Attach Form W-2(s), Other Supporting Statement(s) and Payment Here—Staple to Top Page Only

Department of Revenue



KENTUCKY INDIVIDUAL INCOME TAX RETURN Full-Year Residents Only



| For | calendar year or other taxable year beginning _ | , 2014, and ending, ; | 20 | | Full-Year Reside | nts O | nly | - | 201 | 4 |
|--------|---|---|------------------|----------|-----------------------|---------|----------------------------|--------|-----------------------------|-----|
| | A. Spouse's Social Security Number | B. Your Social Security Number | | | | | | | | |
| | 1 1 | | | | | | | | | |
| N | ame—Last, First, Middle Initial (Joint or combined return | grive both names and initials) | - | | | | | | | |
| | and East, 111st, initial found of combined folding | ,, give both names and initials. | | | | | | | | |
| | | | 4 | | | | | | | |
| M | ailing Address (Number and Street including Apartment | Number or P.O. Box) | | | | | | | | |
| | | | | | | | | | | |
| Ci | ty, Town or Post Office | State ZIP Code | | | | | | | | |
| | | | | | | | | | | |
| | | | | | I | | | | | |
| | FILING STATUS (see instructions |) | | | | | PARTY I | | | |
| 1 2 | ☐ Single ☐ Married, filing separately on this | combined return. (If both had inc | ome) | | Designating \$2 will | | ange you Spous e | | d or tax B. Yours | |
| 3 | ☐ <i>Married</i> , filing joint return. | oomomoa rotarm (ii botii iida iii | ,011101, | | Democratic | | 1) 🔲 | | (4) | |
| 4 | Married, filing separate returns. | Enter spouse's Social Security nur | mber al | oove | Republican | (2 | 2) | | (5) | コ |
| | and full name here. | | | | No Designation | (3 | 3) | | (6) | |
| INC | COME/TAX | | | A. | Spouse (Use if | | B. | Yours | self | |
| 5 | Enter amount from federal Form 1040, lin | | | Filing | Status 2 is checked.) | | | (or Jo | int) | |
| | 1040EZ, line 4. (If total of Columns A and may qualify for the Family Size Tax Credit | | • 5 | | 00 | • 5 | | | | 00 |
| 6 | Additions from Schedule M, line 8 | • | | | 00 | . 6 | | | | 00 |
| | Add lines 5 and 6 | | | | 00 | 7 | | | | 00 |
| | Subtractions from Schedule M, line 20 | | | | 00 | . 8 | | | | 00 |
| | Subtract line 8 from line 7. This is your Ke | | | | 00 | 9 | | | | 00 |
| | Itemizers: Enter itemized deductions from | • | 3 | | |] | | | | |
| 10 | Nonitemizers: Enter \$2,400 in Columns A | • | • 10 | | 00 | • 10 | | | | 00 |
| 11 | Subtract line 10 from line 9. This is your 1 | axable Income | • 11 | | 00 | • 11 | | | | 00 |
| | | | | | | | | | | |
| 12 | Enter tax from Tax Table, Computation or Check if from Schedule J | | 12 | | 00 | 12 | | | | 00 |
| 13 | Enter tax from Form 4972-K : Schedu | | | | 00 | • 13 | | | | 00 |
| | Add lines 12 and 13 and enter total here | | | | 00 | 14 | | | | 00 |
| | Enter amounts from page 3, Section A, lin | | | | 00 | 15 | | | | 00 |
| | Subtract line 15 from line 14. If line 15 is l | | | | 00 | 16 | | | | 00 |
| 17 | Enter personal tax credit amounts from p | | | | 00 | • 17 | | | | 00 |
| | Subtract line 17 from line 16. If line 17 is | | | | 00 | 18 | | | | 00 |
| 19 | Add tax amount(s) in Columns A and B, li | | | | ' | - | | | | 00 |
| 20 | Check the box that represents your total f | | | | | | 1 🗆 | 2 🗆 | з 🗆 | 4 🗆 |
| 21 | Multiply line 19 by Family Size Tax Credit | | | | | | | | | 00 |
| | Subtract line 21 from line 19 | | | | | | | | | 00 |
| 23 | Enter the Education Tuition Tax Credit from | | | | | | | | | 00 |
| 24 | Subtract line 23 from line 22 | | | | | | | | | 00 |
| | Enter Child and Dependent Care Credit | | ••••• | | | | | | | |
| | | x 20 |) % (.20) |) | | • 25 | | | | 00 |
| 26 | Income Tax Liability. Subtract line 25 from | n line 24. If line 25 is larger than li | ne 24, e | enter ze | ro | . 26 | | | | 00 |
| 27 | Enter KENTUCKY USETAX due on Inter | net, mail order, or other out-of-st | ate pur | chases | (see instructions) | • 27 | | | | 00 |
| 20 | Add lines 26 and 27 Enter here and an ne | | - | | ļ | l າວ | | | | 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 | | | | | | | |
