

740 ATS TEST

PRIMARY TAXPAYER: TEST F FARMER  
PRIMARY SSN: 400-00-4206

FILING STATUS: MARRIED, FILING JOINT RETURN WITH DEPENDENTS

SECONDARY TAXPAYER: CONNIE  
SECONDARY SSN: 400-00-4216

NO KENTUCKY WITHHOLDING

- CREDIT FOR KENTUCKY ESTIMATED TAX PAYMENTS
- REFUNDABLE CERTIFIED REHABILITATION CREDIT
- FILM INDUSTRY TAX CREDIT

SCH. M

SCH. A –NO LIMITATION  
-THEFT LOSS W/FEDERAL FORM 4684

SCH. J – FARM INCOME AVERAGING

SECTION A, BUSINESS INCENTIVE TAX CREDITS

- WORKSHEET A – TAX PAID TO ANOTHER STATE
- WORKSHEET C – LIMITED LIABILITY ENTITY CREDIT
- 5695-K WITH CREDIT CARRYFORWARD

8863-K – EDUCATION TUITION TAX CREDIT  
-AMERICAN OPPORTUNITY AND LIFETIME LEARNING CREDIT

FORM 8879-K

REFUND

- REQUESTING DIRECT DEPOSIT OF \$10

ESTIMATE TAX PAYMENT

- ESTIMATE ADDL. TAX NEEDED FOR 2015 IS \$2,500
- REQUESTING 1 PAYMENT (DEBIT) DATE ON 01/16/2016

BANKING INFORMATION

- ROUTING NUMBER: 283978441
- ACCOUNT NUMBER: 3080699999
- TYPE OF ACCT: CHECKING



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 main columns: Description, Amount, Refund/Overpaid, and Total. Rows include Total Tax Liability (29), Fund Contributions (33-37), and Amount Owed (44).

- 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 4 columns: Description, A. Spouse, B. Yourself, and Total. 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)		A. Spouse		B. Yourself	
19	Enter railroad maintenance and improvement credit (attach Schedule RR-1).....	19	00	19	00
20	Enter Endow Kentucky credit (attach Schedule ENDOW) .....	20	00	20	00
21	Enter New Markets Development Program credit .....	21	00	21	00
22	Enter food donation credit (attach Schedule FD).....	22	00	22	00
23	Add lines 1 through 22, Columns A and B. <b>Enter here and on page 1, line 15</b> ..	23	00	23	00

SECTION B—PERSONAL TAX CREDITS

	<b>Check Regular</b>	<b>Check all four if 65 or over</b>	<b>Check all four if blind</b>	<b>Check both for Kentucky National Guard</b>	
1 (a) Credits for yourself:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 Enter number of boxes checked on line 1 .....
(b) Credits for spouse:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>

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
				<input type="checkbox"/>

2 Enter number of dependents who:

- lived with you.....
- did not live with you (see instructions).....
- 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. All other filers enter the amount from line 3 in Box 3B* .....

3 Enter total credits.....

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. **Enter here and on page 1, line 17, Columns A and B** .....

Spouse		Yourself	
•3A	x \$10	•3B	x \$10
4A		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.)

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.

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	
_____ 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 .....

**SCHEDULE A**

**Form 740**

42A740-A

Department of Revenue



**KENTUCKY ITEMIZED DEDUCTIONS**

➤ See instructions.  
➤ Attach to Form 740.

**2014**

Enter name(s) as shown on Form 740, page 1.

