740-NP

42A740-NP Department of Revenue

Attach Form W-2(s) and Other Supporting Statement(s) Here. Enclose Payment but Do Not Staple.

Check if applicable:

Amended (Attach

copy of original return.)

Military Spouse

Add lines 26 and 27. Enter here and on page 2, line 29.....



KENTUCKY INDIVIDUAL INCOMETAX RETURN



2016

00

28

For calendar ye	ar or other taxable year begin	ning $_{}$, 2016, and ending $_{-}$, 20 No	onresident or Part	- year	Resident		U
A. Spous	e's Social Security Number	B. Your Social Security Numb	er					
	I I I	I I I I						
Name—Last, Fi	rst, Middle Initial (Joint return, give	both names and initials.)						
Mailing Address	s (Number and Street including Apa	ertment Number or P.O. Box)						
City, Town or Po	st Office	State ZIP	Code					
	_		<u> </u>	POL	ITICAI	L PARTY FUN	JD	
FILING	1 Single	· · · · · · · · · · · · · · · · · · ·		Designating \$2 wi				
STATUS	2 Married, filing jo 3 Married, filing se	int return. :parate returns. Enter spouse's	Social Security			A. Spouse	B. Your	_
(see instructions)		nd full name here.		Democratic Republican		(1) <u> </u> (2) <u> </u>		
motraotiono				No Designation		(3)	(6)	
	4 Full-vear nonres	ident. I did not live in Kentucky	during the year Enter s	tate of residence a	s of De	ecember 31 2	·016	
RESIDENCY		nt. Complete appropriate line(s		tato of roolaonoo a	0.00	00111501 01, 2	0.0	
STATUS	Moved into Ken	tucky/ / 16	State moved	from		·		
(check		entucky / / 16		·		·		
one box)		IP-R if you are a full-year reside	ent of a reciprocal state	(IL, IN, MI, OH, VA,	WV or	WI) with Ken	ıtucky	
	income of wages and	d salaries only.						
🗢 сомрі	ETE SECTIONS A, B, C AN	D D ON PAGES 2 THROUGH 4	BEFORE COMPLETING	LINES 7THROUGH	1 28.	OFFICIA 1 2	AL USE ONLY	y 5
INCOME/TAX								
7 Enter pe	rcentage from page 4, line	36	>	7	_ %			
8 Enter am	ount from page 4, line 35,	Column A. This is your Federa	Adjusted Gross Incom	ne	8			00
9 Enter am	ount from page 4, line 35,	Column B. This is your Kentuc	ky Adjusted Gross Inco	me	9			00
10 Nonitem	izers: Enter \$2,460 (do not	prorate). Skip lines 11 and 12			10			00
11 Itemizers	s: Enter itemized deduction	s from Kentucky Schedule A, F	orm 740-NP 1	1	00			
12 Multiply	line 11 by the percentage of	on line 7	1	2	00			
13 Subtract	line 10 or 12 from line 9. T	his is your Taxable Income			13			00
14 Enter tax	c from Tax Table				14			00
15 Enter am	ount from page 3, Section	A, line 25			15			00
					16			00
17 Enter I	personal tax credit amount	ts from page 3, Section B, line	4 1	7	00			
18 Multiply	line 17 by the percentage	on line 7		8	00			
					19			00
		total family size (see instruction			20	1 🗆 2 🗆] 3 [4 🔲
	•	Tax Credit decimal amount			21			00
					22			00
		dit from Form 8863-K			23			00
					24			00
		edit from worksheet in the ins			25			00
	-	5 from line 24. If line 25 is larg			26			00
	•	Internet, mail order, or other			27			00
				,		•		



