740-NP
42A740-NP
Department of Revenue

Check if return is:
☐ ***Amended*** *(Attach copy of original return.)*

1500010004

KENTUCKY INDIVIDUAL INCOME TAX RETURN
Nonresident or Part-Year Resident

Kentucky UNBRIDLED SPIRIT

2015

For calendar year or other taxable year beginning _____ 2015, and ending _____ 20____

A. Spouse's Social Security Number	B. Your Social Security Number
400-00-4218	400-00-4208

Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)
Jones, Test J

Mailing Address (Number and Street including Apartment Number or P.O. Box)
8910 Secretariat Drive, Apt 5678

City, Town or Post Office	State	ZIP Code
Atlanta	GA	30305

Married, filing separate returns, 4 Deps.
Over 65, Legally blind
Part-year resident
Moved out of KY to GA on 7/7/2015
Sch. A - Combining item, ded. on one Sch. A
Test J. Jones had 95.1% of the combined ded.
and meets the threshold for limitations.
Sec. A, business incentive, wksht C; LLEC
W-2; no KY withholding
1099R; KY withholding; PTE-WH; KY withholding
Tax due over $500, 2210K excl. Prepaid >70%

DRAFT

FILING STATUS (see instructions)

1 ☐ Single
2 ☐ *Married*, filing joint return.
3 ☑ *Married*, filing separate returns. Enter spouse's Social Security number above and full name here. Susan B. Jones

POLITICAL PARTY FUND
Designating $2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1) ☐	(4) ☐
Republican	(2) ☐	(5) ☐
No Designation	(3) ☐	(6) ☑

RESIDENCY STATUS *(check one box)*

4 ☐ Full-year nonresident. I did not live in Kentucky during the year. Enter state of residence as of December 31, 2015 _____.
5 ☑ Part-year resident. Complete appropriate line(s) below.
Moved into Kentucky _____. State moved from _____.
Moved out of Kentucky 07/07/15. State moved to GA.
6 You must file a 740-NP-R if you are a full-year resident of a **reciprocal state (IL, IN, MI, OH, VA, WV or WI)** with Kentucky income of wages and salaries only.

➲ ***COMPLETE SECTIONS A, B, C AND D ON PAGES 2 THROUGH 4 BEFORE COMPLETING LINES 7 THROUGH 28.***

OFFICIAL USE ONLY 1 2 3 4 5

INCOME/TAX

7	Enter percentage from page 4, line 36 ➤	7	34.6 %		
8	Enter amount from page 4, line 35, Column A. This is your **Federal Adjusted Gross Income**	8		249,965	00
9	Enter amount from page 4, line 35, Column B. This is your **Kentucky Adjusted Gross Income**	9		86,365	00
10	**Nonitemizers:** Enter $2,440 (do not prorate). Skip lines 11 and 12	10			00
11	**Itemizers:** Enter itemized deductions from Kentucky Schedule A, Form 740-NP	11	19,639 00		
12	Multiply line 11 by the percentage on line 7	12	6,795 00		
13	Subtract line 10 or 12 from line 9. This is your **Taxable Income**	13		79,570	00
14	Enter tax from Tax Table	14		4,439	00
15	Enter amount from page 3, Section A, line 25	15		2,433	00
16	Subtract line 15 from line 14	16		2,006	00
17	**Enter personal tax credit amounts from page 3, Section B, line 4**	17	130 00		
18	Multiply line 17 by the percentage on line 7	18	45 00		
19	Subtract line 18 from line 16	19		1,961	00
20	Check the box that represents your total family size (**see instructions** for lines 20 and 21)	20		1 ☐ 2 ☐ 3 ☐ 4 ☑	
21	Multiply line 19 by the **Family Size Tax Credit** decimal amount __ . __ __ (__ __ __ %) and enter here	21			00
22	Subtract line 21 from line 19	22		1,961	00
23	Enter the **Education Tuition Tax Credit** from Form 8863-K	23			00
24	Subtract line 23 from line 22	24		1,961	00
25	Enter **Child and Dependent Care Credit** from worksheet in the instructions	25			00
26	**Income Tax Liability.** Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero	26		1,961	00
27	**Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions)**	27			00
28	Add lines 26 and 27. Enter here and on page 2, line 29	28		1,961	00

Attach Form W-2(s) and Other Supporting Statement(s) Here. Enclose Payment with Form 740-V but Do Not Staple.