Your Social Security Number

Do not include expenses reimbursed or paid by others.				
<b>Medical and Dental Expenses</b>	1. Medical and dental expenses..... 1			
	2. Enter combined totals from Form 740, line 9..... 2			
	3. Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead..... 3			
	4. <b>Total medical and dental.</b> Subtract line 3 from line 1. If zero or less, enter -0-..... ➤ 4			00
<b>Taxes</b> <i>Note: Sales and use taxes and new motor vehicle taxes are not deductible.</i>	5. Local income taxes (do not include state income tax)..... 5			
	6. Real estate taxes..... 6			
	7. Personal property taxes..... 7			
	8. Other taxes (list) _____ 8			
	9. <b>Total taxes.</b> Add lines 5 through 8. Enter here..... ➤ 9			00
<b>Interest Expense</b> <i>Note: Personal interest is not deductible.</i>	10. Home mortgage interest and points reported to you on federal Form 1098..... 10			
	11. Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, show that person's name, identifying number and address) _____ 11			
	<b>See instructions for lines 12 and 13.</b>			
	12. Points not reported to you on federal Form 1098..... 12			
	13. Qualified mortgage insurance premiums ..... 13			
	14. Investment interest (attach federal Form 4952 if required) ..... 14			
15. <b>Total interest.</b> Add lines 10 through 14. Enter here ..... ➤ 15			00	
<b>Contributions</b> <i>Note: For any contribution of \$250 or more, see instructions.</i>	16. Contributions by cash or check..... 16			
	17. Other than cash or check (attach federal Form 8283 if over \$500)..... 17			
	18. Artistic charitable contributions deduction (attach copy of appraisal) ..... 18			
	19. Carryover from prior year..... 19			
	20. <b>Total contributions.</b> Add lines 16 through 19. Enter here ..... ➤ 20			00
<b>Casualty and Theft Losses</b>	21. Enter amount from attached federal Form 4684, Section A, line 16..... ➤ 21			00
<b>Job Expenses and Most Other Miscellaneous Deductions</b>	22. Unreimbursed employee expenses—job travel, union dues, job education, etc. (attach Form 2106 or 2106-EZ if applicable) list _____ 22			
	23. Tax preparation fees..... 23			
	24. Other (investment, safe deposit box, etc.) list _____ 24			
	25. Add the amounts on lines 22, 23 and 24. Enter here ..... 25			
	26. Enter 2% (.02) of the combined totals from Form 740, line 9 ..... 26			
	27. <b>Total.</b> Subtract line 26 from line 25. If zero or less, enter -0- ..... ➤ 27			00
	<b>Other Miscellaneous Deductions</b>	28. Other (see instructions) _____ ➤ 28		
<b>Total Itemized Deductions</b>	29. Add lines 4, 9, 15, 20, 21, 27 and 28. Enter here ..... ➤ 29			00

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9/5/14

★ If single or married filing jointly and your income for Form 740, line 9, column B does not exceed \$181,150, enter total itemized deductions on Form 740, line 10, column B.  
★ All others go to page 2.



If the combined totals on Form 740, line 9, exceeds \$181,150 (\$90,575 if married filing separately on a combined return or separate returns), skip Part I and complete Part II.

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7/25/14

**PART I—DIVIDING DEDUCTIONS BETWEEN SPOUSES**

Use this schedule if married filing separately on a combined return.

1. Total itemized deductions from page 1, line 29..... \_\_\_\_\_
2. Percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B)..... \_\_\_\_\_ %
3. Percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B)..... \_\_\_\_\_ %
4. Percent on line 2 times total deductions entered on line 1 (enter here and on Form 740, line 10, Column A) ..... \_\_\_\_\_
5. Percent on line 3 times total deductions entered on line 1 (enter here and on Form 740, line 10, Column B) ..... \_\_\_\_\_

**PART II—ITEMIZED DEDUCTIONS LIMITATION SCHEDULE**

Use this schedule if the adjusted gross income on Form 740, line 9, exceeds **\$181,150 (\$90,575 if married filing separately on a combined return or separate returns)**.

	A. Spouse	B. Yourself (or Joint)
<ul style="list-style-type: none"> <li>• If married filing separately on a combined return, <b>enter in Column A</b> the percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B); <b>enter in Column B</b> the percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B).</li> <li>• If single, married filing a joint return or married filing separate returns, enter 100% in Column B.</li> </ul>	_____ %	_____ %
1. Multiply the amount on Schedule A, line 29, by the percent of income shown in Columns A and/or B .....	1. _____	1. _____
2. Add the amounts on Schedule A, lines 4, 14 and 21, plus any gambling losses included on line 28 and multiply by the percent of income shown in Columns A and/or B.....	2. _____	2. _____
<i>Note: Be sure your total gambling losses are clearly identified on line 28.</i>		
3. Subtract the amount on line 2 from the amount on line 1. If the result is zero or less, enter -0- .....	3. _____	3. _____
4. Multiply the amount on line 3 above by 80% (.80).....	4. _____	4. _____
5. Enter the amount from Form 740, line 9 .....	5. _____	5. _____
6. Enter \$181,150 (\$90,575 if married filing separately on a combined return or separate returns) .....	6. _____	6. _____
7. Subtract the amount on line 6 from the amount on line 5. If the result is zero or less, enter -0- .....	7. _____	7. _____
8. Multiply the amount on line 7 above by 3% (.03).....	8. _____	8. _____
9. Compare the amounts on lines 4 and 8 above. Enter the <b>smaller</b> of the two amounts here .....	9. _____	9. _____
10. Total itemized deductions. Subtract the amount on line 9 from the amount on line 1. <b>Enter the result here and on Form 740, line 10</b> .....	10. _____	10. _____

SCHEDULE J

1400010016

2014

Form 740

42A740-J (10-14)

KENTUCKY FARM INCOME AVERAGING

Department of Revenue

See federal instructions for Schedule J.