| | 2014 Form W-2(s) and other supporting statements | | ` ' | | 00 | | | |
| | (b) Enter 2014 Kentucky estimated tax payments | | | | 00 | | | |
| | (c) Enter 2014 refundable certified rehabilitation credit (KRS 141.382(1)(b)) (d) Enter 2014 film industry tax credit (KRS 141.383) | | | | 00 | | | |
| 31 | Add lines 30(a) through 30(d) | | | | • 31 | | | 00 |
| | If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions) | | | | 32 | | | 00 |
| | nd Contributions; See instructions. | | ► (Enter amo | | | | | |
| 33 | Nature and Wildlife Fund | Othe | er • 3 | 3 | 00 | | | |
| 34 | Child Victims' Trust Fund | Othe | er • 3 | 4 | 00 | | | |
| 35 | Veterans' Program Trust Fund □ \$10 □ \$25 □ \$50 □ | Othe | er • 3 | 5 | 00 | | | |
| 36 | Breast Cancer Research/Education Trust Fund ☐ \$10 ☐ \$25 ☐ \$50 ☐ | Othe | er • 3 | 6 | 00 | | | |
| 37 | Farms to Food Banks Trust Fund | Othe | er • 3 | 7 | 00 | | | |
| 38 | Add lines 33 through 37 | | | | 38 | | | 00 |
| 39 | Amount of line 32 to be CREDITED TO YOUR 2015 ESTIMATED TAX | | <u></u> | | • 39 | | | 00 |
| 40 | Subtract lines 38 and 39 from line 32. Amount to be REFUNDED TO YOU | | RI | FUND | • 40 | | | 00 |
| | If line 29 is larger than line 31, enter ADDITIONAL TAX DUE | | | | • 41 | | | 00 |
| 42 | (a) Estimated tax penalty and/or interest. \square <i>Check if Form 2210-K attached</i> | 42 | (a) | | 00 | | | |
| | (b) Interest | | (b) | | 00 | | | |
| | (c) Late payment penalty | | (c) | | 00 | | | |
| | (d) Late filing penalty | 42 | (d) | | 00 | | | |
| 43 | Add lines 42(a) through 42(d). Enter here | | | <u></u> . | • 43 | | | 00 |
| | | | | | | | | |
| 44 | Add lines 41 and 43 and enter here. This is the AMOUNT YOU OWE | | | OWE | 44 | | | 00 |
| 44 | Add lines 41 and 43 and enter here. This is the AMOUNT YOU OWE | | | OWE | 44 [| OF | FICIAL USE ON | |
| • | | | | | [| OF | FICIAL USE ON | |
| • | Visit www.revenue.ky.gov for electronic payment options; or Make check payable to Kentucky State Treasurer, include your Social Security nu | | nd "KY Incom | | [| | | LY |
| • | Visit www.revenue.ky.gov for electronic payment options; or | | | eTax—2014 | [| OF B. | FICIAL USE ON Yourself | LY |
| • | Visit www.revenue.ky.gov for electronic payment options; or Make check payable to Kentucky State Treasurer, include your Social Security num CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS | mber a | nd "KY Incom | eTax—2014 | [| | | LY |
| • SE | Visit www.revenue.ky.gov for electronic payment options; or Make check payable to Kentucky State Treasurer, include your Social Security nul CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS | mber a | nd "KY Incom | e Tax — 2014 se | ." | | | PWR |
| • SE 6 | Visit www.revenue.ky.gov for electronic payment options; or Make check payable to Kentucky State Treasurer, include your Social Security nul CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS Enter nonrefundable limited liability entity credit (KRS 141.0401(2)) | mber a | nd "KY Incom | e Tax — 2014 se 00 | ." | | | PWR |
| • SE 6 | Visit www.revenue.ky.gov for electronic payment options; or Make check payable to Kentucky State Treasurer, include your Social Security num CTION A—BUSINESS INCENTIVE AND OTHERTAX CREDITS Enter nonrefundable limited liability entity credit (KRS 141.0401(2)) | mber a | nd "KY Incom | e Tax — 2014 se | 1 2 | | | PWR 00 00 |
| • SE 6 | Visit www.revenue.ky.gov for electronic payment options; or Make check payable to Kentucky State Treasurer, include your Social Security number CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS Enter nonrefundable limited liability entity credit (KRS 141.0401(2)) | 1 2 3 | nd "KY Incom | e Tax — 2014 se = 00 00 00 | 1 2 3 | | | PWR 00 00 00 |
