

740-NP

42A740-NP
Department of Revenue

Check if applicable:
[] Amended (Attach copy of original return.)
[] Military Spouse

1600010004

KENTUCKY INDIVIDUAL INCOME TAX RETURN



2016

For calendar year or other taxable year beginning _____, 2016, and ending _____, 20_____.

Nonresident or Part-Year Resident

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

DRAFT 6/22/16

FILING STATUS section with options for Single, Married (joint or separate returns).

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

RESIDENCY STATUS section with options for Full-year nonresident and Part-year resident.

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

Main table with 28 rows for INCOME/TAX and 5 columns for OFFICIAL USE ONLY. Includes lines 7 through 28 with descriptions and numerical values.

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DRAFT 6/22/16

REFUND/TAX PAYMENT SUMMARY

Table with 4 main columns: Description, Amount, and two final columns for totals. Rows include Total Tax Liability (29), Kentucky income tax withheld (30), AMOUNT OVERPAID (32), ADDITIONAL TAX DUE (37), and AMOUNT YOU OWE (40).

- 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 - 2016."

SECTION A - BUSINESS INCENTIVE AND OTHER TAX CREDITS

Table with 4 main columns: Description, Amount, and two final columns for totals. Rows include nonrefundable limited liability entity credit (1), Kentucky small business tax credit (2), skills training investment credit (3), etc.

DRAFT 6/8/16

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

Table with 3 columns: Line number, Description, and Amount. Rows 19-25 include credits for railroad maintenance, Endow Kentucky, New Markets Development, food donation, distilled spirits, angel investor, and a total line.

SECTION B - PERSONAL TAX CREDITS

Form for personal tax credits with checkboxes for 'Check Regular', 'Check all four if 65 or over', 'Check all four if blind', and 'Check both for Kentucky National Guard'.

1 Enter number of boxes checked on line 1

2 Dependents:

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

Table with 5 columns: First name, Last name, Dependent's Social Security number, Dependent's relationship to you, Check if qualifying child for family size tax credit.

3 Add lines 1 and 2 and enter here. 4 Multiply credits on line 3 by \$10. Enter here and on page 1, line 17

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 6 columns: 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.

Signature and identification fields: Your Signature, Spouse's Signature, Typed or Printed Name of Preparer, Firm Name, Driver's License/State Issued ID No., Date Signed, Telephone Number (daytime), 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.

SCHEDULE A

Form 740-NP

42A740-NP-A

Department of Revenue

See instructions. Attach to Form 740-NP.

1600010014

KENTUCKY

2016

ITEMIZED DEDUCTIONS

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

Social Security Number

Form with sections: Medical and Dental Expenses, Taxes, Interest Expense, Contributions, Casualty and Theft Losses, Job Expenses and Most Other Miscellaneous Deductions, Other Miscellaneous Deductions, Total Itemized Deductions, and final calculation lines 33-36.

DRAFT 7/18/16

1600010050

ITEMIZED DEDUCTIONS LIMITATION SCHEDULE—Use this schedule if the federal adjusted gross income on Form 740-NP, line 8, exceeds \$184,850 (\$92,425 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%. _____ %

1. Multiply the amount on Schedule A, line 32, by the percent of income shown above.....	1.	_____	.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.	_____	.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.	_____	.00
4. Multiply the amount on line 3 above by 80% (.80).....	4.	_____	.00
5. Enter the amount from Form 740-NP, line 8.....	5.	_____	.00
6. Enter \$184,850 (\$92,425 if married filing separate returns).....	6.	_____	.00
7. Subtract the amount on line 6 from the amount on line 5. If the result is zero or less, enter -0-.....	7.	_____	.00
8. Multiply the amount on line 7 above by 3% (.03).....	8.	_____	.00
9. Compare the amounts on lines 4 and 8 above. Enter the smaller of the two amounts here	9.	_____	.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.	_____	.00

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7/18/16

SCHEDULE ME

Form 740-NP

42A740-NP-ME

Commonwealth of Kentucky
Department of Revenue

➤ **Attach to Form 740-NP.**

1600010015

2016

**MOVING EXPENSE
AND REIMBURSEMENT**

Enter name(s) as shown on Form 740-NP, page 1.		Your Social Security Number	
1.	Enter total Kentucky earned income (do not include moving expense reimbursement)	1	00
2.	Enter total earned income from federal return (do not include moving expense reimbursement)	2	00
3.	Divide line 1 by line 2. Enter result. If amount is equal to or greater than 100%, enter 100%	3	__ __ . __ %
4.	(a) Enter moving expense reimbursement included in wages	4(a)	00
	(b) Subtract federal Form 3903, line 3, from federal Form 3903, line 4, and enter result. If zero or less, enter -0-	4(b)	00
	(c) Add lines 4(a) and 4(b) and enter result here and on Form 740-NP, page 4, line 2, Column A	4(c)	00
5.	Multiply line 4(c) by line 3. Enter result here and on Form 740-NP, page 4, line 2, Column B. This is your moving expense reimbursement for Kentucky	5	00
6.	Enter moving expense deduction from federal Form 3903, line 5, here and on Form 740-NP, page 4, line 21, Column A	6	00
7.	Multiply line 6 by percentage on line 3. Enter here and on Form 740-NP, page 4, line 21, Column B. This is your allowable Kentucky moving expense	7	00

INSTRUCTIONS—SCHEDULE ME

Full-Year Nonresidents—If you are a full-year nonresident, moving expense reimbursements are not taxable, and moving expenses are not deductible.

