



KENTUCKY S CORPORATION
INCOME TAX AND LLET RETURN 2016

See instructions.

Taxable period beginning _____, 201 __, and ending _____, 201 __.

Form sections B, C, D, E, F containing checkboxes for LLET Receipts Method, Nonfiling Status Code, and various return options.

Table with 2 main columns: PART I - LLET COMPUTATION and PART II - INCOME TAX COMPUTATION. Rows 1-21 detailing tax calculations and amounts.

TAX PAYMENT SUMMARY (Round to nearest dollar) and OFFICIAL USE ONLY section with columns for LLET, INCOME, and P W 2 0 4 V A L #.



PART III— ORDINARY INCOME (LOSS) COMPUTATION

| | | |
|--|----|----|
| 1. Federal ordinary income (loss) (see instructions) | 1 | 00 |
| ADDITIONS | | |
| 2. State taxes based on net/gross income | 2 | 00 |
| 3. Federal depreciation (do not include Section 179 expense deduction)..... | 3 | 00 |
| 4. Related party expenses (attach Schedule RPC)..... | 4 | 00 |
| 5. Other (attach Schedule O-PTE)..... | 5 | 00 |
| 6. Total (add lines 1 through 5) | 6 | 00 |
| SUBTRACTIONS | | |
| 7. Federal work opportunity credit..... | 7 | 00 |
| 8. Kentucky depreciation (do not include Section 179 expense deduction)..... | 8 | 00 |
| 9. Other (attach Schedule O-PTE)..... | 9 | 00 |
| 10. Kentucky ordinary income (loss) (line 6 less lines 7 through 9) | 10 | 00 |

PART IV— EXPLANATION OF FINAL RETURN AND/OR SHORT-PERIOD RETURN

- | | |
|---|--|
| <input type="checkbox"/> Ceased operations in Kentucky | <input type="checkbox"/> Change in filing status |
| <input type="checkbox"/> Change of ownership | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Successor to previous business | <input type="checkbox"/> Other _____ |

PART V— EXPLANATION OF AMENDED RETURN CHANGES

OFFICER INFORMATION (Failure to Provide Requested Information May Result in a Penalty)

Attach a schedule listing the name, home address and Social Security number of the vice president, secretary and treasurer.

Has the attached officer information changed from the last return filed? Yes No

President's Name _____

President's Home Address _____

President's Social Security Number _____

Date Became President __ __ / __ __ / __ __ __ __

I, the undersigned, declare under the 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.

Signature of principal officer or chief accounting officer

Date

Printed name of principal officer or chief accounting officer

Name of person or firm preparing return

SSN, PTIN or FEIN

Federal Form 1120S, all pages and any supporting schedules must be attached.

May the DOR discuss this return with the preparer?

Yes No

Email Address: _____

Telephone No.: _____

**Make check payable to:
Kentucky State Treasurer**

Mail to:

REFUNDS OR NO TAX DUE

Kentucky Department of Revenue, P. O. Box 856905, Louisville, KY 40285-6905



PAYMENTS

Kentucky Department of Revenue, P. O. Box 856910, Louisville, KY 40285-6910



SCHEDULE Q— KENTUCKY S CORPORATION QUESTIONNAIRE

IMPORTANT: Questions 4–12 must be completed by all S corporations. If this is the S corporation’s initial return or if the S corporation did not file a return under the same name and same federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. **Failure to do so may result in a request for a delinquent return.**

1. Indicate whether: (a) new business; (b) successor to previously existing business which was organized as:
 (1) corporation; (2) partnership; (3) sole proprietorship; or (4) other _____
 If successor to previously existing business, give name, address and federal I.D. number of the previous business organization.

2. List the following **Kentucky** account numbers. Enter N/A for any number not applicable.

Nonresident Income Tax Withholding _____
 Employer Withholding _____
 Sales and Use Tax Permit _____
 Consumer Use Tax _____
 Unemployment Insurance _____
 Coal Severance and/or Processing Tax _____

3. If a foreign S corporation, enter the date qualified to do business in Kentucky. ___ / ___ / ___

4. The S corporation’s books are in care of: (name and address)

5. Are disregarded entities included in this return?
 Yes No. If yes, list name, address and federal I.D. number of each entity.