Attach to Form 740.

Enter name(s) as shown on tax return. Your Social Security Number

Note: Compute tax using the Tax Table or the Tax Rate Schedule appropriate to each year. This is tax before credits.

1. Enter your taxable income from Form 740, line 11... 1
2. Enter your elected farm income. Do not exceed amount on federal Schedule J, line 2a\* ... 2
3. Subtract line 2 from line 1. If zero or less, enter -0-... 3
4. Compute the tax on the amount on line 3 using the 2014 tax rate or tax rate schedule... 4
5. If you used Schedule J to figure your tax for:
- 2013, enter the amount from your 2013 Schedule J, line 11.
- 2012 but not 2013, enter the amount from your 2012 Schedule J, line 15.
- 2011 but not 2012 or 2013, enter the amount from your 2011 Schedule J, line 3... 5
Otherwise, enter the taxable income from your 2011 Form 740, line 11 or Form 740-EZ, line 3. If zero or less, see instructions.
6. Divide the amount on line 2 by 3.0... 6
7. Add lines 5 and 6. If zero or less, enter -0-... 7
8. Compute the tax on the amount on line 7 using the 2011 tax rate or tax rate schedule... 8
9. If you used Schedule J to figure your tax for:
- 2013, enter the amount from your 2013 Schedule J, line 15.
- 2012 but not 2013, enter the amount from your 2012 Schedule J, line 3 ... 9
Otherwise, enter the taxable income from your 2012 Form 740, line 11 or Form 740-EZ, line 3. If zero or less, see instructions.
10. Enter the amount from line 6... 10
11. Add lines 9 and 10. If less than zero, enter as a negative amount... 11
12. Compute the tax on the amount on line 11 using the 2012 tax rate or tax rate schedule... 12
13. If you used Schedule J to figure your tax for 2013, enter the amount from your 2013 Schedule J, line 3. Otherwise, enter the taxable income from your 2013 Form 740, line 11 or Form 740-EZ, line 3. If zero or less, see instructions... 13
14. Enter the amount from line 6... 14
15. Add lines 13 and 14. If less than zero, enter as a negative amount... 15
16. Compute the tax on the amount on line 15 using the 2013 tax rate or tax rate schedule ... 16
17. Add lines 4, 8, 12 and 16... 17
18. If you used Schedule J to figure your tax for:
- 2013, enter the amount from your 2013 Schedule J, line 12.
- 2012 but not 2013, enter the amount from your 2012 Schedule J, line 16.
- 2011 but not 2012 or 2013, enter the amount from your 2011 Schedule J, line 4. Otherwise, enter the tax from your 2011 Form 740, line 12 or Form 740-EZ, line 4 ... 18
19. If you used Schedule J to figure your tax for:
- 2013, enter the amount from your 2013 Schedule J, line 16.
- 2012 but not 2013, enter the amount from your 2012 Schedule J, line 4. Otherwise, enter the tax from your 2012 Form 740, line 12 or Form 740-EZ, line 4 ... 19
20. If you used Schedule J to figure your tax for 2013, enter the amount from your 2013 Schedule J, line 4. Otherwise, enter the tax from your 2013 Form 740, line 12 or Form 740-EZ, line 4... 20
21. Add lines 18 through 20 ... 21
22. Subtract line 21 from line 17. If the result is less than the tax on the taxable income on line 1, enter the tax on Form 740, line 12 and check the box ... 22

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\* Caution: If income from another state is included in the elected farm income on line 2, you must also compute the tax without the other state's income to determine the state tax limitation for credit for taxes paid to other states.

8863-K

42A740-S24

Department of Revenue

1400010026

DRAFT 9/5/14

2014

Attach to Form 740 or Form 740-NP.

KENTUCKY EDUCATION TUITION TAX CREDIT

Enter name(s) as shown on Form 740 or Form 740-NP, page 1. Your Social Security Number

Caution: You cannot take the 2014 Kentucky Education Tuition Tax Credit if you are not eligible for the Federal Education Credits. You must attach the federal Form 8863.

Carryforward Information: If you have an unused credit from prior year(s), complete Page 2, Part V to determine your carry-forward amount. You must have completed Form 8863-K in prior years to claim any allowable unused credit carryforward.

PART I - Qualifications

Table with 2 columns: Question, Yes, No. Contains 3 qualification questions regarding expenses and filing status.

If you answered "No" to any of these questions above, STOP, you do not qualify for this credit. If you answered "Yes" to all questions above, go to Part II.

PART II - American Opportunity Credit (List only expenses for undergraduate studies from Kentucky institutions)

Table with 5 columns: (a) Student Name SSN, (b) Institution Name and Address, (c) Qualified Expenses, (d) Subtract \$2,000, (e) Multiply column (d) by 25%, (f) If column (d) is zero enter the amount from column (c); otherwise, add \$2,000 to column (e) and enter result.

