

**40A102 ATS TEST**

**PRIMARY TAXPAYER: TEST NOPAY**  
**PRIMARY SSN: 400-00-4211**

**SECONDARY TAXPAYER: KAREN NOPAY**  
**SECONDARY SSN: 400-00-4220**

**FILING FOR EXTENSION ONLY, NO PAYMENT.**



➤ COMPLETE ONLY IF NOT FILING FEDERAL EXTENSION

➤ SEE INSTRUCTIONS FOR PAYMENT REQUIREMENTS

APPLICATION FOR EXTENSION OF TIME TO FILE  
INDIVIDUAL, GENERAL PARTNERSHIP AND  
FIDUCIARY INCOME TAX RETURNS FOR KENTUCKY

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. The requirements may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

Beginning this year, you may choose to electronically file your Kentucky extension for Individual returns. Filing electronically also allows you the option to pay electronically through a direct debit transaction scheduled on or before April 15, 2015.

All taxpayers filing this Application of Extension must complete Sections I and the the Payment Voucher. If no payment is being remitted, leave amount paid boxes on the Payment Voucher blank. If you are filing your Application of Extension electronically and chose to pay by direct debit, complete Section II with your banking information.

You will be notified only if the application for extension is denied. To avoid the late filing penalty, a copy of this form must be attached to your return when filed. Keep a copy for yourself.

**Section I**

A six-month extension is requested for filing the income tax return of the taxpayer(s) listed below for the taxable year ended 12/31/2014

**REASON FOR REQUEST** (A reason must be given before any request can be considered. Inability to pay tax liability is not a valid reason.)  
Need additional time to file an accurate return.

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Paid Preparer \_\_\_\_\_ Date \_\_\_\_\_

➤ Mail to: Kentucky Department of Revenue P.O. Box 1190 Frankfort, KY 40602-1190 ◀

**DENIED:**  Late (postmarked after return date)  Other:

**Section II - Direct Debit of Tax Due (Complete only if filing electronic extension)**

Routing Transit number (RTN) \_\_\_\_\_

The first 2 numbers of the RTN must be 01 through 12 or 21 through 32.

Depositer account number (DAN) \_\_\_\_\_

Type of account:  Savings  Checking Tax due debit amount \$ \_\_\_\_\_ Debit date \_\_\_\_\_

I authorize the Kentucky Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated above for payment of my state taxes owed and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the Kentucky Department of Revenue to terminate the authorization. To revoke (cancel) a payment, I must contact the Kentucky Department of Revenue at (502) 564-4581 no later than 2 business days prior to the payment (debit) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment.

➤ Your Signature (If joint or combined return, both must sign) \_\_\_\_\_

➤ Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_

Detach here and mail voucher with your payment

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**Kentucky Extension Payment Voucher**

2014

400 00 4211

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12/31/2014  
Year Ending

400 00 4221

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Your Social Security No. / FEIN

Spouse's Social Security No.

**NOPAY**

**TEST**

**KAREN**

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LAST NAME

FIRST NAME

SPOUSE'S NAME

Amount Paid

0 0 0

11 Winter Avenue  
Paducah KY 42001

Make check payable to: Kentucky State Treasurer.

Check type of return:

Individual  Fiduciary  General Partnership

Mail to:

**Kentucky Department of Revenue  
P.O. Box 1190  
Frankfort, KY 40602-1190**

DO NOT ATTACH CHECK TO VOUCHER

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40A1020002