1500010005

DRAFT 8/19/15

REFUND/TAX PAYMENT SUMMARY

29	Enter amount from page 1, line 28. This is your **Total Tax Liability**		29	1,961	00
30	(a) Enter **Kentucky income tax withheld** as shown on **attached** 2015 Form W-2(s) and other supporting statements	30(a)	1,300 00		
	(b) Enter 2015 Kentucky estimated tax payments	30(b)	00		
	(c) Enter 2015 refundable certified rehabilitation credit (KRS 141.382(1)(b))	30(c)	00		
	(d) Enter 2015 film industry tax credit (KRS 141.383)	30(d)	00		
	(e) Enter **Nonresident Withholding** from Form PTE-WH, line 9 (KRS 141.206(4)(b)(1))	30(e)	108 00		
31	Add lines 30(a) through 30(e)		31	1,408	00
32	If line 31 is larger than line 29, enter **AMOUNT OVERPAID** (see instructions)		32		00

Fund Contributions; See instructions. ➤ ***(Enter amount(s) checked)***

33	(a) **Nature and Wildlife Fund** ☐ $10 ☐ $25 ☐ $50 ☐ Other	33(a)	00		
	(b) **Child Victims' Trust Fund** ☐ $10 ☐ $25 ☐ $50 ☐ Other	33(b)	00		
	(c) **Veterans' Program Trust Fund** ☐ $10 ☐ $25 ☐ $50 ☐ Other	33(c)	00		
	(d) **Breast Cancer Research/Education Trust Fund** ☐ $10 ☐ $25 ☐ $50 ☐ Other	33(d)	00		
	(e) **Farms to Food Banks Trust Fund** ☐ $10 ☐ $25 ☐ $50 ☐ Other	33(e)	00		
	(f) **Local History Trust Fund** ☐ $10 ☐ $25 ☐ $50 ☐ Other	33(f)	00		
34	Add lines 33(a) through 33(f)		34		00
35	Amount of line 32 to be **CREDITED TO YOUR 2016 ESTIMATED TAX**		35		00
36	Subtract lines 34 and 35 from line 32. Amount to be **REFUNDED TO YOU**	**REFUND**	36		00

REFUND OPTIONS (Not available for amended returns)
Check here if you would like your refund issued on a Bank of America Prepaid Debit Card ☐
Check here if you would like to receive your Debit Card material in Spanish ☐

37	If line 29 is larger than line 31, enter **ADDITIONAL TAX DUE**		37	553	00
38	(a) Estimated tax penalty and/or interest. ☐ ***Check if Form 2210-K attached***	38(a)	00		
	(b) Interest	38(b)	00		
	(c) Late payment penalty	38(c)	00		
	(d) Late filing penalty	38(d)	00		
39	Add lines 38(a) through 38(d).		39		00
40	Add lines 37 and 39 and enter here. This is the **AMOUNT YOU OWE**	**OWE**	40	553	00

- Visit **www.revenue.ky.gov** for electronic payment options; or
- Make check payable to **Kentucky State Treasurer**, include your Social Security number and "KY Income Tax—2015."

