Kentucky



APPLICATION FOR REFUND OF INCOME TAXES AND LLET

For Use by Individuals, Fiduciaries, Corporations, and Pass-Through Entities

	der the provisions of KRS 141.235 and Regulation 103 KAR 15:040, the ur comeTax/Limited Liability EntityTax (LLET) paid as shown below:	ndersigned taxpayer requ Kentucky Income Tax &/or I	
1.	Name of taxpayer:		
2.	Address:		
	Number and street or rural route		
	City, town or post office County	State	ZIP Code
3.	Type of taxpayer: \Box individual \Box fiduciary \Box corporation \Box pas	s-through entity	
4.	Taxable year involved (indicate dates of fiscal year, if applicable):		
5.	(a) Amount of taxes paid with return and/or by declaration:		
	(b) Amount of taxes paid on assessment (if applicable):		
6.	Dates of payment(s):		
7.	Validation number imprinted by this department on each check used in making payments (if payment was made by taxpayer's check). <i>If more than one payment was made, indicate each date and validation number separately:</i>		
8. 9.	Amount of tax refund requested: Statement of taxpayer's justification for refund request (attach schedule		
this	ne undersigned, hereby certify that there is no tax liability for income taxes or any other tax applicant, and declare under the penalties of perjury that I have examined this application I to the best of my knowledge the statements contained herein are true, complete and corre	n (including any attached sched	
Sigr	nature of taxpayer(s) or authorized person Date Spouse's signature if	tax paid by joint return	Date
Sigr	nature of principal corporation officer or chief accounting officer	Date	
Sigr	nature and firm or employer of preparer of this application if other than the taxpayer		

Return to Kentucky Department of Revenue, Frankfort, KY 40620