| • SEC 1 2 3 4 | Visit www.revenue.ky.gov for electronic payment options; or Make check payable to Kentucky State Treasurer, include your Social Security num CTION A—BUSINESS INCENTIVE AND OTHERTAX CREDITS Enter nonrefundable limited liability entity credit (KRS 141.0401(2)) | 1 2 3 4 | nd "KY Incom | e Tax — 2014 se 00 00 00 00 | 1 2 3 4 | | | 00 00 00 00 |
| • SEC 1 2 3 4 5 5 | Visit www.revenue.ky.gov for electronic payment options; or Make check payable to Kentucky State Treasurer, include your Social Security number of the CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS Enter nonrefundable limited liability entity credit (KRS 141.0401(2)) | 1 2 3 4 5 | nd "KY Incom | e Tax — 2014 se 00 00 00 00 00 | 1 2 3 4 5 | | | 00 00 00 00 |
| • SEC 1 2 3 4 5 6 6 | Visit www.revenue.ky.gov for electronic payment options; or Make check payable to Kentucky State Treasurer, include your Social Security num CTION A—BUSINESS INCENTIVE AND OTHERTAX CREDITS Enter nonrefundable limited liability entity credit (KRS 141.0401(2)) | 1 2 3 4 5 6 | nd "KY Incom | e Tax — 2014 se 00 00 00 00 00 00 | 1 2 3 4 5 6 | | | 00 00 00 00 00 00 |
| • SEC 1 2 3 4 5 6 7 | Visit www.revenue.ky.gov for electronic payment options; or Make check payable to Kentucky State Treasurer, include your Social Security number of the CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS Enter nonrefundable limited liability entity credit (KRS 141.0401(2)) | 1 2 3 4 5 6 7 | nd "KY Incom | e Tax — 2014 se 00 00 00 00 00 00 00 | 1 2 3 4 5 6 7 | | | 00 00 00 00 00 00 |
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| • SEC 1 2 3 4 5 6 7 8 9 | Visit www.revenue.ky.gov for electronic payment options; or Make check payable to Kentucky State Treasurer, include your Social Security number of the control of the cont | 1 2 3 4 5 6 7 8 9 | nd "KY Incom | e Tax — 2014 se 00 00 00 00 00 00 00 00 00 | 1 2 3 4 5 6 7 8 9 | | | 00 00 00 00 00 00 00 00 |
| • SEC 1 2 3 4 5 6 7 8 9 10 | Visit www.revenue.ky.gov for electronic payment options; or Make check payable to Kentucky State Treasurer, include your Social Security number of the control of the cont | 1 2 3 4 5 6 7 8 9 10 | nd "KY Incom | e Tax — 2014 se 00 00 00 00 00 00 00 00 00 | 1 2 3 4 5 6 7 8 | | | 00 00 00 00 00 00 00 00 00 |
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| • SEC 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | Visit www.revenue.ky.gov for electronic payment options; or Make check payable to Kentucky State Treasurer, include your Social Security number of the control of the cont | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | nd "KY Incom | e Tax — 2014 see 00 00 00 00 00 00 00 00 00 00 00 00 | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | | | 00 00 00 00 00 00 00 00 00 00 00 |
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| | | | | | | | _ | | | | - | | |
|--|--|---|--|---|---|-----------------------|--------------------------------|--|---------------------------|-------------------------|--|--|-----------------------|
| SECTION A – BUSINESS INCENTIVE AND OTHER TAX CREDITS (continued) | | | | | | | Α. | Spouse | | | В. ` | Yourself | |
| 19 | Enter railroad maintenance and improvement credit (attach Schedule RR-I) | | | | | 19 | _ | | 00 | 19 | | | 00 |
| 20 | Enter Endow Kentucky credit (attach Schedule ENDOW) | | | | | 20 | | | 00 | 20 | | | 00 |
| 21 | 1 Enter New Markets Development Program credit | | | | | 21 | _ | | 00 | 21 | | | 00 |
| 22 | 2 Enter food donation credit (attach Schedule FD) | | | | | | | | 00 | 22 | | | 00 |
| 23 | 23 Add lines 1 through 22, Columns A and B. Enter here and on page 1, line 15 2 | | | | | | | | 00 | 23 | | | 00 |
| SE | CTION B-PERSONAL TAX | (CREDITS | | | | | | | | | | | |
| | Check Check all four Check all four Ch Regular if 65 or over if blind | | | | | | | oth for Kentucky tional Guard | | | | | |
| 1 | (a) Credits for yourself: | | | | | 1 🗆 | iva | | 1 | Enter | number of | Г | |
| • | (b) Credits for spouse: | | | | | | | | | | checked e 1 | | |
| | • | ы | | | | | | | | 011 1111 | 0 1 | | |
| 2 | Dependents: | | | | | | | | 2 | | number of idents who | : _ | |