6(a) Was the S corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No. If yes, list name and federal I.D. number of each pass-through entity.

6(b) Was the S corporation doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky? Yes No

7. Are related party costs as defined in KRS 141.205(1)(l) included in this return ? Yes No. If yes, attach Schedule RPC, Related Party Costs Disclosure Statement, and enter any related party cost additions on Part I, Line 4.

8. Is the entity filing this Kentucky tax return organized as a limited cooperative association as provided by KRS Chapter 272A? Yes No

9. Is the entity filing this Kentucky tax return organized as a statutory trust or a series statutory trust as provided by KRS Chapter 386A? Yes No
 If yes, is the entity filing this Kentucky tax return a series within a statutory trust? Yes No
 If yes, enter the name, address and federal I.D. number of the statutory trust registered with the Kentucky Secretary of State:

10. Was this return prepared on: (a) cash basis, (b) accrual basis, (c) other _____

11. Did the S corporation file a Kentucky tangible personal property tax return for January 1, 2017? Yes No
 If yes, list the name and federal I.D. number of entity(ies) filing return(s): _____

12. Is the S corporation currently under audit by the Internal Revenue Service? Yes No
 If yes, enter years under audit _____

 If the Internal Revenue Service has made final and unappealable adjustments to the corporation’s taxable income which have not been reported to the department, check here and file an amended Form 720S for each year adjusted. **Attach a copy of the final determination to each amended return.**



SCHEDULE K—SHAREHOLDERS’ SHARES OF INCOME, CREDITS, DEDUCTIONS, ETC.

| SECTION I | Pro Rata Share Items | Total Amount | |
|--|----------------------|--------------|----|
| Income (Loss) and Deductions | | | |
| 1. Kentucky ordinary income (loss) from trade or business activities (page 2, Part III, line 10)..... | 1 | | 00 |
| 2. Net income (loss) from rental real estate activities (attach federal Form 8825) | 2 | | 00 |
| 3. (a) Gross income from other rental activities..... | 3(a) | 00 | |
| (b) Less expenses from other rental activities (attach schedule) | (b) | 00 | |
| (c) Net income (loss) from other rental activities (line 3a less line 3b) | 3(c) | | 00 |
| 4. Portfolio income (loss): | | | |
| (a) Interest income | 4(a) | | 00 |
| (b) Dividend income..... | (b) | | 00 |
| (c) Royalty income | (c) | | 00 |
| (d) Net short-term capital gain (loss) (attach federal Schedule D and Kentucky Schedule D, if applicable)..... | (d) | | 00 |
| (e) Net long-term capital gain (loss) (attach federal Schedule D and Kentucky Schedule D, if applicable)..... | (e) | | 00 |
| (f) Other portfolio income (loss) (attach schedule) | (f) | | 00 |
| 5. Section 1231 net gain (loss) (other than due to casualty or theft) (attach federal Form 4797 and Kentucky Form 4797) | 5 | | 00 |
| 6. Other income (loss) (attach schedule) | 6 | | 00 |
| 7. Charitable contributions (attach schedule) and housing for homeless deduction (attach Schedule HH)..... | 7 | | 00 |
| 8. IRC Section 179 expense deduction (attach federal Form 4562 and Kentucky Form 4562) | 8 | | 00 |
| 9. Deductions related to portfolio income (loss) (attach schedule)..... | 9 | | 00 |
| 10. Other deductions (attach schedule) | 10 | | 00 |
| Investment Interest | | | |
| 11. (a) Interest expense on investment debts | 11(a) | | 00 |
| (b) (1) Investment income included on lines 4(a), 4(b), 4(c) and 4(f) above | (b)(1) | | 00 |
| (b) (2) Investment expenses included on line 9 above | (b)(2) | | 00 |
| Tax Credits | | | |
| 12. Kentucky Small Business Tax Credit (attach KEDFA notification)..... | 12 | | 00 |
| 13. Skills Training Investment Tax Credit (attach copy of certification(s)) | 13 | | 00 |
| 14. Certified Rehabilitation Tax Credit (attach copy of certification(s))..... | 14 | | 00 |
| 15. Kentucky Unemployment Tax Credit (attach Schedule UTC) | 15 | | 00 |
| 16. Recycling/Composting Equipment Tax Credit (attach Schedule RC) | 16 | | 00 |
| 17. Kentucky Investment Fund Tax Credit (attach KEDFA notification) | 17 | | 00 |
| 18. Coal Incentive Tax Credit (attach Schedule CI) | 18 | | 00 |
| 19. Qualified Research Facility Tax Credit (attach Schedule QR)..... | 19 | | 00 |
| 20. GED Incentive Tax Credit (attach Form DAEL-31) | 20 | | 00 |
| 21. Voluntary Environmental Remediation Tax Credit (attach Schedule VERB) | 21 | | 00 |
| 22. Biodiesel Tax Credit (attach Schedule BIO)..... | 22 | | 00 |
| 23. Environmental Stewardship Tax Credit (attach Schedule KESA)..... | 23 | | 00 |



