## 725 41A725 Commonwealth of Kentucky DEPARTMENT OF REVENUE

Taxable period beginning \_



 $\_$  , 2009, and ending  $\_$ 

Kentucky Corporation/LLET Account Number

## KENTUCKY SINGLE MEMBER LLC INDIVIDUALLY OWNED LLET RETURN

2009

B Check applicable box(es):		C Federal Identification Number								lina	1				
		Social Security Number										Yr.			
Receipts Method Gross Receipts Gross Profits		Name of LLC	State and Date of Organization												
		Name of Owner	Principal Business Activity in KY												
☐ \$175 n	ninimum	Number and Street									NAICS Code Number (Relating to Kentucky Activity) (See www.census.gov)				
		City State Z				ode		Telephone Numbe	,		<b>3</b> · ,				
Nonfiling Status Code															
Enter Code	е	D Check if applicable: □ 0										Amended re	eturn		
		☐ Short-period return (atta	riod return (attach explanation)												
		E Check applicable box:		Composite ret	urn		☐ Single re	turn							
PART	I-KENT	JCKY NET DISTRIBU		PART II—LLET COMPUTATION											
1. Ordin	ary incom	ne (loss)	1		00	1.	Schedule	LLET, Section	D, line	1 1			00		
		ss) from rental real				2.	Recycling	composting (	equipme						
		-	2		00	_		recapture					00		
		ss) from other	3		00			lines 1 and 2					00		
			4		00	4.		dable LLET cr Schedule(s) K					00		
			5		00	5	•	dable tax cred		4			00		
6. Royal	ty income	·	6		00	٥.		TCS)		5			00		
		and long-term				6.		lity (greater o							
-	capital gain (loss). If net (loss),					lines 4 and 5 or \$175 minimum							00		
	o not include more than			00	7.	Estimated	l tax payment	s	7			00			
	-,,			00	8.	Extension	payment		8			00			
				00	9.	Prior year	's tax credit		9			00			
	Other deductions (attach schedule) 10 00				_			(line 6 less lin							
11. <b>Total</b> :	. Total net distributable income					•	)		10	1		00			
(lines 1 through 9, less line 10) 11				00			payment (line								
12. Enter 100% or the apportionment						•	less line 6)					00			
	fraction from Schedule A, Section I, line 12 (attach schedule)					12. Credited to 2010 LLET13. Amount to be refunded							00		
1, line	12 (attach	scriedule)	12		/0	13.							00		
						PART III—LLET CREDIT FOR MEMBER									
							LLET liabil	ity (Part II, the	total of	f					
		hedules C, E and F, a					lines 4 and	d 6)		1			00		
supporting federal forms and schedules must be attached.						2.	Minimum	tax		2		175	00		
						3.	Member's	LLET credit							
							(line 1 less	line 2)		3			00		
							TAX PAYMENT SUMMARY								
IV.	Make check payable to:					(Round to nearest dollar)									
		State Treasurer					LLET								
Mail return with payment to: Kentucky Department of Revenue Frankfort, Kentucky 40620						2. Penalty \$									
						3. Interest \$									
Tulikiott, Kolitaaky 49020							Total Payn	rment \$							



## SCHEDULE Q-SINGLE MEMBER LIMITED LIABILITY COMPANY QUESTIONNAIRE

	<b>PORTANT:</b> Questions 1—9 must be completed by the limited pility company.	6.	Was the limited liability company a partner in a pass-through entity doing business in Kentucky for the tax year being reported? ☐ Yes ☐ No					
1.	Single member's (owner) name, address and Social Security number or federal I.D. number		If yes, list name and federal I.D. of the pass-through entity(ies).					
	List the following <i>Kentucky</i> account numbers. Enter N/A for any number not applicable.  Employer Withholding		Was the limited liability company doing business in Kentucky, other than its interest held in a pass-through entity doing business in Kentucky? ☐ Yes ☐ No  Was this return prepared on: (a) ☐ cash basis, (b) ☐ accrual basis, (c) ☐ other  Did the limited liability company file a Kentucky tangible personal property tax return for January 1, 2010? ☐ Yes ☐ No					
	If a foreign limited liability company, enter the date qualified to do business in Kentucky.	9.	Is the single member limited liability company currently under					
4.	The limited liability company's books are in care of: (name and address)		audit by the Internal Revenue Service? ☐ Yes ☐ No If yes, enter years under audit					
5.	Are disregarded entities included in this return?  ☐ Yes ☐ No  If yes, list name, address and federal I.D. number of the entity(ies).		If the Internal Revenue Service has made final and unappealable adjustments to the limited liability company's taxable income which have not been reported to this department, check here ☐ and file Form 740X, Amended Kentucky Individual Income Tax Return for Tax Year 2005 through 2009, or Form 740-XP, Amended Kentucky Individual Income Tax Return for Tax Year 2004 and prior years, whichever is applicable, and file an amended Form 725, Kentucky Single Member LLC Individually Owned Corporation Income Tax or LLET Return, for each year adjusted and attach a copy of the final determination.					
	the undersigned, declare under the penalties of perjury, that I have terminated and to the best of my knowledge and belief, they are true							
	Signature of member (owner)	SSN or F	FEIN Date					
	Name of person or firm preparing return	SSN, PT	IN or FEIN Date					
			May the DOR discuss this return with the preparer?  ☐ Yes ☐ No					
		E-ma	il Address:					

Telephone No.: