740-EZ

Single Persons With No Dependents

42A740-EZ
Department of Revenue

1600010003

KENTUCKY INDIVIDUAL INCOME TAX RETURN

Kentucky UNBRIDLED SPIRIT

2016

Your Social Security Number: BF 7

Name—Last, First, Middle Initial: BF 11, BF 12, BF 13, BF 14

Mailing Address (Number and Street including Apartment Number or P.O. Box): BF 19

City, Town or Post Office: BF 20 | State: BF 21 | ZIP Code: BF 22

POLITICAL PARTY FUND Designating $2 will not change your refund or tax due. Mark an X in Box 1 for **Democratic,** Box 2 for **Republican,** or Box 3 for **No Designation.**

BF31 ☐ BF32 ☐ BF33 ☐

1	Enter federal Adjusted Gross Income from **Form 1040EZ, line 4.** This is your **Kentucky Modified Gross Income (If $15,800 or less, you may qualify for the Family Size Tax Credit. See instructions on page 2.)**		1	BF 35 00
2	Standard deduction	BF 45	2	2,460 00
3	Subtract line 2 from line 1. This is your Taxable Income		3	BF 47 00
4	Enter tax from Tax Table or Tax Computation for amount on line 3		4	BF 50 00
5	Personal tax credit	BF 63	5	10 00
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter zero		6	BF 66 00
7	Multiply line 6 by the Family Size Tax Credit for **Family Size 1** decimal amount BF 71 %) and enter here (see instructions on page 2)		7	BF 72 00
8	Subtract line 7 from line 6. This is your **Income Tax Liability**		8	BF 78 00
9	**Enter Kentucky Use Tax due on Internet, mail order, or other out-of-state purchases (see instructions)**		9	BF 79 00
10	Add lines 8 and 9. This is your **Total Tax Liability**		10	BF 80 00
11	Enter **Kentucky Income Tax** withheld as shown on ***attached*** 2016 Form W-2, Wage and Tax Statement(s)		11	BF 82 00
12	If line 11 is larger than line 10, enter **AMOUNT OVERPAID** (see instructions)		12	BF 87 00
	Fund Contributions; See instructions.			
13	(a) **Nature and Wildlife Fund** 13(a)	BF 88		
	(b) **Child Victims' Trust Fund** 13(b)	BF 89		
	(c) **Veterans' Program Trust Fund** 13(c)	BF 90		
	(d) **Breast Cancer Research/Education Trust** 13(d)	BF 91		
	(e) **Farms to Food Banks Trust Fund** 13(e)	BF 92		
	(f) **Local History Trust Fund** 13(f)	BF 93		
	(g) **Special Olympics Kentucky** 13(g)	BF 94		
	(h) **Pediatric Cancer Research Trust Fund** 13(h)	BF 95		
	(i) **Rape Crisis Center Trust Fund** 13(i)	BF 96		
14	Add lines 13(a) through 13(i)		14	BF 97 00
15	Subtract line 14 from line 12. Amount to be **refunded to you**	**REFUND**	15	BF 99 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 ☐	BF 100		
	Check here if you would like to receive your Debit Card material in Spanish ☐	BF 101		
16	If line 10 is larger than line 11, enter amount you owe. Enclose check payable to **Kentucky State Treasurer.** Write your Social Security Number and "KY Income Tax—2016" on the check	**OWE**	16	BF 109 00

I, the undersigned, declare under penalties of perjury that I have examined this return, including any accompanying statements, and to the best of my knowledge and belief, it is true, correct and complete.

➤ Your Signature | BF 9 Driver's License/State Issued ID No. | Date Signed | ☎ BF 191 **Telephone Number (daytime)**

BF 192 Typed or Printed Name of Preparer Other Than Taxpayer | BF 193 I.D. Number of Preparer | Date

Mail to:

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

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

Attach Form W-2, Wage and Tax Statement(s), here. Enclose payment with Form 740-V but Do Not Staple.

DRAFT 6/22/16

Who May Use Form 740-EZ—You may use Form 740-EZ if all five of the following apply:

- ✓ you were a Kentucky resident for the entire year;
- ✓ you are filing federal Form 1040EZ;
- ✓ your filing status is single;
- ✓ you do not claim additional credits for being age 65 or over, blind, or a member of the Kentucky National Guard at the end of 2016; and
- ✓ you had only wages, salaries, tips, unemployment compensation, taxable scholarship or fellowship grants, and your taxable interest was $1,500 or less.

If you do not meet all five of the above requirements, see Form 740 instructions.

When to File—The 2016 Form 740-EZ must be postmarked no later than April 18, 2017, to avoid penalties and interest.

Social Security Number—You are required to provide your social security number per Section 405, Title 42, of the United States Code. This information will be used to establish your identity for tax purposes only.

COMPLETING FORM 740-EZ—For more information, see the General Instructions. You may also contact the Department of Revenue in Frankfort at (502) 564-4581 or a Kentucky Taxpayer Service Center.