Summary table with 2 columns: Description, Amount. Includes lines 2, 3, 4 for calculating the tentative American opportunity credit.

1400010045

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7/25/14

**PART III—Lifetime Learning Credit (List only expenses for undergraduate studies from Kentucky institutions)**

5.	(a) Student Name	(b) Student SSN	(c) Name and Address of Kentucky Institution	(d) Qualified Expenses (See instructions)
6.	Add the amounts on line 5, column (d) and enter total here.....			6
7.	Enter the smaller of line 6 or \$10,000 .....			7
8.	Multiply line 7 by 20% (.20) and enter here.....			8
9.	Enter the decimal amount from line 17 of the federal Form 8863. If this line is blank, enter -0- and go to line 10; you cannot take any Lifetime Learning Credit.....			9
10.	<b>Tentative Lifetime Learning Credit.</b> Multiply line 8 by line 9 and enter here (Note: The result on line 10 cannot exceed the amount of the federal Form 8863, line 18) .....			10
11.	Add lines 4 and 10. This is your total of the tentative Kentucky Education Tuition Tax Credits .....			11

**PART IV—Allowable Education Credits**

12.	Multiply the amount on line 11 by 25% (.25) and enter total here .....	12
13.	Enter tentative tax from Form 740 or Form 740-NP, page 1, line 22 .....	13
14.	Enter amount from Part V, line 34. If Part V, line 34 is blank, enter -0-.....	14
15.	Subtract line 14 from line 13.....	15
16.	Enter the smaller of line 15 or line 12 .....	16
17.	Add lines 14 and 16. Enter here and on Form 740 or Form 740-NP, line 23. <b>This is your allowable 2014 Kentucky Education Tuition Tax Credit</b> .....	17
18.	If line 15 is smaller than line 12, subtract line 15 from line 12. This is the amount of <b>unused credit carryforward from 2014 to 2015</b> . Enter here and on the 2014 Carryforward Worksheet, Line E, provided below .....	18

**PART V—Credit Carryforward from Prior Years**

19.	Enter tentative tax from Form 740 or Form 740-NP, page 1, line 22 .....	19
20.	Enter your credit carryforward from 2009.....	20
21.	Enter your credit carryforward from 2010 .....	21
22.	Enter your credit carryforward from 2011.....	22
23.	Enter your credit carryforward from 2012 .....	23
24.	Enter your credit carryforward from 2013 .....	24
25.	Add lines 20 through 24 and enter total here .....	25
26.	Subtract line 20 from line 19. If zero or less, enter -0-.....	26
27.	<b>Enter 2010 credit carryforward to 2015.</b> Subtract line 26 from line 21. If zero or less, enter -0- ...	27
28.	Subtract line 21 from line 26. If zero or less, enter -0-.....	28
29.	<b>Enter 2011 credit carryforward to 2015.</b> Subtract line 28 from line 22. If zero or less, enter -0-...	29
30.	Subtract line 22 from line 28. If zero or less, enter -0-.....	30
31.	<b>Enter 2012 credit carryforward to 2015.</b> Subtract line 30 from line 23. If zero or less, enter -0- ..	31
32.	Subtract line 23 from line 30. If zero or less, enter -0-.....	32
33.	<b>Enter 2013 credit carryforward to 2015.</b> Subtract line 32 from line 24. If zero or less, enter -0-...	33
34.	Enter the smaller of line 19 or line 25 .....	34

**2014 Carryforward Worksheet**

- A. From Part V, Line 27, 2010 to 2015 \_\_\_\_\_
- B. From Part V, Line 29, 2011 to 2015 \_\_\_\_\_
- C. From Part V, Line 31, 2012 to 2015 \_\_\_\_\_
- D. From Part V, Line 33, 2013 to 2015 \_\_\_\_\_
- E. From Part IV, Line 18, 2014 to 2015 \_\_\_\_\_

**If you have a carryforward of credit, maintain a copy of this worksheet or Form 8863-K for your records. This information will be needed to prepare future returns.**

5695-K

41A720-S7 (10-14)  
Commonwealth of Kentucky  
DEPARTMENT OF REVENUE



**DRAFT**  
4/16/14

2014

➤ See instructions.

