740-X 42A740-X (11-16) Department of Revenue

For calendar year or



AMENDED KENTUCKY INDIVIDUAL INCOME TAX RETURN



20

	For fiscal year beg	ginning		, and ending ,							
Filin	iling Status: Check only one block.			Spouse's Social Security No.		Your Social Security No.					
	Original Amended			!!!		!	!				
1.		Single Married filing on	a a watalu	i		;	<u> </u>				
2.	Married, filing separately on this combined return Married, filing joint return			Last Name First Name (Joint or combined return, give both names and initials.)							
4.		Married, filing ser returns. Enter spo name and Social	parate ouse's Security	Mailing Address Number and Street including Apartment Number or P.O. Box							
		number as it appo separate return.	ears on	City, Town or Post Office		State	ZIP Code				
<u>></u>					Т						
INC	OME AND DEDU	ICTIONS			I—As Originally Reported or Adjus	•	III Correct Amount				
1.	KENTUCKY AD	JUSTED GRO		ME (Form 740 or 740-EZ)							
				A, Spouse							
				B, Yourself (or Joint)							
2.	ITEMIZED DEDI	UCTIONS / S									
				A, Spouse							
			Column	B, Yourself (or Joint)							
3.	TAXABLE INCO	ME									
				A, Spouse							
			Column	B, Yourself (or Joint)							
	LIABILITY	- ::									
4.	Enter tax from	Form /40, line		rm 740-EZ, line 4.							
				A, Spouse							
_	Desciones Income			B, Yourself (or Joint)							
5.	Business Incent	tive Credits.		A, Spouse							
_	D	- 414 -		B, Yourself (or Joint)							
о.	Personal Tax Cro	earts.		A, Spouse							
7	Subtract lines 5	E and G		B, Yourself (or Joint)							
/.	from line 4.	ana o		A, Spouse B, Yourself (or Joint)							
_		mns A and B		· · · · · · · · · · · · · · · · · · ·							
	•	Add line 7, Columns A and B and enter here									
		Family SizeTax Credit									
11.											
	RESERVED										
	Income Tax Liability. Subtract lines 9, 10, 11 and 12 from line 8										
		•									
	MENTS AND CR										
			ld								
17.											
18.	Refundable Kentucky Corporation Tax Credit (KRS 141.420(3)(c))										
19.	Refundable certified rehabilitation credit (KRS 141.382(1)(b))										
20.	Film industry tax credit (KRS 141.383)										
21.	Amount paid with original return, plus additional payments made after it was filed										
22.	2. Total of lines 16 through 21, Column III										
REF	UND OR AMOU	NT DUE									
23.	Overpayment, if any, shown on original return, Form 740 or Form 740-EZ										
24.											
	If line 15, Column III, is more than line 24, enter amount due										
26.	Compute interest on the amount due from the due date until paid. Use Interest Rate										
	Chart on Page 2, Part IV when calculating interest										
				nis return							
28.	If line 15, Colun	nn III, is less t	than line 2	24, enter refund to be receive	d						

Make check payable to:

Kentucky State Treasurer.

REFUNDS

PAYMENTS



PART I – TAX CREDITS (This section must be on original return)	completed for any increase or	decrease in the numb	er of personal tax credits claimed
1. Number of personal tax credits claimed on o	original return (Form 740, Sect	ion B, lines 3A and 3B)	
2. Number of personal tax credits claimed on t	his return		
3. Difference			
Explain any difference in detail below. Include r	name and Social Security num	ber.	
PART II – FAMILY SIZE TAX CREDIT (This section original ret		y increase or decrease	e to Total Family Size claimed on
4. Total Family Size claimed on original return	1 🗌 2 🔲	3 🗌	4 or more
5. Total Family Size claimed on this return	1 🗌 2 🗌	з 🗆	4 or more
Explain any difference in detail below. Include	name and Social Security num	nber.	
corrected Kentucky and/o	me, deductions and tax from or federal forms, schedules or equired information, processing	W-2s.	detail below. Attach additional or
, ou ue not usuam une n		.9 0. 70 0	, 20 20:2,02:
PART IV – INTEREST RATE CHART - Use the follo	owing rates when computing i	nterest for amount on	Page 1, Line 26.
Jan. 1, 2017–Dec. 31, 2017 – 5%]		
Jan. 1, 2016–Dec. 31, 2016 – 6%			
Jan. 1, 2015–Dec. 31, 2015 – 6%			
Jan. 1, 2014–Dec. 31, 2014 – 6%			
Jan. 1, 2013–Dec. 31, 2013 – 6%			
I, the undersigned, declare under penalties of perjury the best of my knowledge and belief, it is true, correct provisions of appropriate income tax regulations will refor all taxes accruing under this return.	and complete. I also understand	and agree that our election	on to file a combined return under the
Your Signature (If a joint return or combined, both must sign.)	Driver's License/State Issued ID No.	Date Signed	Telephone Number (daytime)
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	

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

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