



APPLICATION FOR EXTENSION OF TIME TO FILE

USE FOR INDIVIDUAL, GENERAL PARTNERSHIP, AND FIDUCIARY INCOME TAX RETURNS FOR KENTUCKY

> SEE INSTRUCTIONS FOR PAYMENT REQUIRMENTS

Use this form if you are requesting a Kentucky extension of time to file. Taxpayers who request a federal extension are not required to file a separate Kentucky extension, unless an amount is due with the extension. The requirement may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

You may choose to electronically file your Kentucky extension for Individual returns. Filing electronically allows you the option to pay electronically through a direct debit transaction scheduled on or before April 15, 2021.

All taxpayers filing this Application for Extension must complete Section I and the Payment Voucher. If no payment is being remitted, leave the Amount Paid box on the Payment Voucher blank. If you are filing your Application of Extension electronically and choose to pay by direct

debit, complete Section II with your banking acc		meanon of Extension electronically and	a choose to pay by unect
You will be notified only if the Application for E your return when filed. Keep a copy for yoursel		he late filing penalty, a copy of this fo	orm must be attached to
Section I	l.		
A six-month extension is requested for filing the	income tax return of the taxpay	ver(s) listed below for the taxable year	endina .
REASON FOR REQUEST (A reason must be gi	· ·		
Signature of Taxpayer Date		Signature of Paid Preparer	 Date
	/ Department of Revenue P.O.	Box 1190, Frankfort, KY 40602-1190	
	ed after return date)	Other:	
Section II - Direct Debit of Tax Due (Comple		ension) at 2 numbers of the RTN must be	
Routing Transit number (RTN)		ugh 12 or 21 through 32.	
Depositer account number (DAN)			
Type of account: Savings Checking Tax	due debit amount \$	Debit date ///	
taxes to receive confidential information necessary to answ Your Signature (If joint or combined return, both must signature)	·		pate
- ' '	Detach here and mail voucher with	•	die
740EXT (09/20)	Centucky Extension	Payment Voucher	2020
	12/31/202 0 Year Ending	0	
YOUR SOCIAL SECURITY NUMBER / FE		SPOUSE'S SOCIAL SECURI	TY NUMBER.
LAST NAME	FIRST NAME	SPOUSE'S NAME	
		Amount Paid	0 0
NUMBER AND STREET OR P.O. BOX		Make check payable to: Kent	cucky State Treasurer
CITY, TOWN OR POST OFFICE STATE	ZIP CODE		
Check type of return:			U
☐ Individual ☐ Fiduciary	Mail to:	_	4047050005
General Partnership	Kentucky Departmen	t of Revenue	
For informational purposes only. General Partnerships DO NOT have a tax liability.	P.O. Box 1190 Frankfort, KY 40602-1	100	

DO NOT ATTACH CHECK TO VOUCHER