

**KENTUCKY  
ESTIMATED TAX VOUCHER  
INSTALLMENT 1**

**2019 INDIVIDUAL INCOME TAX  
Form 740-ES**

For FISCAL year filers ONLY  
FISCAL year ending \_\_\_ \_\_\_ / \_\_\_ \_\_\_

**Due April 15, 2019**

**12/31/2019**  
Year Ending

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

SPOUSE'S NAME

Mailing Address (Number and Street including Apartment No. or P. O. Box)

Amount Paid

**0 0**

City, Town or Post Office

State

Zip Code

**Kentucky Department of Revenue  
Frankfort, KY 40620-0009**

42A740ES0003

**Make check payable to:  
Kentucky State Treasurer.**

**DO NOT ATTACH CHECK TO VOUCHER**

42A740ES (09/18)

**KENTUCKY  
ESTIMATED TAX VOUCHER  
INSTALLMENT 2**

**2019 INDIVIDUAL INCOME TAX  
Form 740-ES**

For FISCAL year filers ONLY  
FISCAL year ending \_\_\_ \_\_\_ / \_\_\_ \_\_\_

**Due June 17, 2019**

**12/31/2019**  
Year Ending

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

SPOUSE'S NAME

Mailing Address (Number and Street including Apartment No. or P. O. Box)

Amount Paid

**0 0**

City, Town or Post Office

State

Zip Code

**Kentucky Department of Revenue  
Frankfort, KY 40620-0009**

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42A740ES (09/18)

**KENTUCKY  
ESTIMATED TAX VOUCHER  
INSTALLMENT 3**

**2019 INDIVIDUAL INCOME TAX  
Form 740-ES**

For FISCAL year filers ONLY  
FISCAL year ending \_\_\_ \_\_\_ / \_\_\_ \_\_\_

**Due September 16, 2019**

**12/31/2019**  
Year Ending

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

SPOUSE'S NAME

Mailing Address (Number and Street including Apartment No. or P. O. Box)

Amount Paid

**0 0**

City, Town or Post Office

State

Zip Code

**Kentucky Department of Revenue  
Frankfort, KY 40620-0009**

42A740ES0003

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Kentucky State Treasurer.**

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42A740ES (09/18)

**KENTUCKY  
ESTIMATED TAX VOUCHER  
INSTALLMENT 4**

**2019 INDIVIDUAL INCOME TAX  
Form 740-ES**

For FISCAL year filers ONLY  
FISCAL year ending \_\_\_ \_\_\_ / \_\_\_ \_\_\_

**Due January 15, 2020**

**12/31/2019**  
Year Ending

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

SPOUSE'S NAME

Mailing Address (Number and Street including Apartment No. or P. O. Box)

Amount Paid

**0 0**

City, Town or Post Office

State

Zip Code

**Kentucky Department of Revenue  
Frankfort, KY 40620-0009**

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42A740ES (09/18)