| | | | | | | | ependent's Check if qualifying | | | | | | |
| | First name Last | name | | Dependent Social Security r | | relationshi to you | ip | child for family size tax credit | | • live | d with you. | | |
| | | | | !!! | | | | | | | I not live with you e instructions) | | |
| | | | | !!! | : | | | | 1 | (see | i ii isti uctior | 13/ | |
| | | | | 1 | 1 | | | | | • othe | er depende | nts | |
| | | | | ı | 1 | | | | _ | | | | |
| | | | | | | | | | 1 | | | Γ | |
| 3 | Add total number of cred | | | | | | | | 3 | Enter | total credit | s | |
| | If married filing separate own credits from line 1, o | • | | | | • | | | | Sı | pouse | You | rself |
| | filers enter the amount fi | | | | | | | | > | •3A | | •3B | |
| | | | | | | | | | | | | l | |
| | | | | | | | | | | | ¢10 | | ¢10 |
| 4 | Multiply credits on line 3 | • | | | | | | | | 4.0 | x \$10 | AD. | x \$10 |
| 4 | Multiply credits on line 3 enter on line 4B. Enter he | • | | | | | | | | 4A | x \$10 | 4B | x \$10 |
| SE | enter on line 4B. Enter he | ere and on page | 1, line 17, C | olumns A an | nd B | | | | | | · | | |
| SE | enter on line 4B. Enter he | ere and on page | 1, line 17, C | olumns A an | nd B | | | | | | · | | |
| SE Sec | enter on line 4B. Enter he | ere and on page | 1, line 17, Control | olumns A an | ourity numb | per of qual | | | | | ned as de | | ts in |
| SE Sec | enter on line 4B. Enter he CTION C—FAMILY SIZE TA ction B.) | ere and on page | 1, line 17, Control | olumns A an | ourity numb | per of qual | | g children that a | | | ned as de | penden | ts in |
| SE Sec | enter on line 4B. Enter he CTION C—FAMILY SIZE TA ction B.) | ere and on page | 1, line 17, Control | olumns A an | ourity numb | per of qual | | g children that a | | | ned as de | penden | ts in |
| SE Sec | enter on line 4B. Enter he CTION C—FAMILY SIZE TA ction B.) | ere and on page | 1, line 17, Control | olumns A an | ourity numb | per of qual | | g children that a | | | ned as de | penden | ts in |
| SEC Sec | enter on line 4B. Enter he CTION C—FAMILY SIZETA ction B.) t name Last nam | ere and on page ' X CREDIT (List the | 1, line 17, Control of the name and Social S | solumns A and Social Security number | curity numb | per of qual | lifyin | g children that a | are no | ot clain | Social Se | pendent | ts in |
| SEC Sec | enter on line 4B. Enter he CTION C—FAMILY SIZE TA ction B.) | ere and on page ' X CREDIT (List the | 1, line 17, Control of the name and Social S | solumns A and Social Security number | curity numb | per of qual | lifyin | g children that a | are no | ot clain | Social Se | penden | ts in |
| SEC Sec First | enter on line 4B. Enter he CTION C—FAMILY SIZETA ction B.) t name Last nam cach a complete copy of fe | ere and on page 'AX CREDIT (List the second | 1, line 17, Control of the name and Social S | Security number | curity numb | per of qual | ifyin | g children that a | quire | ot clain | Social So | pendent | ts in |
| SEC Sec First | enter on line 4B. Enter he CTION C—FAMILY SIZETA ction B.) t name Last name cach a complete copy of feen e undersigned, declare under best of my knowledge at | AX CREDIT (List the second of | if you recei | Security number ived farm, but at I have exa and complete | curity number First rules are laso united this record also united this record also united the last of | per of qual | iifyin | g children that a Last name or loss. If not recing all accompa | quire | d, chec | Social So | pendent ecurity nut | ents, and |
| SEC Sec First | enter on line 4B. Enter he CTION C—FAMILY SIZE TA ction B.) t name Last name cach a complete copy of fee the undersigned, declare | deral Form 1040 nder penalties of and belief, it is true. | if you recei | Security number ived farm, but at I have exa and complete | curity number First rules are laso united this record also united this record also united the last of | per of qual | iifyin | g children that a Last name or loss. If not recing all accompa | quire | d, chec | Social So | pendent ecurity nut | ents, and |
