

740-NP-R

42A740-NP-R

Department of Revenue



**KENTUCKY
INCOME TAX RETURN
Nonresident—Reciprocal State**



2016

Last name	Your first name and middle initial	Your Social Security No.		Did you file a Kentucky income tax return for 2015? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give reason:
Mailing Address (Number and Street including Apartment No. or P. O. Box)	City, town or post office	State	ZIP code	

INSTRUCTIONS

This form may be used by qualifying full-year nonresidents to claim a refund of Kentucky income taxes withheld during 2016. To determine if you qualify, you must check "Yes" or "No" for the applicable statements below. *If eligible, complete lines 1–11.* Enter only the taxpayer's name in which the Kentucky wages and salaries were earned in the name box above. Do not include your spouse's name. If both spouses earned only Kentucky wages and salaries as a resident of a reciprocal state, **each spouse must file a separate Form 740-NP-R.**

- A. I was a **nonresident** of Kentucky during all of 2016. Yes No
- B. My only 2016 Kentucky income was from salaries or wages earned while a resident of any of the following states: Yes No
(circle state(s)) **1**–Illinois **2**–Indiana **3**–Michigan **4**–Ohio **5**–Virginia **6**–West Virginia **7**–Wisconsin
Note: Race track, lottery and other gambling winnings are not salaries or wages.

For Virginia residents only:

- C. I commuted **daily** to a place of employment in Kentucky. Yes No

Nonresidents who answered "No" to any of the statements above must file Form 740-NP to report Kentucky income.
 Enter name and address of principal employer in Kentucky

Name _____

Address _____

City _____ State _____ ZIP code _____

**You must attach
Kentucky wage and tax
statements.**

Attach Kentucky Wage and Tax Statements Here

1	Enter total Kentucky income tax withheld . Do not include local tax withheld. <i>Attach 2016 wage and tax statement(s)</i>	1	00
2	Nature and Wildlife Fund Contribution	2	00
3	Child Victims' Trust Fund Contribution	3	00
4	Veterans' Program Trust Fund Contribution	4	00
5	Breast Cancer Research/Education Trust Fund Contribution	5	00
6	Farms to Food Banks Trust Fund Contribution	6	00
7	Local History Trust Fund Contribution	7	00
8	Special Olympics Kentucky	8	00
9	Pediatric Cancer Research Trust Fund	9	00
10	Rape Crisis Center Trust Fund	10	00
11	From line 1, subtract lines 2 through 10. Amount to be REFUNDED	11	00

ATTACH A COPY OF THE 2016 RETURN FILED WITH YOUR STATE OF RESIDENCE.

I declare under the penalties of perjury that I have examined this return and to the best of my knowledge and belief, it is a true, correct and complete return.

Your Signature _____ Driver's License/State Issued I.D. No. _____ Date Signed _____ Telephone Number (daytime) _____

Typed or Printed Name of Preparer Other than Taxpayer _____ I.D. Number of Preparer _____ Date _____



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

Note: Nonresidents of reciprocal states who want to prevent their Kentucky employer from withholding Kentucky income tax from their paychecks should file a copy of Revenue Form 42A809, Certificate of Nonresidence, with their employer. The form is available from the employer, the Kentucky Department of Revenue, Frankfort, KY 40620, or by visiting www.revenue.ky.gov