Please print your numbers inside the boxes with black ink. Do not use dollar signs.

Political Party Fund Designation—You may designate $2 of your taxes to either the Democratic or Republican party if you have a tax liability of at least $2.

LINE-BY-LINE INSTRUCTIONS

Line 1—Enter federal adjusted gross income from Form 1040EZ, Line 4. **(Do not confuse federal adjusted gross income with federal taxable income shown on the federal return.)** If $15,800 or less, see instructions for Line 7 and enter the decimal amount on Line 7.

If you are not required to file a federal income tax return, enter the total income from sources within and without Kentucky.

Line 2—The standard deduction of $2,460 has been preprinted. If your itemized deductions exceed $2,460, it will benefit you to file Form 740 and itemize your deductions on Schedule A.

Line 4—Compute your tax using the following tax rate schedule.

If taxable income is:	*Tax before credit is:*
$ 0 — $3,000	2% of taxable income
$3,001 — $4,000	3% of taxable income minus $30
$4,001 — $5,000	4% of taxable income minus $70
$5,001 — $8,000	5% of taxable income minus $120
$8,001 — $75,000	5.8% of taxable income minus $184
$75,001 and up	6% of taxable income minus $334

Example: (Taxable income) $8,500 x 5.8% – $184 = $309

Note: An optional tax table is available online at www.revenue.ky.gov or by calling the Department of Revenue, (502) 564-4581.

Line 7—Family Size Tax Credit—For single persons eligible to file Form 740-EZ, Kentucky family size is one and Kentucky modified gross income is equal to federal adjusted gross income. A family size tax credit is allowed for single persons whose **Kentucky modified gross income** is not over $15,800. If over $15,800, you do not qualify for this tax credit. Skip Line 7.

Enter in the space provided the decimal amount from the following table.

Family Size One		Percent of Tax as Family Size Tax Credit
If the Kentucky modified gross income (Line 1) is:		Enter decimal amount on Line 7
over	but not over	
$ 0	$11,880	1.00 (100%)
$11,880	$12,355	0.90 (90%)
$12,355	$12,830	0.80 (80%)
$12,830	$13,306	0.70 (70%)
$13,306	$13,781	0.60 (60%)
$13,781	$14,256	0.50 (50%)
$14,256	$14,731	0.40 (40%)
$14,731	$15,088	0.30 (30%)
$15,088	$15,444	0.20 (20%)
$15,444	$15,800	0.10 (10%)

Multiply amount on Line 6 by decimal amount. Enter result on Line 7. This is your Family Size Tax Credit.

Line 9, Kentucky Use Tax—Enter 6 percent of out-of-state purchases for use in Kentucky on which sales tax was not charged. Include Internet and catalog purchases, subscriptions, furniture, carpet, boats, etc.

Line 11, Kentucky Tax Withheld—Enter the amount of Kentucky income tax withheld as shown on your 2016 wage and tax statements. **These statements must be attached to your return.** Make sure you file the copy designated to be filed with your state return. Do not include amounts withheld by your employer for other states. Amounts withheld in other states cannot be credited to your Kentucky income tax. Local government occupational, license or income taxes must not be included on Line 11.

Line 12—If the amount on Line 11 (Kentucky Tax Withheld) is more than the amount on Line 10 (Total Tax Liability), you have an overpayment and are due a refund. Subtract Line 10 from Line 11, and enter the difference on Line 12 as an overpayment. However, if your Total Tax Liability on Line 10 is larger than Line 11, you owe additional tax. Subtract Line 11 from Line 10 and enter on Line 16.

Line 13—If you show an overpayment on Line 12, you may contribute to: (a) the **Nature and Wildlife Fund,** (b) the **Child Victims' Trust Fund,** (c) the **Veterans' Program Trust Fund,** (d) the **Breast Cancer Research and Education Trust Fund,** (e) the **Farms to Food Banks Trust Fund,** (f) the **Local History Trust Fund,** (g) **Special Olympics Kentucky,** (h) the **Pediatric Cancer Research Trust Fund, and/or** (i) the **Rape Crisis Center Trust Fund**. *Donations are voluntary and amounts donated will be deducted from your refund.*

Enter the amount(s) you wish to contribute on Lines 13(a) through 13(i). The total of these amounts cannot exceed the amount of the overpayment.

Line 16—You must pay any tax due shown on Line 16. Make check payable to **Kentucky State Treasurer,** and attach it to your return. On the face of the check, please write "KY Income Tax–2016" and your Social Security number.

Underpayment of Estimated Tax—If the amount owed is more than 30 percent of the income tax liability on Line 8, you may be subject to a penalty of 10 percent of the underpayment of estimated tax. The minimum penalty is $25. The amount of the penalty may be calculated on Form 2210-K, which may be obtained from the Department of Revenue.

Interest and Penalties—File your return and pay any additional tax due by April 18, 2017 to avoid interest and penalties. See the General Instructions or contact the Department of Revenue for additional information.

Note: Penalties but not interest may be reduced or waived if reasonable cause can be shown.