## **740**42A740

Department of Revenue



## KENTUCKY INDIVIDUAL INCOME TAX RETURN Full Year Posidents Only



Fo	Full-Year Residen					nly	2016	
	A. Spouse's Social Security Number  B. Your Social Security Number							_
_	Name – Last, First, Middle Initial (Joint or combined return, give both names and initials.)							
	value — Last, First, Middle Illital (30mt or combined return, give both names and limitals.)							
_								
	Mailing Address (Number and Street including Apartment Number or P.O. Box)							
_	City, Town or Post Office State ZIP Code							
_	FILING STATUS (see instructions)			POLIT	ICAL	PARTY FU	JND	_
1	Single			Designating \$2 will			refund or tax due	<b>).</b>
2		ome.)				Spouse	B. Yourself	
3		hor a	hove	Democratic Republican	•	1)	(4) (5)	
٦	and full name here.			No Designation		3) 🔲	(6)	
IN	COME/TAX		Ι Λ	0 (11 )		В.		_
	Enter amount from federal Form 1040, line 37; 1040A, line 21 or		Filing	Spouse (Use if Status 2 is checked.)			Yourself (or Joint)	
	1040EZ, line 4. (If total of Columns A and B is \$32,319 or less, you			00			00	<u>-</u>
<u>.</u>	may qualify for the Family Size Tax Credit. See instructions.)	5		00	5		00	_
otap 9	Additions from Schedule M, line 8	6		00	6		00	_
		7		00	7		00	_
ב ב	·	8		00	8		00	_
	· · · · · · · · · · · · · · · · · · ·	9			9			<u>-</u>
10	Nonitemizers: Enter itemized deductions from Kentucky Schedule A.  Nonitemizers: Enter \$2,460 in Columns A and/or B	10		00	10		00	)
payment but bo Not Staple.		11		00	11		00	_
	Enter tax from Tax Table, Computation or Schedule J.							_
	Check if from Schedule J	12		00	12		00	)
	B Enter tax from Form 4972-K ☐ ; Schedule RC-R ☐ ;							_
her	Schedule DS-R  ; Angel Investor Recapture	13		00	13		00	<u>)</u>
14(S)	Add lines 12 and 13 and enter total here	14		00	14		00	<u>)                                    </u>
ē 15	Enter amounts from page 3, Section A, lines 25A and 25B	15		00	15		00	<u>)                                    </u>
Statement(s)	Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero	16		00	16		00	<u>)</u>
ກ ອີ 17	Enter personal tax credit amounts from page 3, Section B, lines 4A and 4B	17		00	17		00	_
년 18	Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero	18		00	18		00	_
Other Supporting 18 5.7 5.7 5.7 5.7 5.7 5.7 5.7 5.7 5.7 5.7	Add tax amount(s) in Columns A and B, line 18 and enter here				19		00	_
ر اور					20	1 🛮 2	2 3 4 5	_
	Multiply line 19 by Family Size Tax Credit decimal amount (	%) and	d enter	here	21		00	_
æ	Subtract line 21 from line 19				22		00	
(s) 23 M 24					23		00	_
\$ 24 F	Subtract line 23 from line 22				24		00	<u>)                                    </u>
ĭ	Enter Child and Dependent Care Credit	<b>1</b> / / c c	,					
r S	·	•	•		25		00	_
⋖	Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line				26		00	_
27	· · · · · ·	-			27		00	
28	Add lines 26 and 27. Enter here and on page 2, line 29				28		00	)



RFF	FUND/TAX PAYMENT SUMMARY	
	Enter amount from page 1, line 28. This is your <b>Total Tax Liability</b>	00
	(a) Enter Kentucky income tax withheld as shown on attached	
50	2016 Form W-2(s) and other supporting statements	-
	(b) Enter 2016 Kentucky estimated tax payments	
	(c) Enter 2016 refundable certified rehabilitation credit (KRS 141.382(1)(b)) 30(c)	1
	(d) Enter 2016 film industry tax credit (KRS 141.383)	
31	Add lines 30(a) through 30(d)	00
32	If line 31 is larger than line 29, enter <b>AMOUNT OVERPAID</b> (see instructions)	00
33	Fund Contributions; See instructions.	
, ,	N	
	Nature and Wildlife Fund 00 (e) Farms to Food Banks Trust Fund 00	
	Child Victims' Trust Fund         00         (f)         Local History Trust Fund         00           Veterans' Program Trust Fund         00         (g)         Special Olympics Kentucky	4
	(3)	_
(u)	Breast Cancer Research/ (h) Pediatric Cancer Research Trust Fund 00  Education Trust Fund	
	tude of sis defice flust fulld	4
34	Add lines 33(a) through 33(i)	00
	Amount of line 32 to be <b>CREDITED TO YOUR 2017 ESTIMATED TAX</b>	
	Subtract lines 34 and 35 from line 32. Amount to be <b>REFUNDED TO YOU</b>	
	REFUND OPTIONS (Not available for amended returns)	
	Check here if you would like your refund issued on a Bank of America Prepaid Debit Card	
	Check here if you would like to receive your Debit Card material in Spanish	
37	If line 29 is larger than line 31, enter <b>ADDITIONAL TAX DUE</b>	
38	(a) Estimated tax penalty and/or interest.   Check if Form 2210-K attached 38(a)	4
	(b) Interest	
	(c) Late payment penalty	
	(d) Late filing penalty	
39	Add lines 38(a) through 38(d). Enter here	00
	Add lines 37 and 39 and enter here. This is the <b>AMOUNT YOU OWE</b>	0.0
-	No.	