**KENTUCKY ENERGY EFFICIENCY PRODUCTS TAX CREDIT**

➤ Attach to Form 720, 720S, 725, 740, 740-NP, 741, 765 or 765-GP

**KRS 141.435 and KRS 141.436**

Name of Entity/Individual	Identification Number (SSN or FEIN)	Kentucky Corporation/LLET Account Number (if applicable)
---------------------------	-------------------------------------	--

**Part I-Qualifications**

	Yes	No
■ Was the installation of the energy efficiency products completed before January 1, 2014? .....		
■ Was the installation of the energy efficiency products completed after December 31, 2014? .....		
■ Have you taken a tax credit as provided by KRS 141.437 for an ENERGY STAR home or an ENERGY STAR manufactured home? .....		

If you answered "yes" to any of the questions above, STOP; you do not qualify for these credits, except for any carryforward balance on line 66.

If you answered "no" to all of the questions above, go to Part II.

**Part II-Installation of Energy Efficiency Products**

<b>Residence or Single-family or Multifamily Residential Rental Unit:</b>				
1. Qualified upgraded insulation costs .....	1	00		
2. Multiply line 1 by 30% (.30) .....	2	00		
3. Credit from pass-through entities .....	3	00		
4. Add lines 2 and 3 .....	4	00		
5. Maximum Credit amount .....	5	\$100 00		
6. Enter the smaller of line 4 or line 5 .....	6		00	
<b>7. Qualified energy-efficient windows and storm doors .....</b>				
7. Qualified energy-efficient windows and storm doors .....	7	00		
8. Multiply line 7 by 30% (.30) .....	8	00		
9. Credit from pass-through entities .....	9	00		
10. Add lines 8 and 9 .....	10	00		
11. Maximum Credit amount .....	11	\$250 00		
12. Enter the smaller of line 10 or line 11 .....	12		00	
<b>13. Qualified energy property .....</b>				
13. Qualified energy property .....	13	00		
14. Multiply line 13 by 30% (.30) .....	14	00		
15. Credit from pass-through entities .....	15	00		
16. Add lines 14 and 15 .....	16	00		
17. Maximum Credit amount .....	17	\$250 00		
18. Enter the smaller of line 16 or line 17 .....	18		00	
19. Add lines 6, 12 and 18 .....	19		00	
20. Maximum Credit amount .....	20	\$500 00		
21. Enter the smaller of line 19 or line 20 .....	21		00	
<b>Residence or Single-family Residential Rental Unit:</b>				
22. Qualified active solar space-heating system .....	22	00		
23. Qualified passive solar space-heating system .....	23	00		
24. Qualified combined active solar space-heating and water-heating system .....	24	00		
25. Qualified solar water-heating system .....	25	00		
26. Qualified wind turbine or wind machine .....	26	00		
27. Add lines 22 through 26 .....	27	00		
28. Multiply line 27 by 30% (.30) .....	28	00		
29. Credit from pass-through entities .....	29	00		
30. Add lines 28 and 29 .....	30	00		
31. Qualified solar photovoltaic system-Watts of direct current (DC) _____ X \$3 .....	31	00		
32. Credit from pass-through entities .....	32	00		
33. Add lines 31 and 32 .....	33	00		
34. Enter the larger of line 30 or line 33 .....	34		00	
35. Maximum Credit amount .....	35	\$500 00		
36. Enter the smaller of line 34 or line 35 .....	36		00	

**5695-K**

41A720-S7 (10-14)  
Commonwealth of Kentucky  
DEPARTMENT OF REVENUE



**DRAFT**  
5/8/14

**Part II-Installation of Energy Efficiency Products (continued)**

<b>Multifamily Residential Rental Unit or Commercial Property:</b>				
37. Qualified active solar space-heating system	37	00		
38. Qualified passive solar space-heating system	38	00		
39. Qualified combined active solar space-heating and water-heating system	39	00		
40. Qualified solar water-heating system	40	00		
41. Qualified wind turbine or wind machine	41	00		
42. Add lines 37 through 41	42	00		
43. Multiply line 42 by 30% (.30)	43	00		
44. Credit from pass-through entities	44	00		
45. Add lines 43 and 44	45	00		
46. Qualified solar photovoltaic system-Watts of direct current (DC) _____ X \$3	46	00		
47. Credit from pass-through entities	47	00		
48. Add lines 46 and 47	48	00		
49. Enter the larger of line 45 or line 48	49	00		
50. Maximum Credit amount	50	\$1,000	00	
51. Enter the smaller of line 49 or line 50	51			00
<b>Commercial Property:</b>				
52. Qualified energy-efficient interior lighting system	52	00		
53. Multiply line 52 by 30% (.30)	53	00		
54. Credit from pass-through entities	54	00		
55. Add lines 53 and 54	55	00		
56. Maximum Credit amount	56	\$500	00	
57. Enter the smaller of line 55 or line 56	57			00
58. Qualified energy-efficient heating, cooling, ventilation or hot water system	58	00		
59. Multiply line 58 by 30% (.30)	59	00		
60. Credit from pass-through entities	60	00		
61. Add lines 59 and 60	61	00		
62. Maximum Credit amount	62	\$500	00	
63. Enter the smaller of line 61 or line 62	63			00
64. Add lines 57 and 63	64			00
65. Add lines 21, 36, 51 and 64	65			00
66. Enter any unused Energy Efficiency Products Tax Credit earned in 2013, if applicable	66			00
67. Add lines 65 and 66	67			00

