



► See instructions. Taxable period beginning _____, 201____, and ending _____, 201____.

A If exempt, file Form 725	B Federal Identification Number _____			C Kentucky Corporation/LLET Account Number (Required) _____		
	Name of LLC _____ <input type="checkbox"/> Change of Name					Taxable Year Ending ____ / ____
	Number and Street _____					State and Date of Organization _____
	City _____ State _____ ZIP Code _____ Telephone Number _____					Principal Business Activity in KY _____
	D Check if applicable: <input type="checkbox"/> Initial return <input type="checkbox"/> Change of accounting period <input type="checkbox"/> Qualified investment pass-through entity <input type="checkbox"/> Final return (Complete Part III) <input type="checkbox"/> Short-period return (Complete Part III)					NAICS Code Number in KY (See www.census.gov) _____

PART I—QUALIFICATION QUESTIONS

All of the following statements must be true of the LLC to use this form. Use Form 725 if any of the following statements are false.	TRUE	FALSE
1 Gross receipts from all sources were \$3,000,000 or less.		
2 All of the LLC's activities were in Kentucky.		
3 The single member is a Kentucky resident.		
4 No tax credits or recaptures are claimed on this return.		
5 The LLC was not an owner in a pass-through entity.		
6 No prior year tax credit exists.		

PART II—LLET COMPUTATION

1 Minimum \$175 LLET tax due	1	\$175	00
2 Estimated tax payments.....	2		00
3 Extension payment.....	3		00
4 Penalty and/or Interest due	4		00
5 LLET payment due (lines 1 and 4 less lines 2 and 3). If negative, enter zero and complete line 6	5		00
6 LLET refund due (lines 1 and 4 less lines 2 and 3) If negative, enter zero and complete line 5	6		00

PART III—EXPLANATION OF FINAL RETURN AND/OR SHORT-PERIOD RETURN

<input type="checkbox"/> Ceased operations in Kentucky <input type="checkbox"/> Change in filing status <input type="checkbox"/> Change of ownership <input type="checkbox"/> Merger <input type="checkbox"/> Successor to previous business <input type="checkbox"/> Other _____	DOR Use Only
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of Member	Date
	Name of Member	Title
Paid Preparer Use	Signature of Preparer	Date
	Name of Preparer or Firm	ID Number
	Email and/or Telephone No.	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Enclose	All supporting federal forms and schedules, including Federal Schedule(s) C, E, and/or F.	Refund or No Payment	Kentucky Department of Revenue P. O. Box 856905 Louisville, KY 40285-6905	OFFICIAL USE ONLY	
	Payment		Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov	With Payment	Kentucky Department of Revenue P. O. Box 856910 Louisville, KY 40285-6910
V A L #					



SCHEDULE Q—SINGLE MEMBER LIMITED LIABILITY COMPANY QUESTIONNAIRE

IMPORTANT: Questions 3—9 must be completed by all single member limited liability companies (LLC). If this is the single member LLC's initial return or if the single member LLC did not file a return under the same name and same federal I.D. number for the preceding year, questions 1 and 2 must be answered. **Failure to do so may result in a request for a delinquent return.**

1 Single member's (owner) name, address, and Social Security number or federal I.D. number _____

2 If a foreign limited liability company, enter the date qualified to do business in Kentucky. ___ / ___ / ___

3 List the following **Kentucky** account numbers. Enter N/A for any number not applicable.

KY Secretary of State Organization _____
 Nonresident Income Tax Withholding _____
 Employer Withholding _____
 Sales and Use Tax Permit _____
 Consumer Use Tax _____
 Unemployment Insurance _____
 Coal Severance and/or Processing Tax _____

4 The limited liability company's books are in care of: (name and address)

5 Are disregarded entities included in this return?
 Yes No

If yes, list name, address, and federal I.D. number of the entity(ies).

6 Is the entity filing this Kentucky tax return organized as a statutory trust or a series statutory trust per KRS Chapter 386A? Yes No

If yes, is the entity filing this Kentucky tax return a series within a statutory trust? Yes No

If yes, enter the name, address, and federal I.D. number of the statutory trust registered with the Kentucky Secretary of State: _____

7 Was this return prepared on: (a) cash basis, (b) accrual basis, (c) other _____

8 Did the limited liability company file a Kentucky tangible personal property tax return for January 1, 2019?
 Yes No

If yes, list the name and federal I.D. number of entity(ies) filing return(s): _____

9 Is the single member limited liability company currently under audit by the Internal Revenue Service? Yes No
 If yes, enter years under audit

If the Internal Revenue Service has made final and unappealable adjustments to the LLC's taxable income which have not been reported to this department, check here and file an amended Form 725 for each year adjusted. **Attach a copy of the final determination to each amended return.**