- Visit www.revenue.ky.gov for electronic payment options; or
- Make check payable to Kentucky State Treasurer, include your Social Security number and "KY Income Tax 2016."

SE	CTION A – BUSINESS INCENTIVE AND OTHER TAX CREDITS	A. Spouse			<b>B.</b> Yourself	
1	Enter nonrefundable limited liability entity credit (KRS 141.0401(2))	1	0	0	1	00
2	Enter Kentucky small business tax credit	2	0	0	2	00
3	Enter skills training investment credit (attach copy(ies) of certification)	3	0	0	3	00
4	Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))	4	0	0	4	00
5	Enter credit for tax paid to another state (attach copy of other state's return(s))	5	0	0	5	00
6	Enter unemployment credit (attach Schedule UTC)	6	0	0	6	00
7	Enter recycling and/or composting equipment credit (attach Schedule RC)	7	0	0	7	00
8	Enter Kentucky investment fund credit (attach copy(ies) of certification)	8	0	0	8	00
9	Enter coal incentive credit	9	0	0	9	00
10	Enter qualified research facility credit (attach Schedule QR)	10	0	0 -	10	00
11	Enter GED incentive credit (attach Form DAEL-31)	11	0	0	11	00
12	Enter voluntary environmental remediation credit (attach Schedule VERB)	12	0	0 /	12	00
13	Enter biodiesel and renewable diesel credit	13	0	0 /	13	00
14	Enter environmental stewardship credit	14	0	0 /	14	00
15	Enter clean coal incentive credit	15	0	0 /	15	00
16	Enter ethanol credit (attach Schedule ETH)	16	0	0 /	16	00
17	Enter cellulosic ethanol credit (attach Schedule CELL)	17	0	0 /	17	00
18	Enter energy efficiency products credit carryforward from 2015	18	0	0 ′	18	00



	CTION A – BUSINESS INCENT	IVE AND OTHE	DTAV ODEDITO	/oontinued		A. Spouse			В. ,	Yourself		
				•		A. Spouse	100	10	ъ.	roursen		
	Enter railroad maintenance a	•	·				00	19			00	
	Enter Endow Kentucky credit Enter New Markets Develop	*					00	20			00	
	Enter food donation credit (a	ŭ					00	22			00	
	Enter distilled spirits credit (a		•				00	23			00	
	Enter angel investor credit		•				00	24			00	
	Add lines 1 through 24, Colu						00	25			00	
	CTION B-PERSONAL TAX CR			•	•							
0_0		Check Regular	Check all four if 65 or over		call four Cho blind	eck both for Kentu National Guard	cky					
1	(a) Credits for yourself:						1		number of			
	(b) Credits for spouse:								checked 1			
2	Dependents:						2		number of dents who			
			Der	pendent's	Dependen relationsh		ring					
	First name Last name	9		ecurity number					I with you. not live wit			
			1	l 					instruction			
			I .	! 								
			1	1				<ul><li>othe</li></ul>	r depende	nts		
			1	] 						г		
3	Add total number of credits of If married filing separately of own credits from line 1, divide	n a combined r	return (Filing Sta						total credit	_	ırself	
	filers enter the amount from	line 3 in Box 3	В				≻	3A		3B		
4	Multiply credits on line 3A by				•				x \$10		x \$10	
	enter on line 4B. Enter here a	and on page 1,	line 17, Columns	ne 17, Columns A and B					4A		4B	
	CTION C—FAMILY SIZE TAX C	REDIT (List the	name and Soci	al Security n	umber of qua	lifying children th	at are no	t claim	ned as de	penden	ts in	
First	name Last name		Social Security r	number	First name	Last name			Social S	ecurity nu	mber	
			i i						i	i		
			1 1						1	1		
			I I						I I			
Att	ach a complete copy of federa	al Form 1040 if	you received far	m, business	, or rental inco	ome or loss. If no	required	, chec	k here.			
to t the	ne undersigned, declare unde he best of my knowledge and provisions of Regulation 103 all taxes accruing under this	belief, it is true KAR 17:020 will	e, correct and cor	mplete. I also	o understand a	and agree that ou	relection	to file	a combir	ed retu	rn under	
Your Signature (If joint or combined return, both must sign.)		n.) Driver's Licer	nse/State Issue	d ID No.	Date Signed	· 1	Telepho	ne Number	(daytime	)		
Spo	use's Signature		Driver's Licer	nse/State Issue	d ID No.	Date Signed						
Туре	ed or Printed Name of Preparer Othe	r than Taxpayer	I.D.	Number of Pro	eparer	Date						
Firm	n Name		EIN	<u> </u>		Date						

MAIL TO:

REFUNDS

Kentucky Department of Revenue, P. O. Box 856970, Louisville, KY 40285-6970.

PAYMENTS