40A102 (11-04)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

Application for Extension of Time to File Individual, Partnership and Fiduciary Income Tax Returns for Kentucky

2004

- > COMPLETE ONLY IF NOT FILING FEDERAL EXTENSION
- > SEE INSTRUCTIONS FOR PAYMENT REQUIREMENTS

INSTRUCTIONS: Taxpayers who request a federal extension are not required to file a separate Kentucky extension. The requirements may be met by attaching federal Form 4868 (automatic extension) and/or Form 2688 (approved extension) to the Kentucky return.

Interest at the annual rate of 5 percent applies to any income tax paid after the original due date of the return. If the amount of tax paid by the original due date is less than 75 percent of the tax due, a late payment penalty may be assessed (minimum penalty is \$10). Interest and late payment penalty charges can be avoided by remitting payment with the Extension Payment Voucher below by the due date.

Mail to: Kentucky Department of Revenue

Frankfort, KY 40602-1190

P.O. Box 1190

Use this form if you (1) are requesting a Kentucky extension of time to file (complete Section I); (2) are requesting a Kentucky extension and desire to make a payment prior to the due date (complete Sections I and II); or (3) have a federal extension and desire only to make a Kentucky payment prior to the due date (complete and submit Section II only).

You will be notified only if the application for extension is denied. To avoid the late filing penalty, a copy of this form must be attached to your return when filed. Keep a copy for yourself.

SECTION I (Please	print or type name and addi	ress in block below	r.)		
			Check type of return:		
			☐ Individual (740 or	740-NP)	
			☐ Partnership (765)		
			☐ Fiduciary (741)		
			Soc. Sec. No. or Emplo	oyer ID No.	
A six-month exterended		g the income tax	return of the above-r	named taxpayer(s) for the taxab	ole year
REASON FOR REC reason.)	UEST (A reason must be given	ven before any req	uest can be considered.	Inability to pay tax liability is no	t a valid
Signature of taxpayer		Date	Preparer other than taxpay	er	Date
	➤ Mail to: Kentucky Dep	partment of Revenue	, P.O. Box 1190, Frankfort,	KY 40602-1190 ◀	
DENIED:	☐ Late (postmarked after r	eturn due date)	☐ Other:		
	ed only if the application for eturn when filed. Keep a cop		ed. To avoid the late fil	ing penalty, a copy of this form i	must be
		COMPLETE ONLY IF	MAKING PAYMENT		
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SECTION II		EXTENSION PAY		20	<i>)</i> 04
Last name	First name (joint or cor	nbined return, give both	names and initials)	Your Social Security num	ber
Mailing address (number	er and street or P.O. box)	Ара	rtment number	Spouse's Social Security	number
City, town or post office			State	ZIF	ocode code
Make check payable to: Kentucky State Treasurer		Ent	er payment amount her	re⊁ \$	