

740-NP

42A740-NP
Department of Revenue

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



KENTUCKY INDIVIDUAL INCOME TAX RETURN
Nonresident or Part-Year Resident



2016

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

A. Spouse's Social Security Number

B. Your Social Security Number

Grid for Spouse's Social Security Number

Grid for Your Social Security Number

Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)

Grid for Name

Mailing Address (Number and Street including Apartment Number or P.O. Box)

Grid for Mailing Address

City, Town or Post Office

State

ZIP Code

Grid for City, Town or Post Office

Grid for State

Grid for ZIP Code

FILING STATUS and RESIDENCY STATUS sections with checkboxes for marital status and residency options.

POLITICAL PARTY FUND section with checkboxes for Democratic, Republican, and No Designation for spouse and yourself.

COMPLETE SECTIONS A, B, C AND D ON PAGES 2 THROUGH 4 BEFORE COMPLETING LINES 7 THROUGH 28.

OFFICIAL USE ONLY
1 2 3 4 5

Main table with 28 rows for INCOME/TAX calculations and 5 columns for official use only.

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



REFUND/TAX PAYMENT SUMMARY

29	Enter amount from page 1, line 28. This is your Total Tax Liability	29		00
30	(a) Enter Kentucky income tax withheld as shown on attached 2016 Form W-2(s) and other supporting statements	30(a)	00	
	(b) Enter 2016 Kentucky estimated tax payments	30(b)	00	
	(c) Enter 2016 refundable certified rehabilitation credit (KRS 141.382(1)(b))	30(c)	00	
	(d) Enter 2016 film industry tax credit (KRS 141.383)	30(d)	00	
	(e) Enter Nonresident Withholding from Form PTE-WH, line 9 (KRS 141.206(4)(b)(1))	30(e)	00	
31	Add lines 30(a) through 30(e)	31		00
32	If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions)	32		00
33	<i>Fund Contributions; See instructions.</i>			
(a)	Nature and Wildlife Fund		00	
(b)	Child Victims' Trust Fund		00	
(c)	Veterans' Program Trust Fund ..		00	
(d)	Breast Cancer Research/ Education Trust Fund		00	
(e)	Farms to Food Banks Trust Fund		00	
(f)	Local History Trust Fund		00	
(g)	Special Olympics Kentucky		00	
(h)	Pediatric Cancer Research Trust Fund ..		00	
(i)	Rape Crisis Center Trust Fund		00	
34	Add lines 33(a) through 33(i)	34		00
35	Amount of line 32 to be CREDITED TO YOUR 2017 ESTIMATED TAX	35	CREDIT FORWARD	00
36	Subtract lines 34 and 35 from line 32. Amount to be REFUNDED TO YOU	36	REFUND	00
	REFUND OPTIONS (Not available for amended returns) Check here if you would like your refund issued on a Bank of America Prepaid Debit Card <input type="checkbox"/> Check here if you would like to receive your Debit Card material in Spanish <input type="checkbox"/>			
37	If line 29 is larger than line 31, enter ADDITIONAL TAX DUE	37		00
38	(a) Estimated tax penalty and/or interest. <input type="checkbox"/> Check if Form 2210-K attached ...	38(a)	00	
	(b) Interest	38(b)	00	
	(c) Late payment penalty	38(c)	00	
	(d) Late filing penalty	38(d)	00	
39	Add lines 38(a) through 38(d)	39		00
40	Add lines 37 and 39 and enter here. This is the AMOUNT YOU OWE	40	OWE	00

- 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

1	Enter nonrefundable limited liability entity credit (KRS 141.0401(2))	1		00
2	Enter Kentucky small business tax credit	2		00
3	Enter skills training investment credit (attach copy(ies) of certification)	3		00
4	Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))	4		00
5	Enter credit for tax paid to another state (attach copy of other state's return(s))	5		00
6	Enter unemployment credit (attach Schedule UTC)	6		00
7	Enter recycling and/or composting equipment credit (attach Schedule RC)	7		00
8	Enter Kentucky investment fund credit (attach copy(ies) of certification)	8		00
9	Enter coal incentive credit	9		00
10	Enter qualified research facility credit (attach Schedule QR)	10		00
11	Enter GED incentive credit (attach Form DAEL-31)	11		00
12	Enter voluntary environmental remediation credit (attach Schedule VERB)	12		00
13	Enter biodiesel and renewable diesel credit	13		00
14	Enter environmental stewardship credit	14		00
15	Enter clean coal incentive credit	15		00
16	Enter ethanol credit (attach Schedule ETH)	16		00
17	Enter cellulosic ethanol credit (attach Schedule CELL)	17		00
18	Enter energy efficiency products credit carryforward from 2015	18		00

Continue to page 3 to complete Section A



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

19	Enter railroad maintenance and improvement credit (attach Schedule RR-1).....	19	00
20	Enter Endow Kentucky credit (attach Schedule ENDOW)	20	00
21	Enter New Markets Development Program credit	21	00
22	Enter food donation credit (attach Schedule FD).....	22	00
23	Enter distilled spirits credit (attach Schedule DS)	23	00
24	Enter angel investor credit	24	00
25	Add lines 1 through 24. Enter here and on page 1, line 15	25	00

SECTION B – PERSONAL TAX CREDITS

1 (a) Credits for yourself: **Check Regular** **Check all four if 65 or over** **Check all four if blind** **Check both for Kentucky National Guard**

(b) Credits for spouse: **Check Regular** **Check all four if 65 or over** **Check all four if blind**

1 Enter number of boxes checked on line 1

2 Dependents:

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

2 Enter number of dependents who:

- lived with you.....
- did not live with you (see instructions).....
- other dependents.....

3 Add lines 1 and 2 and enter here..... **3**

4 Multiply credits on line 3 by \$10. Enter here and **on page 1, line 17** **x \$10**

4

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.)

First and Last Name	Social Security number	First and 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. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Your Signature (If joint return, both must sign.)	Driver's License/State Issued ID No.	Date Signed	() Telephone Number (daytime)
Spouse's Signature	Driver's License/State Issued ID No.	Date Signed	
Typed or Printed Name of Preparer Other than Taxpayer	I.D. Number of Preparer	Date	
Firm Name	EIN	Date	

Mail to: **REFUNDS** **Kentucky Department of Revenue, P. O. Box 856970, Louisville, KY 40285-6970.**



PAYMENTS **Kentucky Department of Revenue, P. O. Box 856980, Louisville, KY 40285-6980.**