RE	FUND/TAX PAYMENT SUMMARY		
29	Enter amount from page 1, line 28. This is your Total Tax Liability	29	00
30	(a) Enter Kentucky income tax withheld as shown on attached		
	2016 Form W-2(s) and other supporting statements	00	
	(b) Enter 2016 Kentucky estimated tax payments	00	
	(c) Enter 2016 refundable certified rehabilitation credit (KRS 141.382(1)(b)) 30(c)	00	
	(d) Enter 2016 film industry tax credit (KRS 141.383)	00	
	(e) Enter Nonresident Withholding from Form PTE-WH, line 9 (KRS 141.206(4)(b)(1)) 30(e)	00	
31	Add lines 30(a) through 30(e)	31	00
	If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions)	32	00
	Fund Contributions; See instructions.	02	00
(a)	Nature and Wildlife Fund 00 (e) Farms to Food Banks Trust Fund	00	
(b)	Child Victims' Trust Fund	00	
(c)	Veterans' Program Trust Fund	00	
	Breast Cancer Research (h) Pediatric Cancer Research Trust Fund	00	
	Education Trust Fund	00	
3/1	Add lines 33(a) through 33(i)	34	00
			00
	Amount of line 32 to be CREDITED TO YOUR 2017 ESTIMATED TAX	35	00
36	Subtract lines 34 and 35 from line 32. Amount to be REFUNDED TO YOU	36	00
	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 ADDITIONALTAX DUE	37	00
	(a) Estimated tax penalty and/or interest. Check if Form 2210-K attached 38(a)	00	100
00	(b) Interest	00	
		00	
		00	
	(d) Late filing penalty		00
	Add lines 38(a) through 38(d).	39	00
40	Add lines 37 and 39 and enter here. This is the AMOUNT YOU OWE	40	00
•	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—201	6."	
_		1	
· .	CTION A — BUSINESS INCENTIVE AND OTHER TAX CREDITS		00
1	Enter nonrefundable limited liability entity credit (KRS 141.0401(2))	1	00
	Enter Kentucky small business tax credit	2	00
	Enter skills training investment credit (attach copy(ies) of certification) Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))	3 4	00
	Enter credit for tax paid to another state (attach copy of other state's return(s))	5	00
	Enter unemployment credit (attach Schedule UTC)	6	00
	Enter recycling and/or composting equipment credit (attach Schedule RC)	7	00
	Enter Kentucky investment fund credit (attach copy(ies) of certification)	8	00
	Enter coal incentive credit	9	00
	Enter qualified research facility credit (attach Schedule QR)	10	00
11	Enter GED incentive credit (attach Form DAEL-31)	11	00
	Enter voluntary environmental remediation credit (attach Schedule VERB)	12	00
	Enter biodiesel and renewable diesel credit	13	00
	Enter environmental stewardship credit	14	00
15	Enter clean coal incentive credit	15	00
16	Enter ethanol credit (attach Schedule ETH)	16	00
	Enter cellulosic ethanol credit (attach Schedule CELL)	17	00
18	Enter energy efficiency products credit carryforward from 2015	18	00



	CTION A – BUSINESS INCENTI			•	•						
	Enter railroad maintenance ar Enter Endow Kentucky credit	•			•						00
	Enter New Markets Developm		*								00
	Enter food donation credit (at	•									00
	Enter distilled spirits credit (at		•								00
24	Enter angel investor credit							24			00
25	Add lines 1 through 24. Enter	here and on p	page 1, line 15 .					25			00
SE	CTION B-PERSONAL TAX CRE	_									
		Check Regular	Check all fou if 65 or over		neck all four if blind		both for Kentuck ational Guard ————	ТУ			
1	(a) Credits for yourself:]		1 Ente	er number of		
	(b) Credits for spouse:]			es checked		ı
								On I	ine 1		
2	Dependents:								er number of		
					Dei	pendent's	Check if qualifyin		endents who): [
	First name Last name		Dependent's Social Security numbe		rel	ationship to you	child for family	~ <u> </u>	ed with you		
	-			. ,		,	_	- • di	d not live wit	th vou	ı
							<u> </u>		ee instructio	,	
				 				▋.			ı
				 				- ot	her depende	nts	
4	Multiply credits on line 3 by \$	10. Enter here	e and on page 1	, line 17						4	x \$10
	CTION C-FAMILY SIZETAX CR ction B.)	EDIT (List the	name and Soc	ial Securit	y number o	f qualifyi	ng children that	are not cla	imed as de	pender	nts in
Firs	t name Last name		Social Security	number	First name		Last name		Social S	ecurity nu	ımber
			 	 					1	1 1	
_			<u>I</u>	<u> </u> 					1	<u>l</u>	
			I I	I I						I I	
	A copy of pages 1 and 2 of y	our federal iı	ncome tax retu	ırn and al	l supportin	g schedu	ıles must be at	tached to	Kentucky F	Form 74	40-NP.
to the	he undersigned, declare under the best of my knowledge and b provisions of Regulation 103 K all taxes accruing under this re	pelief, it is true AR 17:020 wil	e, correct and co	mplete. I	also unders	tand and	agree that our e	election to fi	ile a combir	ned retu	urn under
You	ır Signature (If joint return, both must	sign.)	Driver's Lice	ense/State Is	sued ID No.		Date Signed	Telep	hone Number	(daytim	е)
Spouse's Signature		Driver's License/State Issued ID No.				Date Signed					
Typed or Printed Name of Preparer Other than Taxpayer		I.D. Number of Preparer				Date					
Firm Name		EIN				Date					
	Mail to: REI	UNDS	Kantuaky D	anartma	at of Paya	D ^	. Box 856970,	Louisvilla	KA 4056E	6070	
	iviali to. NEI	CIADO	Remucky D	opai iiiiei	ir oi nevel	iue, r. U	. DUN 0303/U,	Louisville,	, IN I 40200		

