

740 ATS TEST

PRIMARY TAXPAYER: TEST B BOONE

PRIMARY SSN: 400-00-4202

FILING STATUS: SINGLE, BLIND, & NATL. GUARD TAX CREDITS WITH 1 DEPENDENT

SCH. M SUBTRACTION

STANDARD DEDUCTION

BUSINESS INCENTIVE CREDITS

-FOOD DONATION CREDIT

FAMILY SIZE TAX CREDIT

CHILD AND DEPENDENT CARE CREDIT

USE TAX

KY WITHHOLDING ON W-2

OVERPAYMENT

-APPLIED TO CHARITABLE CONTRIBUTIONS

-CREDIT FORWARD \$200.00 TO 2015 ESTIMATED TAX

-REFUND \$102.00 BY DIRECT DEPOSIT

FORM 8879-K

BANKING INFORMATION

-ROUTING NUMBER: 283978441

-ACCOUNT NUMBER: 3080299999

-TYPE OF ACCT: SAVINGS



KENTUCKY INDIVIDUAL INCOME TAX RETURN Full-Year Residents Only



For calendar year or other taxable year beginning _____, 2014, and ending _____, 20_____.

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

DRAFT 6/6/14

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

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

Main table for INCOME/TAX with columns A (Spouse) and B (Yourself) and rows 5 through 28 for various tax items.

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



DRAFT 5/29/14

REFUND/TAX PAYMENT SUMMARY

Table with 4 columns: Description, Amount, and two sub-columns for totals. Rows include Total Tax Liability, Kentucky income tax withheld, Fund Contributions, and various penalty amounts.

- 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 - 2014."

OFFICIAL USE ONLY table with PWR field

SECTION A - BUSINESS INCENTIVE AND OTHER TAX CREDITS

Table with 6 columns: Description, A. Spouse, B. Yourself, and two sub-columns for totals. Rows 1-18 list various tax credits like limited liability entity credit, small business investment credit, etc.



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

Table with columns for Spouse and Yourself, rows 19-23 for various tax credits.

SECTION B—PERSONAL TAX CREDITS

1 (a) Credits for yourself: (b) Credits for spouse: 1 Enter number of boxes checked on line 1

2 Dependents:

Table with columns: First name, Last name, Dependent's Social Security number, Dependent's relationship to you, Check if qualifying child for family size tax credit

2 Enter number of dependents who: lived with you, did not live with you, other dependents

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

3 Enter total credits: Spouse 3A x \$10 4A, Yourself 3B x \$10 4B

4 Multiply credits on line 3A by \$10 and enter on line 4A. Multiply credits on line 3B by \$10 and enter on line 4B.

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.)

Table with columns: First name, Last name, Social Security number (repeated for multiple children)

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

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.

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 Firm Name EIN Date

DRAFT 6/6/14

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



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

SCHEDULE M



2014

Form 740
42A740-M

**KENTUCKY
FEDERAL ADJUSTED GROSS INCOME
MODIFICATIONS**

Department of Revenue

➤ **Attach to Form 740.**

Enter name(s) as shown on tax return.

Your Social Security Number

⋮
⋮
⋮

PART I ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

DRAFT
6/6/14

- 1 Enter interest income from bonds issued by other states and their political subdivisions.....
- 2 Enter self-employed health insurance deduction from federal Form 1040, line 29.....
- 3 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1.....
- 4 Enter federal depreciation from Form 4562.....
- 5 Enter federal Net Operating Loss
- 6 Enter federal domestic production activities deduction from federal Form 8903, line 25.....
- 7 Other additions (list and enter total):
(a) _____
(b) _____
(c) _____
- 8 Total Additions. Enter here and on Form 740, page 1, line 6

A. Spouse
(Use if Filing Status 2 is checked.)

B. Yourself
(or Joint)

1	00	1	00
2	00	2	00
3	00	3	00
4	00	4	00
5	00	5	00
6	00	6	00
7	00	7	00
8	00	8	00
9	00	9	00
10	00	10	00
11	00	11	00
12	00	12	00
13	00	13	00
14	00	14	00
15	00	15	00
16	00	16	00
17	00	17	00
18	00	18	00
19	00	19	00
20	00	20	00

PART II SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 9 Enter state income tax refund or credit reported as income on federal Form 1040.....
- 10 Enter interest income from U.S. government bonds and securities.....
- 11 Enter excludable amount of retirement income (attach Schedule P if more than \$41,110)
- 12 Enter taxable amount of Social Security and Railroad Retirement Board benefits from federal Form 1040, line 20(b) (1040A, line 14(b))
- 13 Enter long-term care insurance premiums.....
- 14 Enter health insurance premiums not previously deducted from income. Do not include premiums paid with pretax dollars (cafeteria plan).....
- 15 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1
- 16 Enter Kentucky depreciation from revised Form 4562
- 17 Enter Kentucky Net Operating Loss
- 18 Enter Kentucky domestic production activities deduction (see instructions).....
- 19 Other subtractions (list and enter total):
(a) _____
(b) _____
(c) _____
- 20 Total Subtractions. Enter here and on Form 740, page 1, line 8

		a Employee's social security number	OMB No. 1545-0008			
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld		
		5 Medicare wages and tips		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.		11 Nonqualified plans		12a		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other		12c		
				12d		
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

Form **W-2** Wage and Tax Statement

2014

Department of the Treasury—Internal Revenue Service

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

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning _____, 2014, ending _____, 20

Your first name and initial _____ Last name _____ **Your social security number** _____

If a joint return, spouse's first name and initial _____ Last name _____ **Spouse's social security number** _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____ **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). _____ **Presidential Election Campaign**
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶ _____

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b _____

No. of children on 6c who:

- lived with you _____
- did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above

d Total number of exemptions claimed _____

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** _____

8a Taxable interest. Attach Schedule B if required **8a** _____

b Tax-exempt interest. Do not include on line 8a **8b** _____

9a Ordinary dividends. Attach Schedule B if required **9a** _____

b Qualified dividends **9b** _____

10 Taxable refunds, credits, or offsets of state and local income taxes **10** _____

11 Alimony received **11** _____

12 Business income or (loss). Attach Schedule C or C-EZ **12** _____

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13** _____

14 Other gains or (losses). Attach Form 4797 **14** _____

15a IRA distributions **15a** _____ **b Taxable amount** **15b** _____

16a Pensions and annuities **16a** _____ **b Taxable amount** **16b** _____

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** _____

18 Farm income or (loss). Attach Schedule F **18** _____

19 Unemployment compensation **19** _____

20a Social security benefits **20a** _____ **b Taxable amount** **20b** _____

21 Other income. List type and amount _____ **21** _____

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ **22** _____

Adjusted Gross Income

23 Reserved **23** _____

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24** _____

25 Health savings account deduction. Attach Form 8889 **25** _____

26 Moving expenses. Attach Form 3903 **26** _____

27 Deductible part of self-employment tax. Attach Schedule SE **27** _____

28 Self-employed SEP, SIMPLE, and qualified plans **28** _____

29 Self-employed health insurance deduction **29** _____

30 Penalty on early withdrawal of savings **30** _____

31a Alimony paid **b Recipient's SSN** ▶ _____ **31a** _____

32 IRA deduction **32** _____

33 Student loan interest deduction **33** _____

34 Reserved **34** _____

35 Domestic production activities deduction. Attach Form 8903 **35** _____

36 Add lines 23 through 35 **36** _____

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ **37** _____