OFFICIAL USE ONLY	
	PWR

SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS

1	Enter nonrefundable limited liability entity credit (KRS 141.0401(2))	1	66	00
2	Enter Kentucky small business investment credit	2	200	00
3	Enter skills training investment credit (attach copy(ies) of certification)	3	115	00
4	Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))	4	118	00
5	Enter credit for tax paid to another state **(attach copy of other state's return(s))**	5		00
6	Enter unemployment credit (attach Schedule UTC)	6	19	00
7	Enter recycling and/or composting equipment credit (attach Schedule RC)	7	61	00
8	Enter Kentucky investment fund credit (attach copy(ies) of certification)	8	23	00
9	Enter coal incentive credit	9	42	00
10	Enter qualified research facility credit (attach Schedule QR)	10	18	00
11	Enter GED incentive credit (attach Form DAEL-31)	11	43	00
12	Enter voluntary environmental remediation credit (attach Schedule VERB)	12	76	00
13	Enter biodiesel and renewable diesel credit	13	10	00
14	Enter environmental stewardship credit	14	21	00
15	Enter clean coal incentive credit	15	103	00
16	Enter ethanol credit (attach Schedule ETH)	16	19	00
17	Enter cellulosic ethanol credit (attach Schedule CELL)	17	14	00
18	Enter energy efficiency products credit (attach Form 5695-K)	18		00

Continue to page 3 to complete Section A

1500010006

DRAFT 8/12/15

SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS (continued)

19 Enter railroad maintenance and improvement credit (attach Schedule RR-I)	19	85	00
20 Enter Endow Kentucky credit (attach Schedule ENDOW)	20	100	00
21 Enter New Markets Development Program credit	21	1,300	00
22 Enter food donation credit (attach Schedule FD)	22		00
23 Enter distilled spirits credit (attach Schedule DS)	23		00
24 Enter angel investor credit	24		00
25 Add lines 1 through 24. **Enter here and on page 1, line 15**	25	2,433	00

SECTION B—PERSONAL TAX CREDITS

	Check Regular	Check all four if 65 or over	Check all four if blind	Check both for Kentucky National Guard
1 (a) Credits for yourself:	☑	☑ ☑ ☑ ☑	☑ ☑ ☑ ☑	☐ ☐
(b) Credits for spouse:	☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐

1 Enter number of boxes checked on line 1 9

2 **Dependents:**

First name	Last name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
Sam	Jones	400-00-4291	Grandson	☑
Sandra	Jones	400-00-4292	Daughter	☑
Stephen	Jones	400-00-4293	Grandson	☑
Mary	Jones	400-00-4294	Sister	☐

2 Enter number of dependents who:

- lived with you 3
- did not live with you (see instructions) 1
- other dependents .....

3 Add lines 1 and 2 and enter here 3 13

x $10

4 Multiply credits on line 3 by $10. Enter here and **on page 1, line 17** 4 130

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

A copy of pages 1 and 2 of your federal income tax return and all supporting schedules must be attached to Kentucky Form 740-NP.

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.

