



KENTUCKY CORPORATION INCOME TAX AND LLET RETURN

2016

See instructions.

Taxable period beginning _____, 201 ____, and ending _____, 201 ____.

Form header section containing identification numbers, corporation name, address, and filing status information.

Table with two main columns: PART I - LLET COMPUTATION and PART II - INCOME TAX COMPUTATION. Rows include various tax credits, liabilities, and payments.

TAX PAYMENT SUMMARY and OFFICIAL USE ONLY section. Includes subtotals for LLET and INCOME, and a vertical stamp area.



PART III – TAXABLE INCOME COMPUTATION

1. Federal taxable income (Form 1120, line 28)	1	00	14. Federal work opportunity credit	14	00
ADDITIONS:			15. Depreciation adjustment.....	15	00
2. Interest income (state and local obligations)	2	00	16. Other (attach Schedule O-720).....	16	00
3. State taxes based on net/gross income	3	00	17. Revenue Agent Report (RAR).....	17	00
4. Depreciation adjustment.....	4	00	18. Net income (line 11 less lines 12 through 17).....	18	00
5. Deductions attributable to nontaxable income	5	00	19. Current net operating loss adjustment (mandatory nexus only)..	19	00
6. Related party expenses (attach Schedule RPC).....	6	00	20. Kentucky net income (add lines 18 and 19)	20	00
7. Dividend paid deduction (REIT).....	7	00	21. Taxable net income (attach Schedule A if applicable)	21	00
8. Domestic production activities deduction.....	8	00	22. Net operating loss deduction (NOLD).....	22	00
9. Other (attach Schedule O-720)	9	00	23. Taxable net income after NOLD (line 21 less line 22)	23	00
10. Revenue Agent Report (RAR).....	10	00	24. Kentucky domestic production activities deduction (KDPAD)	24	00
11. Total (add lines 1 through 10)	11	00	25. Taxable net income after KDPAD (line 23 less line 24)	25	00
SUBTRACTIONS:					
12. Interest income (U.S. obligations)....	12	00			
13. Dividend income.....	13	00			

PART IV – EXPLANATION OF FINAL RETURN AND/OR SHORT-PERIOD RETURN

- | | |
|---|--|
| <input type="checkbox"/> Ceased operations in Kentucky | <input type="checkbox"/> Change in filing status |
| <input type="checkbox"/> Change of ownership | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Successor to previous business | <input type="checkbox"/> Other _____ |

PART V – EXPLANATION OF AMENDED RETURN CHANGES

OFFICER INFORMATION (Failure to Provide Requested Information May Result in a Penalty)

Attach a schedule listing the name, home address and Social Security number of the vice president, secretary and treasurer.

Has the attached officer information changed from the last return filed? Yes No

President's Name _____ President's Home Address _____

President's Social Security Number _____

Date Became President ___ / ___ / ___

I, the undersigned, declare under the 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 of principal officer or chief accounting officer

Date

Printed name of principal officer or chief accounting officer

Name of person or firm preparing return

SSN, PTIN or FEIN

Federal Form 1120, all pages and any supporting schedules must be attached.

Make check payable to:
 Kentucky State Treasurer

May the DOR discuss this return with the preparer?

Yes No

Email Address:

Telephone No.:

Mail to:

REFUNDS OR NO TAX DUE

Kentucky Department of Revenue, P. O. Box 856905, Louisville, KY 40285-6905



PAYMENTS

Kentucky Department of Revenue, P. O. Box 856910, Louisville, KY 40285-6910

www.revenue.ky.gov



SCHEDULE Q—KENTUCKY CORPORATION/LLET QUESTIONNAIRE

IMPORTANT: Questions 4—15 must be completed by all corporations. If this is the corporation's initial return or if the corporation did not file a return under the same name and same federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. **Failure to do so may result in a request for a delinquent return.**

1. Indicate whether: (a) new business; (b) successor to previously existing business which was organized as: (1) corporation; (2) partnership; (3) sole proprietorship; or (4) other _____
If successor to previously existing business, give name, address and federal I.D. number of the previous business organization. _____

2. List the following **Kentucky** account numbers. Enter N/A for any number not applicable.
Employer Withholding _____
Sales and Use Tax Permit _____
Consumer Use Tax _____
Unemployment Insurance _____
Coal Severance and/or Processing Tax _____

3. If a foreign corporation, enter the date qualified to do business in Kentucky. ___ / ___ / ___

4. The corporation's books are in care of: (name and address)

5. Are disregarded entities included in this return?
 Yes No. If yes, list name, address and federal I.D. number of each entity. _____

6. (a) Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No. If yes, list name and federal I.D. number of the pass-through entity(ies).

6. (b) Was the corporation doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky? Yes No

7. Are related party costs as defined in KRS 141.205(1)(l) included in this return? Yes No. If yes, attach Schedule RPC, Related Party Costs Disclosure Statement, and enter any related party cost additions on Part III, Line 6.

8. Did the corporation at any time during the taxable year do business in Kentucky and own 80 percent or more of the voting stock of another corporation doing business in Kentucky?
 Yes No. If yes, list name, address and federal I.D. number of each entity. _____

9. Was 80 percent or more of the corporation's voting stock owned by any corporation doing business in Kentucky at any time of the year? Yes No. If yes, list name, address and federal I.D. number of each entity. _____

10. The federal tax return attached to this Kentucky tax return is:
 a pro forma federal tax return a copy of the federal tax return filed with the Internal Revenue Service

11. Is the entity filing this Kentucky tax return or any entity included in the tax return organized as a limited cooperative association as provided by KRS Chapter 272A? Yes No. If yes, and this is a nexus consolidated return, enter each limited cooperative association's name, address and federal I.D. number included in the return: _____

12. Is the entity filing this Kentucky tax return or any entity included in this tax return organized as a statutory trust or a series statutory trust as provided by KRS Chapter 386A? Yes No
If yes, is the entity filing this Kentucky tax return or any entity included in this tax return a series within a statutory trust?
 Yes No
If yes, for each series within a statutory trust, enter the name, address and federal I.D. number of the statutory trust registered with the Kentucky Secretary of State: _____

13. Was this return prepared on: (a) cash basis, (b) accrual basis, (c) other _____

14. Did the corporation file a Kentucky tangible personal property tax return for January 1, 2017? Yes No
If yes, list name and federal I.D. number of entity(ies) filing return(s): _____

15. Is the corporation currently under audit by the Internal Revenue Service? Yes No
If yes, enter years under audit _____
If the Internal Revenue Service has made final and unappealable adjustments to the corporation's taxable income which have not been reported to the department, check here and file an amended return. **See 2016 Kentucky Corporation Income Tax and LLET Return instructions for information regarding amended returns. Attach a copy of the final determination to each amended return.**