**Enter the amounts from Form 5695-K on the applicable tax return as follows:**

Individual, estate or trust filing:

- Form 740-Enter the amount from Line 67 on Form 740, Section A, Line 18.
- Form 740-NP-Enter the amount from Line 67 on Form 740-NP, Section A, Line 18.
- Form 741-Enter the amount from Line 67 on Form 741, Line 18.

Corporation or pass-through entity filing:

- Form 720-Enter the amount from Line 67 on Schedule TCS, Line 16.
- Form 720S-Enter the amounts from Lines 6, 12, 18, 36, 36, 51, 51, 57 and 63 on Form 720S, Schedule K, Lines 27, 28, 29, 30, 31, 32, 33, 34 and 35, respectively; and the amount from Line 67 on Schedule TCS, Line 16.
- Form 725-Enter the amount from Line 67 on Schedule TCS, Line 16.
- Form 765-Enter the amounts from Lines 6, 12, 18, 36, 36, 51, 51, 57 and 63 on Form 765, Schedule K, Lines 28, 29, 30, 31, 32, 33, 34, 35 and 36, respectively; and the amount from Line 67 on Schedule TCS, Line 16.
- Form 765-GP-Enter the amounts from Lines 6, 12, 18, 36, 36, 51, 51, 57 and 63 on Form 765-GP, Schedule K, Lines 28, 29, 30, 31, 32, 33, 34, 35 and 36, respectively.
- **Note: Lines 36 and 51 are reported twice because they are included on two separate lines of the Schedule K and Schedule K-1.**

## Credit for Taxes Paid to Other State Worksheet

**Kentucky residents/part-year residents only. Complete a separate worksheet for each state. See instructions for Form 740, Section A, Line 5.**

▶ **TIP** – Credit for taxes paid to another state may be reduced or eliminated if gambling losses are claimed on Schedule A.

**Taxpayer SSN** .....

**Taxpayer First Name** .....

**Name of other state** .....

**Type of Income Reported to Other State**.....

1. List Kentucky taxable income from Form 740, Line 11 .....
2. List any gambling losses from Schedule A, Line 28 .....
3. Add Lines 1 and 2 and enter total here .....
4. List income reported to other state included on Kentucky return .....
5. Subtract Line 4 from Line 3 and enter total here .....
6. Adjusted gambling losses. Compute gambling losses allowed on Kentucky return if income from other state is ignored .....
7. Subtract Line 6 from Line 5 and enter total here .....
8. Enter Kentucky tax on income amount on Line 7 .....
9. Enter Kentucky tax on income amount on Line 1 .....
10. Subtract Line 8 from Line 9. This is the tax savings on return if other state's income is ignored .....
11. Enter tax paid to other state on income claimed on Kentucky return .....
12. Enter the lesser of Line 10 or Line 11. This is your credit for tax paid to other state. Carry this total to Form 740, Section A, Line 5 .....

# 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

Entity Address

Entity FEIN

Entity KY Corporate Account #

Percentage of Ownership .....

Form 720-S

Form 765

Form 765-GP

Form 725

1. Enter Kentucky taxable income from Form 740, Line 11 .....
2. Enter LLE income as shown on Kentucky Schedule K-1 or Form 725 .....
3. Subtract Line 2 from Line 1 and enter total here .....
4. Enter Kentucky tax on income amount on Line 1 .....
5. Enter Kentucky tax on income amount on Line 3 .....
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 ...
7. Enter nonrefundable limited liability entity tax credit (from Kentucky Schedule K-1 or Form 725) .....
8. Enter the lesser of Line 6 or Line 7. This is your credit. Enter here and on Form 740, Section A, Line 1 .....



