form 1040 if you received farm, business, or rental income or loss. If not required, check here.

Do you wish to receive a packet next year? (check one) 1 Yes 2 No

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Your Signature (If joint or combined return, both must sign.) Spouse's Signature Date Signed Telephone Number (daytime)

Typed or Printed Name of Preparer Other than Taxpayer I.D. Number of Preparer Date

Mail to: REFUNDS Kentucky Department of Revenue, Frankfort, KY 40618-0006.



PAYMENTS Kentucky Department of Revenue, Frankfort, KY 40619-0008.

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|-------------------|----|----|---------|--|-----|
| EST | CF | NT | P B F R | | 1 2 |