| SEC Sec First Att | enter on line 4B. Enter he CTION C—FAMILY SIZETA ction B.) t name Last name cach a complete copy of feen e undersigned, declare under best of my knowledge at | deral Form 1040 nder penalties of and belief, it is true. | if you recei | Security number ived farm, but at I have exa and complete | curity number First rules are laso united this record also united this record also united the last of | per of qual | iifyin | g children that a Last name or loss. If not recing all accompa | quire | d, chec | Social So | pendent ecurity nut | ents, and |
| SEC Secondary Se | enter on line 4B. Enter he CTION C—FAMILY SIZETA ction B.) t name Last name cach a complete copy of fee the undersigned, declare under declare undersigned, declare under d | deral Form 1040 nder penalties of and belief, it is tru 103 KAR 17:020 whis return. | if you recei | solumns A and Social Security number security | usiness, or a see. I also uning made pa | per of qual | ome o | g children that a Last name or loss. If not rec ing all accompa igree that our ele ntly and in each | quire | d, chec | Social So | pendent learning pendent learning learn | ents, and rn under |
| SEC Secondary Se | enter on line 4B. Enter he CTION C—FAMILY SIZE TA ction B.) t name Last name cach a complete copy of fee the undersigned, declare | deral Form 1040 nder penalties of and belief, it is tru 103 KAR 17:020 whis return. | if you recei | Security number ived farm, but at I have exa and complete | usiness, or a see. I also uning made pa | per of qual | ome o | g children that a Last name or loss. If not recing all accompa | quire | d, chec | Social So | pendent learning pendent learning learn | ents, and |
| SEC Secondary Se | enter on line 4B. Enter he CTION C—FAMILY SIZETA ction B.) t name Last name cach a complete copy of fee the undersigned, declare under declare undersigned, declare under d | deral Form 1040 nder penalties of and belief, it is tru 103 KAR 17:020 whis return. | if you recei | solumns A and Social Security number security | usiness, or a see. I also uning made pa | per of qual | ome o | g children that a Last name or loss. If not rec ing all accompa igree that our ele ntly and in each | quire | d, chec | Social So | pendent learning pendent learning learn | ents, and |
| SEC Secondary Se | enter on line 4B. Enter he CTION C—FAMILY SIZETA ction B.) t name Last name cach a complete copy of fee the undersigned, declare under declare undersigned, declare under d | deral Form 1040 ander penalties of and belief, it is true 103 KAR 17:020 whis return. | if you recei | Security number Security number ived farm, bu at I have exa and completi refunds beir | usiness, or a see. I also uning made pa | rental inco | ome o | g children that a Last name or loss. If not rec ing all accompa igree that our ele ntly and in each | quire | d, chec | Social So | pendent learning pendent learning learn | ents, and |
| SEC Secondary Se | enter on line 4B. Enter he CTION C—FAMILY SIZETA ction B.) t name Last nam cach a complete copy of fee the undersigned, declare undersigned, declare undersigned provisions of Regulation all taxes accruing under the complete complete copy of the complete copy of fee and the best of my knowledge approvisions of Regulation all taxes accruing under the complete copy of fee and the complete copy of fee and the complete copy of fee and the copy o | deral Form 1040 ander penalties of and belief, it is true 103 KAR 17:020 whis return. | if you recei | Security number Security number ived farm, bu at I have exa and completi refunds beir | usiness, or a see. I also uning made pa | rental inco | ome o | g children that a Last name or loss. If not receing all accompa agree that our elently and in each | quire | d, chec | Social So | pendent learning pendent learning learn | ents, and |
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