(502) 572-6500

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

John Alphabet | P54897000

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

ABC Tax Inc. | 065487996

Firm Name | EIN | Date

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

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

1500010041

SECTION D INCOME		A. Total from *Attached* Federal Return		B. Kentucky	
1 Enter all wages, salaries, tips, etc. ***(attach wage and tax statements)*** Do not include moving expense reimbursements	1	217,000	00	90,000	00
2 Moving expense reimbursement *(attach Schedule ME)*	2		00		00
3 Interest	3	2,800	00	1,200	00
4 Dividends	4	300	00	100	00
5 Taxable refunds, credits or offsets of state and local income taxes	5	400	00		00
6 Alimony received	6		00		00
7 Business income or loss *(attach federal Schedule C or C-EZ)*	7	1,300	00	800	00
8 Capital gain or loss *(attach federal Schedule D)*	8	800	00	200	00
9 Other gains or losses *(attach federal Form 4797)*	9		00		00
10 (a) Federally taxable IRA distributions, pensions and annuities	10(a)	32,000	00	18,000	00
(b) Pension income exclusion *(attach Schedule P if more than $41,110)*	10(b)			(18,000	00)
11 Rents, royalties, partnerships, estates, trusts, etc. *(attach federal Schedule E)*	11	500	00	500	00
12 Farm income or loss *(attach federal Schedule F)*	12	1,000	00	1,000	00
13 Unemployment compensation (see instructions)	13	600	00	300	00
14 Taxable Social Security benefits	14		00		
15 Gambling winnings	15	8,000	00	4,000	00
16 Other income (list type and amount)	16		00		00
17 Combine lines 1 through 16. This is your **Total Income**	17	264,700	00	98,100	00
ADJUSTMENTS TO INCOME					
18 Educator expenses	18		00		00
19 Certain business expenses of reservists, performing artists and fee-basis government officials *(attach federal Form 2106 or 2106-EZ)*	19	11,300	00	6,300	00
20 Health savings account deduction *(attach federal Form 8889)*	20	1,000	00	1,000	00
21 Moving expenses *(attach Schedule ME)*	21		00		00
22 Deductible part of self-employment tax	22	185	00	185	00
23 Self-employed SEP, SIMPLE, and qualified plans deduction	23		00		00
24 Self-employed health insurance deduction	24		00		
25 Penalty on early withdrawal of savings	25	2,000	00	2,000	00
26 Alimony paid (enter recipient's name and Social Security number) Joan Jones 400-00-5200	26	250	00	250	00
27 IRA deduction	27		00		00
28 Student loan interest deduction	28		00		00
29 Tuition and fees deduction	29		00		00
30 Domestic production activities deduction	30		00		00
31 Long-term care insurance premiums (see instructions)	31			1,000	00
32 Health insurance premiums (see instructions)	32			1,000	00
33 Other deductions (list type and amount)	33		00		00
34 Add lines 18 through 33. **Total Adjustments to Income**	34	14,735	00	11,735	00
35 Subtract line 34 from line 17. This is your **Adjusted Gross Income**	35	249,965	00	86,365	00
36 Divide line 35, Column B, by line 35, Column A. If amount is equal to or greater than 100%, enter 100%. This is your **Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income**	36	34 . 6 %			

DRAFT 6/17/15

SCHEDULE A
Form 740-NP
42A740-NP-A
Department of Revenue

➤ **See instructions.** ➤ **Attach to Form 740-NP.**

1500010014

KENTUCKY SCHEDULE A
ITEMIZED DEDUCTIONS

2015

Enter name(s) as shown on Form 740-NP, page 1.
Jones, Test J

Your Social Security Number
400-00-4208

Medical and Dental Expenses	**Do not include expenses reimbursed or paid by others.**					
	1. Medical and dental expenses	1		00		
	2. Enter amount from Form 740-NP, page 1, line 8 ... 2	00				
	3. Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply by 7.5% (.075) instead	3		00		
	4. **Total medical and dental.** Subtract line 3 from line 1. If zero or less, enter -0-			➤ 4		00
Taxes	5. Local income taxes (do not include state income tax)	5	21	00		
	6. Real estate taxes	6	310	00		
Note: Sales and use taxes and new motor vehicle taxes are not deductible.	7. Personal property taxes	7	302	00		
	8. Other taxes (list)	8		00		
	9. **Total taxes.** Add the amounts on lines 5 through 8. Enter here			➤ 9	633	00
Interest Expense	10. Home mortgage interest and points reported to you on federal Form 1098	10		00		
	11. Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, show that person's name and address)	11		00		
Note: Personal interest is not deductible.	***See instructions for lines 12 and 13.***					
	12. Points not reported to you on federal Form 1098	12		00		
	13. Qualified mortgage insurance premiums	13		00		
	14. Investment interest (attach federal Form 4952 if required)	14		00		
	15. **Total interest.** Add the amounts on lines 10 through 14. Enter here			➤ 15		00
Contributions	16. Contributions by cash or check	16	19,000	00		
Note: For any contribution of $250 or more, see instructions.	17. Other than cash or check (attach federal Form 8283 if over $500)	17		00		
	18. Carryover from prior year	18	2,000	00		
	19. **Total contributions.** Add the amounts on lines 16 through 18. Enter here			➤ 19	21,000	00
Casualty and Theft Losses	20. Enter amount from attached federal Form 4684, Section A, line 16	20		00		
	21. Enter amount from Form 740-NP, page 1, line 8 ... 21	00				
	22. Multiply the amount on line 21 by 10% (.10). Enter result	22		00		
	23. **Total casualty or theft loss(es).** Subtract line 22 from line 20. If zero or less, enter -0-			➤ 23		00
Job Expenses and Most Other Miscellaneous Deductions	24. Unreimbursed employee expenses—job travel, union dues, job education, etc. (attach Form 2106 or 2106-EZ if applicable) list	24		00		
	25. Tax preparation fees	25		00		
	26. Other (investment, safe deposit box, etc.) list Investments - 4800, Safe Dep. Box - 200	26	5,000	00		
	27. Add the amounts on lines 24, 25 and 26. Enter here	27	5,000	00		
	28. Enter amount from Form 740-NP, page 1, line 8 ... 28	249,965	00			
	29. Multiply the amount on line 28 by 2% (.02). Enter result	29	4,999	00		
	30. **Total.** Subtract line 29 from line 27. If zero or less, enter -0-			➤ 30	1	00
Other Miscellaneous Deductions	31. Other (see instructions) Gambling Losses			➤ 31	4,000	00
Total Itemized Deductions	32. Add the amounts on lines 4, 9, 15, 19, 23, 30 and 31. Enter here			➤ 32	25,634	00