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** \_\_\_\_\_

Tax and Credits

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,200

Married filing jointly or Qualifying widow(er), \$12,400

Head of household, \$9,100

38 Amount from line 37 (adjusted gross income)
39a Check [ ] You were born before January 2, 1950, [ ] Blind. Total boxes checked
b If your spouse itemizes on a separate return or you were a dual-status alien, check here
40 Itemized deductions (from Schedule A) or your standard deduction
41 Subtract line 40 from line 38
42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 Tax (see instructions). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]
45 Alternative minimum tax (see instructions). Attach Form 6251
46 Excess advance premium tax credit repayment. Attach Form 8962
47 Add lines 44, 45, and 46
48 Foreign tax credit. Attach Form 1116 if required
49 Credit for child and dependent care expenses. Attach Form 2441
50 Education credits from Form 8863, line 19
51 Retirement savings contributions credit. Attach Form 8880
52 Child tax credit. Attach Schedule 8812, if required.
53 Residential energy credit. Attach Form 5695
54 Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]
55 Add lines 48 through 54. These are your total credits
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-

Other Taxes

57 Self-employment tax. Attach Schedule SE
58 Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
60a Household employment taxes from Schedule H
b First-time homebuyer credit repayment. Attach Form 5405 if required
61 Health care: individual responsibility (see instructions) Full-year coverage [ ]
62 Taxes from: a [ ] Form 8959 b [ ] Form 8960 c [ ] Instructions; enter code(s)
63 Add lines 56 through 62. This is your total tax

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099
65 2014 estimated tax payments and amount applied from 2013 return
66a Earned income credit (EIC)
b Nontaxable combat pay election [66b]
67 Additional child tax credit. Attach Schedule 8812
68 American opportunity credit from Form 8863, line 8
69 Net premium tax credit. Attach Form 8962
70 Amount paid with request for extension to file
71 Excess social security and tier 1 RRTA tax withheld
72 Credit for federal tax on fuels. Attach Form 4136
73 Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] Reserved d [ ]
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments

Refund

Direct deposit? See instructions.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here
b Routing number
c Type: [ ] Checking [ ] Savings
d Account number
77 Amount of line 75 you want applied to your 2015 estimated tax

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions
79 Estimated tax penalty (see instructions)

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [ ] Yes. Complete below. [ ] No
Designee's name Phone no. Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature Date Your occupation Daytime phone number
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check [ ] if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no.

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040A.

▶ Information about Form 8863 and its separate instructions is at [www.irs.gov/form8863](http://www.irs.gov/form8863).

**2014**  
Attachment  
Sequence No. **50**

Name(s) shown on return

Your social security number



Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.

**DRAFT AS OF**  
**August 12, 2014**  
**DO NOT FILE**

**Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	<b>1</b>	
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	<b>2</b>	
<b>3</b>	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you cannot take any education credit	<b>4</b>	
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	<b>5</b>	
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>cannot</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	<b>7</b>	
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below.	<b>8</b>	

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	<b>9</b>	
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	<b>10</b>	
<b>11</b>	Enter the smaller of line 10 or \$10,000	<b>11</b>	
<b>12</b>	Multiply line 11 by 20% (.20)	<b>12</b>	
<b>13</b>	Enter: \$128,000 if married filing jointly; \$64,000 if single, head of household, or qualifying widow(er)	<b>13</b>	
<b>14</b>	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	<b>14</b>	
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	<b>15</b>	
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	<b>16</b>	
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	<b>17</b>	
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	<b>18</b>	
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33	<b>19</b>	

Name(s) shown on return

Your social security number



**Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of Page 2 as needed for each student.**

**Part III Student and Educational Institution Information**

See instructions.

<p><b>20</b> Student name (as shown on page 1 of your tax return)</p>	<p><b>21</b> Student social security number (as shown on page 1 of your tax return)</p>
<p><b>22</b> Educational institution information (see instructions)</p>	
<p><b>a.</b> Name of first educational institution</p>	<p><b>b.</b> Name of second educational institution (if any)</p>
<p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p>	<p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p>
<p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2013 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2013 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you checked "No" in <b>both (2) and (3)</b>, skip <b>(4)</b>.</p> <p><b>(4)</b> If you checked "Yes" in <b>(2) or (3)</b>, enter the institution's federal identification number (from Form 1098-T).                  _____</p>	<p>If you checked "No" in <b>both (2) and (3)</b>, skip <b>(4)</b>.</p> <p><b>(4)</b> If you checked "Yes" in <b>(2) or (3)</b>, enter the institution's federal identification number (from Form 1098-T).                  _____</p>

**23** Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2014?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 24.

**24** Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2014 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)  Yes — Go to line 25.  No — **Stop!** Go to line 31 for this student.

**25** Did the student complete the first 4 years of post-secondary education before 2014?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 26.

**26** Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance?  Yes — **Stop!** Go to line 31 for this student.  No — Complete lines 27 through 30 for this student.



**You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Do not enter more than \$4,000</b> . . . . .	<b>27</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>
<b>29</b> Multiply line 28 by 25% (.25) . . . . .	<b>29</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1 . . . . .	<b>30</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>
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Name(s) shown on return

Your social security number



**Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of Page 2 as needed for each student.**

**Part III Student and Educational Institution Information**

See instructions.