Part-Year Residents—If you are a part-year resident, any payments to you or on your behalf by any employer for moving expenses are considered income. These payments will be included in wages (box 1) or will be shown separately on the wage and tax statements.

Persons who were residents of Kentucky for only part of the year are required to report as income only part of the total reimbursement they received. *The amount which must be reported to Kentucky as income is based on the percentage of Kentucky earned income to total earned income.*

For the computation of this percentage, earned income is income you received for services you provided. It includes wages, salaries, tips, etc. It also includes income earned from self-employment (Schedules C, C-EZ and F and partnerships).

Line 1—Enter earned income received from Kentucky sources while a nonresident and from all sources while a resident of Kentucky. Do not include moving expense reimbursement reflected on the wage and tax statements (box 1).

Line 2—Enter total earned income reported on your federal return. Do not include moving expense reimbursement reflected on the wage and tax statements (box 1).

Line 4(a)—Enter moving expense reimbursement included in wages (box 1 of Form W-2).

Line 4(b)—Subtract federal Form 3903, line 3, from federal Form 3903, line 4, and enter result. If zero or less, enter -0-.

Line 4(c)—Add lines 4(a) and 4(b) and enter result here and on Form 740-NP, page 4, line 2, Column A.

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8/15/16

8863-K

42A740-S24

Department of Revenue

1600010026

DRAFT 6/8/16

2016

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 2016 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, undergraduate studies, 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 for American Opportunity Credit 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, and 4 for calculating the tentative American opportunity credit.

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)
			-----	.00
			-----	.00
6.	Add the amounts on line 5, column (d) and enter total here.....			6 .00
7.	Enter the smaller of line 6 or \$10,000			7 .00
8.	Multiply line 7 by 20% (.20) and enter here.....			8 .00
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 .00
10.	Tentative Lifetime Learning Credit. 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 .00
11.	Total Tentative Kentucky Education Tuition Tax Credits. Add lines 4 and 10.			11 .00

PART IV—Allowable Education Credits

12.	Multiply the amount on line 11 by 25% (.25) and enter total here	12	.00
13.	Enter tentative tax from Form 740 or Form 740-NP, page 1, line 22	13	.00
14.	Enter amount from Part V, line 34. If Part V, line 34 is blank, enter -0-.....	14	.00
15.	Subtract line 14 from line 13.....	15	.00
16.	Enter the smaller of line 15 or line 12	16	.00
17.	Add lines 14 and 16. Enter here and on Form 740 or Form 740-NP, line 23. This is your allowable 2016 Kentucky Education Tuition Tax Credit	17	.00
18.	If line 15 is smaller than line 12, subtract line 15 from line 12. This is the amount of unused credit carryforward from 2016 to 2017. Enter here and on the 2016 Carryforward Worksheet, Line E, provided below	18	.00

PART V—Credit Carryforward from Prior Years

19.	Enter tentative tax from Form 740 or Form 740-NP, page 1, line 22	19	.00
20.	Enter your credit carryforward from 2011.....	20	.00
21.	Enter your credit carryforward from 2012	21	.00
22.	Enter your credit carryforward from 2013	22	.00
23.	Enter your credit carryforward from 2014	23	.00
24.	Enter your credit carryforward from 2015	24	.00
25.	Add lines 20 through 24 and enter total here	25	.00
26.	Subtract line 20 from line 19. If zero or less, enter -0-.....	26	.00
27.	Enter 2012 credit carryforward to 2017. Subtract line 26 from line 21. If zero or less, enter -0-.....	27	.00
28.	Subtract line 21 from line 26. If zero or less, enter -0-.....	28	.00
29.	Enter 2013 credit carryforward to 2017. Subtract line 28 from line 22. If zero or less, enter -0-.....	29	.00
30.	Subtract line 22 from line 28. If zero or less, enter -0-.....	30	.00
31.	Enter 2014 credit carryforward to 2017. Subtract line 30 from line 23. If zero or less, enter -0-.....	31	.00
32.	Subtract line 23 from line 30. If zero or less, enter -0-.....	32	.00
33.	Enter 2015 credit carryforward to 2017. Subtract line 32 from line 24. If zero or less, enter -0-.....	33	.00
34.	Enter the smaller of line 19 or line 25	34	.00

2016 Carryforward Worksheet

A.	From Part V, Line 27, 2012 to 2017	.00
B.	From Part V, Line 29, 2013 to 2017	.00
C.	From Part V, Line 31, 2014 to 2017	.00
D.	From Part V, Line 33, 2015 to 2017	.00
E.	From Part IV, Line 18, 2016 to 2017	.00

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.

		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		12b
						14 Other		12c
f Employee's address and ZIP code					12d			
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

2016

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.
		\$		2016		
		2a Taxable amount		Form 1099-R		
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		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	3 Capital gain (included in box 2a)		4 Federal income tax withheld		
		\$		\$		
RECIPIENT'S name		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)		8 Other		
City or town, state or province, country, and ZIP or foreign postal code		IRA/SEP/SIMPLE <input type="checkbox"/>		\$ %		
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		FATCA filing requirement <input type="checkbox"/>		9a Your percentage of total distribution %
		\$		\$		9b Total employee contributions
		\$		\$		12 State tax withheld
Account number (see instructions)		15 Local tax withheld		13 State/Payer's state no.		14 State distribution
		\$				\$
		\$		16 Name of locality		17 Local distribution
		\$				\$