



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, 2019.

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 App your return when filed. Keep a cop		nied. To avoid the late	filing penalty, a copy of this	form must be attached to
Section I	, .c. yeareem			
A six-month extension is requested	I for filing the income tax ret	:urn of the taxpayer(s) li	sted below for the taxable yea	r ending
REASON FOR REQUEST (A reason	on must be given before any	request can be conside	ered. Inability to pay is not a	valid reason.)
Signature of Taxpayer	 Date		Signature of Paid Prepare	er Date
➤ Mail	to: Kentucky Department o	of Revenue, P.O. Box 1	190, Frankfort, KY 40602-11	90 ∢
DENIED: La	te (postmarked after return	date)	Other:	
Section II - Direct Debit of Tax Du	ıe (Complete only if filing	g electronic extension)		
Routing Transit number (RTN)		The first 2 numb	ers of the RTN must be 21 through 32.	
Depositer account number (DAN)				
Type of account: Savings Checkin	ng Tax due debit amount	\$		
indicated above for payment of my state tax I notify the Kentucky Department of Revenu 564-4581 no later than 2 business days pri taxes to receive confidential information ned Your Signature (If joint or combined return	ue to terminate the authorization. or to the payment (debit) date. I a cessary to answer inquiries and r n, both must sign)	To revoke (cancel) a payme also authorize the financial in esolve issues related to payn > Spouse's Signatu	ent, I must contact the Kentucky De nstitutions involved in the processin ment. ire	partment of Revenue at (502)
	Detach here and	l mail voucher with your p	ayment	
740EXT (09/18)	Kentucky	Extension Pay	ment Voucher	2018
YOUR SOCIAL SECURITY N	UMBER / FEIN	12/31/2018 Year Ending	SPOUSE'S SOCIAL SECU	JRITY NUMBER.
LAST NAME	FIRST NAME		SPOUSE'S NAME	
		A	mount Paid	0 0
NUMBER AND STREET OR P.O. BOX			Make check payable to: Ke	ntucky State Treasurer
CITY, TOWN OR POST OFFICE	STATE ZIP CO	DE		
Check type of return:				4041020003
☐ Individual ☐ Fiduciary	Mail to:			7081050003
General Partnership For informational purposes only.	P.O. Bo	ky Department of Ro ox 1190 ort, KY 40602-1190	evenue	
General Partnerships DO NOT have a tax liabilit	y. Frankto	711, NT 40002-1190		

DO NOT ATTACH CHECK TO VOUCHER