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, 2024.

th		er blank. If you are filing yo	I and the Payment Voucher. If no payme our Application of Extension electronically a	
yc	ou will be notified only if the Application foor return when filed. Keep a copy for your		avoid the late filing penalty, a copy of this	form must be attached to
		41 1 4 4 4 41	4	
	·		taxpayer(s) listed below for the taxable yea	<u> </u>
R	EASON FOR REQUEST (A reason must be	e given before any request o	can be considered. Inability to pay is not a	valid reason.)
_				_
S	ignature of Taxpayer Date		Signature of Paid Prepare	r Date
	Mail to: Kent	ucky Department of Reven	ue, P.O. Box 1190, Frankfort, KY 40602-	1190 ◀
	DENIED: Late (postm	arked after return date)	Other:	
S	ection II - Direct Debit of Tax Due (Cor	nplete only if filing electro	•	
R	outing Transit number (RTN)		The first 2 numbers of the RTN must be 01 through 12 or 21 through 32.	
De	epositer account number (DAN)			
	rpe of account: Savings Checking	Tax due debit amount \$	Debit date // initiate an ACH electronic funds withdrawal entry to	
taxe	-4581 no later than two business days prior to the is to receive confidential information necessary to a pur Signature (If joint or combined return, both mus	nswer inquiries and resolve issue	orize the financial institutions involved in the proces s related to payment. ► pouse's Signature	sing of the electronic payment of
		Detach here and mail voucl	ner with your payment	
	740EXT (12/23)	Kentucky Extens	sion Payment Voucher	2023
			1/2023	
	YOUR SOCIAL SECURITY NUMBER /	Year E FEIN	Ending SPOUSE'S SOCAL SECU	RITY NUMBER.
	LAST NAME	FIRST NAME	SPOUSE'S NAME	
Г			Amount Paid	0 0
NI	JMBER AND STREET OR P.O. BOX			
L_			Make check payable to: Ke	ntucky State Treasurer
CI	TY, TOWN OR POST OFFICE STATE	ZIP CODE	Make check payable to: Ke	ntucky State Treasurer
_	TY, TOWN OR POST OFFICE STATE eck type of return:	ZIP CODE	Make check payable to: Ke	·
Ch		Mail to:		ntucky State Treasurer
Ch	eck type of return: Individual ☐ Fiduciary General Partnership	Mail to: Kentucky Depar	Make check payable to: Ke	·
Che	eck type of return: Individual ☐ Fiduciary	Mail to:	tment of Revenue	·

DO NOT ATTACH CHECK TO VOUCHER