

AMENDED KENTUCKY INDIVIDUAL INCOME TAX RETURN

FOR TAX YEARS 2002, 2003, 2004

200



For calendar year or For fiscal year beginning _____, _____, and ending _____, _____

Filing Status: Check only one block.

- Original Amended
1. Single
2. Married, filing separately on this combined return
3. Married, filing joint return
4. Married, filing separate returns. Enter spouse's name and Social Security number as it appears on separate return.

Last Name, First Name (Joint or combined return, give both names and initials.), Mailing Address, City, Town or Post Office, State, ZIP Code, Your Social Security No., Spouse's Social Security No., Occupation, Yours, Spouse's, List validating numbers stamped on cancelled checks for payments claimed on line 12.

INCOME AND DEDUCTIONS

Table with 4 columns: Description, I—As Originally Reported or Adjusted, II—Net Change Increase or Decrease (see p. 2), III Correct Amount. Rows include KENTUCKY ADJUSTED GROSS INCOME, ITEMIZED DEDUCTIONS/STANDARD DEDUCTION, and TAXABLE INCOME.

TAX LIABILITY

Enter credits from original return or page 2, line 7 A. Spouse B. Yourself (or Joint)

Table with 4 columns: Description, I, II, III. Rows include tax from Tax Table, Low Income Credit, Child and Dependent Care Credit, Income Tax Liability, Kentucky Use Tax, and Total Tax Liability.

PAYMENTS AND CREDITS

Table with 4 columns: Description, I, II, III. Rows include Kentucky Income Tax Withheld, Kentucky Estimated Tax Payments, Amount paid with original return, plus additional payments made after it was filed, and Total of lines 10 through 12, Column III.

REFUND OR AMOUNT DUE

Table with 4 columns: Description, I, II, III. Rows include Overpayment, if any, shown on original return, Subtract line 14 from line 13 and enter result, If line 9, Column III, is more than line 15, enter amount due, Compute interest on the amount on line 16 from the due date until the date paid, Add lines 16 and 17. Pay in full with this return, and If line 9, Column III, is less than line 15, enter refund to be received.

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 appropriate income tax regulations 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 a joint or combined return, both must sign.) Spouse's Signature Telephone Number (daytime) Date Signed

PART I—TAX CREDITS (Lines 1 through 7 must be completed for any increase or decrease in the number of tax credits claimed on original return.)

1. Number of tax credits claimed on original return	➤																					
2. Number of tax credits claimed on this return	➤																					
3. Difference	➤																					
<p>4. Additional Credits for Yourself and Spouse <i>(Check only those boxes not checked on original return.)</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:35%;"></td> <td style="width:10%; text-align: center;">Regular</td> <td colspan="2" style="width:15%; text-align: center;">If 65 or Over Check Two</td> <td colspan="2" style="width:15%; text-align: center;">If Blind Check Two</td> <td style="width:15%;"></td> </tr> <tr> <td>{ Yourself</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td rowspan="2" style="vertical-align: middle;">} Enter number of boxes checked ➤</td> </tr> <tr> <td>{ Spouse</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>				Regular	If 65 or Over Check Two		If Blind Check Two			{ Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	} Enter number of boxes checked ➤	{ Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Regular	If 65 or Over Check Two		If Blind Check Two																		
{ Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	} Enter number of boxes checked ➤																
{ Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
5. Enter first names of your dependent children who lived with you, but were not claimed on original return.		Enter number ➤																				
6. Other dependents not claimed on original return																						
(a) Name	(b) Relationship	(c) Months lived in your home.	(d) Did you provide more than one-half of dependent's support?																			
			Enter number of other dependents listed ➤																			
7. Tax credits claimed on this return by: (a) Spouse _____ ; (b) Yourself (or Joint) _____ .																						

PART II—CHANGES Explain changes to income, deductions and tax from page 1, Column II in detail below. **Attach corrected Kentucky and/or federal schedules.** If you do not attach the required information, processing of your Form 740-XP may be delayed.