Kentucky Department of Revenue, P. O. Box 856980, Louisville, KY 40285-6980.

PAYMENTS



SECTION D INCOME		A.Total from <i>Attached</i> Federal Return	B. Kentucky	
1 Enter all wages, salaries, tips, etc. (attach wage				
and tax statements) Do not include moving expense reimbursements 1	· ├	00		00
2 Moving expense reimbursement (attach Schedule ME)	≥ -	00		00
3 Interest	3 <u> </u>	00		00
4 Dividends	1 <u> </u>	00		00
5 Taxable refunds, credits or offsets of state and local income taxes	5 -	00		00
6 Alimony received	;	00		00
7 Business income or loss (attach federal Schedule C or C-EZ)	' -	00		00
8 Capital gain or loss (attach federal Schedule D)	3 <u> </u>	00		00
9 Other gains or losses (attach federal Form 4797)	• L	00		00
10 (a) Federally taxable IRA distributions, pensions and annuities10(a) _	00		00
(b) Pension income exclusion (attach Schedule P if more than \$41,110 per taxpayer) 10(b)		(00)
11 Rents, royalties, partnerships, estates, trusts, etc. (attach federal Schedule E) 11	ı L	00		00
12 Farm income or loss (attach federal Schedule F)	<u> </u>	00		00
13 Unemployment compensation (see instructions)	3 L	00		00
14 Taxable Social Security benefits	ı L	00		
15 Gambling winnings	5 L	00		00
16 Other income (list type and amount)				
16	, L	00		00
17 Combine lines 1 through 16. This is your Total Income 17	,	00		00
ADJUSTMENTS TO INCOME				
18 Educator expenses	, L	00		00
19 Certain business expenses of reservists, performing artists and				
fee-basis government officials (attach federal Form 2106 or 2106-EZ)	L	00		00
20 Health savings account deduction (attach federal Form 8889)	, L	00		00
21 Moving expenses (attach Schedule ME)	ıL	00		00
22 Deductible part of self-employment tax	<u>.</u> L	00		00
23 Self-employed SEP, SIMPLE, and qualified plans deduction		00		00
24 Self-employed health insurance deduction	1	00		
25 Penalty on early withdrawal of savings		00		00
26 Alimony paid (enter recipient's name and Social Security number)				
		00		00
27 IRA deduction		00		00
28 Student loan interest deduction	3	00		00
29 Tuition and fees deduction	, [00		00
30 Domestic production activities deduction	, [00		00
31 Long-term care insurance premiums (see instructions)				00
32 Health insurance premiums (see instructions)				00
33 Other deductions (list type and amount)				
		00		00
33 34 Add lines 18 through 33. Total Adjustments to Income		00		00
0-	\top	30		
35 Subtract line 34 from line 17. This is your Adjusted Gross Income	,	00		00
36 Divide line 35, Column B, by line 35, Column A. If amount is equal to or	\dagger	30	1	, 55
greater than 100%, enter 100%. This is your Percentage of Kentucky			0/	
Adjusted Gross Income to Federal Adjusted Gross Income	3		_ • %	