SCHEDULE K—SHAREHOLDERS’ SHARES OF INCOME, CREDITS, DEDUCTIONS, ETC.

| SECTION I—continued | Pro Rata Share Items | Total Amount | |
|--|----------------------|--------------|----|
| Tax Credits— continued | | | |
| 24. Clean Coal Incentive Tax Credit (attach Schedule CCI) | 24 | | 00 |
| 25. Ethanol Tax Credit (attach Schedule ETH)..... | 25 | | 00 |
| 26. Cellulosic Ethanol Tax Credit (attach Schedule CELL)..... | 26 | | 00 |
| 27. Railroad Maintenance and Improvement Tax Credit (attach Schedule RR-I) | 27 | | 00 |
| 28. Endow Kentucky Tax Credit (attach Schedule ENDOW)..... | 28 | | 00 |
| 29. New Markets Development Program Tax Credit (attach Form 8874(K)-A)..... | 29 | | 00 |
| 30. Food Donation Tax Credit (attach Schedule FD) | 30 | | 00 |
| 31. Distilled Spirits Tax Credit (attach Schedule DS)..... | 31 | | 00 |
| Other Items | | | |
| 32. (a) Type of Section 59(e)(2) expenditures ► _____ | 32(a) | | |
| (b) Amount of Section 59(e)(2) expenditures..... | (b) | | 00 |
| 33. Tax-exempt interest income | 33 | | 00 |
| 34. Other tax-exempt income | 34 | | 00 |
| 35. Nondeductible expenses | 35 | | 00 |
| 36. Total property distributions (including cash) other than dividends reported on line 38 below | 36 | | 00 |
| 37. Other items and amounts required to be reported separately to shareholders (attach schedule)..... | 37 | | |
| 38. Total dividend distributions paid from accumulated earnings and profits | 38 | | 00 |
| SECTION II—Pass-through Items | | | |
| 1. S corporation’s Kentucky sales from Schedule A, Section I, line 1 | 1 | | 00 |
| 2. S corporation’s total sales from Schedule A, Section I, line 2 | 2 | | 00 |
| 3. S corporation’s Kentucky property from Schedule A, Section I, line 5 | 3 | | 00 |
| 4. S corporation’s total property from Schedule A, Section I, line 6 | 4 | | 00 |
| 5. S corporation’s Kentucky payroll from Schedule A, Section I, line 8 | 5 | | 00 |
| 6. S corporation’s total payroll from Schedule A, Section I, line 9 | 6 | | 00 |
| 7. S corporation’s Kentucky gross profits from Schedule LLET, Section A, Column A, line 5 | 7 | | 00 |
| 8. S corporation’s total gross profits from all sources from Schedule LLET, Section A, Column B, line 5 | 8 | | 00 |
| 9. Limited liability entity tax (LLET) nonrefundable credit from page 1, Part I, the total of lines 4 and 6, less \$175 | 9 | | 00 |