APPLICATION FOR EXTENSION OF TIME TO FILE

USE FOR INDIVIDUAL, GENERAL PARTNERSHIP, AND FIDUCIARY INCOME TAX RETURNS FOR KENTUCKY

> SEE INSTRUCTIONS FOR PAYMENT REQUIRMENTS

Use this form if you are requesting a Kentucky extension of time to file. Taxpayers who request a federal extension are not required to file a separate Kentucky extension, unless an amount is due with the extension. The requirement may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

You may choose to electronically file your Kentucky extension for Individual returns. Filing electronically allows you the option to pay electronically through a direct debit transaction scheduled on or before April 15, 2025.

All taxpayers filing this Application for Extension must complete Section I and the Payment Voucher. If no payment is being remitted, leave the Amount Paid box on the Payment Voucher blank. If you are filing your Application of Extension electronically and choose to pay by direct debit, complete Section II with your banking account information.

You will be notified only if the Application for your return when filed. Keep a copy for yours		e filing penalty, a copy of this form must be attached to	:0
Section I			_
A six-month extension is requested for filing the	he income tax return of the taxpayer(s) li	isted below for the taxable year ending	
REASON FOR REQUEST (A reason must be	e given before any request can be consid	lered. Inability to pay is not a valid reason.)	
			-
			-
Signature of Taxpayer Date		Signature of Paid Preparer Date	<u>-</u> ڊ
	cky Department of Revenue, P.O. Box	·	
	rked after return date)	Other:	
Section II - Direct Debit of Tax Due (Com	plete only if filing electronic extension	n)	_
Routing Transit number (RTN)	The first 2 numb	bers of the RTN must be	
		r 21 through 32.	
Depositer account number (DAN)			
Type of account: Savings Checking	Tax due debit amount \$	Debit date //	
		ment.	of
Your Signature (If joint or combined return, both must	sign) Spouse's Signatu Detach here and mail voucher with your p	ure Date payment	_
Your Signature (If joint or combined return, both must 740EXT (12/24)	sign) Spouse's Signatu	ure Date payment	_
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