- **If the amount on Form 740-NP, line 8, exceeds $184,000 ($92,000 if married filing separate returns),** skip lines 33 through 36 and complete the limitation schedule on the reverse of this form; or
- If married filing separate returns, or spouse is not filing a Kentucky return, complete lines 33 through 36 below. If single or married filing jointly, enter total deductions (line 32 above) on Form 740-NP, page 1, line 11.

33. Enter your income from Form 740-NP, page 1, line 8	33		00		
34. Enter joint or combined *federal* Adjusted Gross Income	34		00		
35. Divide line 33 by line 34. Enter percentage				35	%
36. Multiply line 32 by line 35. This is your portion of total itemized deductions. Enter here and on Form 740-NP, page 1, line 11				➤ 36	00

DRAFT 7/22/15

ITEMIZED DEDUCTIONS LIMITATION SCHEDULE—Use this schedule if the federal adjusted gross income on Form 740-NP, line 8, exceeds $184,000 ($92,000 if married filing separate returns).

- If married filing separate returns but combining itemized deductions on one Schedule A, enter the percent of your separate income (Form 740-NP, line 8) to joint or combined federal adjusted gross income.
- If single, married filing a joint return or married filing separate Schedules A, enter 100%. 95.1 %

1.	Multiply the amount on Schedule A, line 32, by the percent of income shown above			1.	24,378 .00
2.	Add the amounts on Schedule A, lines 4, 14 and 23, plus any gambling losses included on line 31 and multiply by the percent of income shown above			2.	3,804 .00
	Note: Be sure your total gambling losses are clearly identified on line 31.				
3.	Subtract the amount on line 2 from the amount on line 1. If the result is zero or less, enter -0-			3.	20,574 .00
4.	Multiply the amount on line 3 above by 80% (.80)	4.	16,459 .00		
5.	Enter the amount from Form 740-NP, line 8	5.	249,965 .00		
6.	Enter $184,000 ($92,000 if married filing separate returns)	6.	92,000 .00		
7.	Subtract the amount on line 6 from the amount on line 5. If the result is zero or less, enter -0-	7.	157,965 .00		
8.	Multiply the amount on line 7 above by 3% (.03)	8.	4,739 .00		
9.	Compare the amounts on lines 4 and 8 above. Enter the smaller of the two amounts here			9.	4,739 .00
10.	Total itemized deductions. Subtract the amount on line 9 from the amount on line 1. **Enter the result here and on Form 740-NP, line 11**			10.	19,639 .00

DRAFT
7/22/15

Kentucky Limited Liability Entity Tax Credit Worksheet

Complete a separate worksheet for each LLE. Retain for your records. See instructions for Form 740, Section A, Line 1.