<p><b>20</b> Student name (as shown on page 1 of your tax return)</p>	<p><b>21</b> Student social security number (as shown on page 1 of your tax return)</p>
<p><b>22</b> Educational institution information (see instructions)</p>	
<p><b>a.</b> Name of first educational institution</p>	<p><b>b.</b> Name of second educational institution (if any)</p>
<p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p>	<p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p>
<p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2013 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2013 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you checked "No" in <b>both (2) and (3)</b>, skip <b>(4)</b>.</p> <p><b>(4)</b> If you checked "Yes" in <b>(2) or (3)</b>, enter the institution's federal identification number (from Form 1098-T).                  _____</p>	<p>If you checked "No" in <b>both (2) and (3)</b>, skip <b>(4)</b>.</p> <p><b>(4)</b> If you checked "Yes" in <b>(2) or (3)</b>, enter the institution's federal identification number (from Form 1098-T).                  _____</p>

**23** Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2014?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 24.

**24** Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2014 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)  Yes — Go to line 25.  No — **Stop!** Go to line 31 for this student.

**25** Did the student complete the first 4 years of post-secondary education before 2014?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 26.

**26** Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance?  Yes — **Stop!** Go to line 31 for this student.  No — Complete lines 27 through 30 for this student.



**You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Do not enter more than \$4,000</b> . . . . .	<b>27</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>
<b>29</b> Multiply line 28 by 25% (.25) . . . . .	<b>29</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1 . . . . .	<b>30</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>
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Name(s) shown on return

Your social security number



**Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of Page 2 as needed for each student.**

**Part III Student and Educational Institution Information**

See instructions.

<p><b>20</b> Student name (as shown on page 1 of your tax return)</p>	<p><b>21</b> Student social security number (as shown on page 1 of your tax return)</p>
<p><b>22</b> Educational institution information (see instructions)</p>	
<p><b>a.</b> Name of first educational institution</p>	<p><b>b.</b> Name of second educational institution (if any)</p>
<p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p>	<p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p>
<p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2013 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2013 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you checked "No" in <b>both (2) and (3)</b>, skip <b>(4)</b>.</p>	<p>If you checked "No" in <b>both (2) and (3)</b>, skip <b>(4)</b>.</p>
<p><b>(4)</b> If you checked "Yes" in <b>(2) or (3)</b>, enter the institution's federal identification number (from Form 1098-T).                  _____</p>	<p><b>(4)</b> If you checked "Yes" in <b>(2) or (3)</b>, enter the institution's federal identification number (from Form 1098-T).                  _____</p>

**23** Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2014?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 24.

**24** Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2014 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)  Yes — Go to line 25.  No — **Stop!** Go to line 31 for this student.

**25** Did the student complete the first 4 years of post-secondary education before 2014?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 26.

**26** Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance?  Yes — **Stop!** Go to line 31 for this student.  No — Complete lines 27 through 30 for this student.



**You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Do not enter more than \$4,000</b> . . . . .	<b>27</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>
<b>29</b> Multiply line 28 by 25% (.25) . . . . .	<b>29</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1 . . . . .	<b>30</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>
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Name(s) shown on return

Your social security number



**Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of Page 2 as needed for each student.**

**Part III Student and Educational Institution Information**

See instructions.

<p><b>20</b> Student name (as shown on page 1 of your tax return)</p>	<p><b>21</b> Student social security number (as shown on page 1 of your tax return)</p>
<p><b>22</b> Educational institution information (see instructions)</p>	
<p><b>a.</b> Name of first educational institution</p>	<p><b>b.</b> Name of second educational institution (if any)</p>
<p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p>	<p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p>
<p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2013 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2013 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you checked "No" in <b>both (2) and (3)</b>, skip <b>(4)</b>.</p> <p><b>(4)</b> If you checked "Yes" in <b>(2) or (3)</b>, enter the institution's federal identification number (from Form 1098-T).                  _____</p>	<p>If you checked "No" in <b>both (2) and (3)</b>, skip <b>(4)</b>.</p> <p><b>(4)</b> If you checked "Yes" in <b>(2) or (3)</b>, enter the institution's federal identification number (from Form 1098-T).                  _____</p>

**23** Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2014?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 24.

**24** Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2014 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)  Yes — Go to line 25.  No — **Stop!** Go to line 31 for this student.

**25** Did the student complete the first 4 years of post-secondary education before 2014?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 26.

**26** Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance?  Yes — **Stop!** Go to line 31 for this student.  No — Complete lines 27 through 30 for this student.



**You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Do not enter more than \$4,000</b> . . . . .	<b>27</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>
<b>29</b> Multiply line 28 by 25% (.25) . . . . .	<b>29</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1 . . . . .	<b>30</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>
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