Entity Name	TEST PLACE, LLC
Entity Address	300 MARION ST, ATLANTA, GA 30305
Entity FEIN	61-0608439
Entity KY Corporate Account #	143433
Percentage of Ownership ……..	100

X Form 720-S Form 765 Form 765-GP Form 725

1.	Enter Kentucky taxable income from Form 740, Line 11 ……...	79,570.00
2.	Enter LLE income as shown on Kentucky Schedule K-1 or Form 725 ……..	3,310.00
3.	Subtract Line 2 from Line 1 and enter total here …….	76,260.00
4.	Enter Kentucky tax on income amount on Line 1 …….	4,439.00
5.	Enter Kentucky tax on income amount on Line 3 …….	4,241.00
6.	Subtract Line 5 from Line 4. If Line 5 is larger than Line 4, enter zero. This is your tax savings if income is ignored …	198.00
7.	Enter nonrefundable limited liability entity tax credit (from Kentucky Schedule K-1 or Form 725) …….	66.00
8.	Enter the lesser of Line 6 or Line 7. This is your credit. Enter here and on Form 740, Section A, Line 1 ……..	66.00

	a Employee's social security number 400-00-4208	OMB No. 1545-0008

b Employer identification number (EIN) 61-0608439	1 Wages, tips, other compensation 217,000.00	2 Federal income tax withheld
c Employer's name, address, and ZIP code ABC Consulting 3300 Peachtree Rd Atlanta, Ga 30305	3 Social security wages 217,000.00	4 Social security tax withheld
	5 Medicare wages and tips 217,000.00	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Control number	9	10 Dependent care benefits
e Employee's first name and initial Last name Suff. Test J. Jones	11 Nonqualified plans	12a Code
	13 Statutory employee ☐ Retirement plan ☑ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code
f Employee's address and ZIP code		

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
KY	612548	90,000.00	0.00	90,000.00	21.00	FRANK
GA	326587	127,000.00	0.00			

Form **W-2** **Wage and Tax Statement** 2015 Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Fidelity Retirement		$ 32,000.00	2015	
		2a Taxable amount $ 32,000.00	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 2 File this copy with your state, city, or local income tax return, when required.
PAYER'S federal identification number	RECIPIENT'S identification number 400-00-4208	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Test J. Jones		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.)		7 Distribution code(s) IRA/SEP/SIMPLE ☐	8 Other $ %	
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %	9b Total employee contributions $	
10 Amount allocable to IRR within 5 years $	11 1st year of desig. Roth contrib.	12 State tax withheld $ 1,300.00	13 State/Payer's state no. KY/052364	14 State distribution $ 18,000.00
		$ 546.00	GA/0268791	$ 14,000.00
Account number (see instructions)		15 Local tax withheld $	16 Name of locality	17 Local distribution $
		$		$

DRAFT AS OF June 20, 2014 DO NOT FILE

PTE-WH
40A200 (10-15)

☐ Amended
☐ Composite

KENTUCKY NONRESIDENT INCOME TAX WITHHOLDING ON DISTRIBUTIVE SHARE INCOME

Taxable Year Ending
12/15
Mo. Yr.

(1) **Pass-through entity's** FEIN
61-1234567

(2) **Pass-through entity's** Kentucky Corporation/LLET Acct. No.
35551

(3) **Pass-through entity's** name, address and ZIP Code
ABC Corp., 104 Main St., Augusta, GA

(4) **Partner's, member's or shareholder's** Social Security Number or FEIN
☐ Check Box if a Corporation

(5) **Partner's, member's or shareholder's** name, address and ZIP Code
Test J. Jones
8910 Secretariat Dr, Apt 5678
Atlanta, GA 30305

(6) Kentucky distributive share income subject to withholding/income tax .. ☐ Exempt (see instructions)	6	1,800	00
(7) Tax before credit (line 6 multiplied by .06 (6%))	7	108	00
(8) Enter **partner's, member's or shareholder's** credits (see instructions)	8		00
(9) Kentucky income tax withheld/paid	9	108	00

Copy B—File With Individual's or Corporation's Income Tax Return