40A102 (09-2014)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE





> COMPLETE ONLY IF NOT FILING FEDERAL EXTENSION

> SEE INSTRUCTIONS FOR PAYMENT REQUIREMENTS

APPLICATION FOR EXTENSION OF TIME TO FILE INDIVIDUAL, GENERAL PARTNERSHIP AND FIDICIARY INCOME TAX RETURNS FOR KENTUCKY

Use this form if you are requesting a Kentucky extension of time to file. Taxpayers who request a federal extension are not required to file a separate Kentucky extension. The requirements may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

Beginning this year, you may choose to electronically file your Kentucky extension for Individual returns. Filing electronically also allows you the option to pay electronically through a direct debit transaction scheduled on or before April 15, 2015.

All taxpayers filing this Application of Extension must complete Sections I and the Payment Voucher. If no payment is being remitted, leave amount paid boxes on the Payment Voucher blank. If you are filing your Application of Extension electronically and chose to pay by direct debit, complete Section II with your banking information.

You will be notified only if the application for extension is denied. To avoid the late filing penalty, a copy of this form must be attached to your return when filed. Keep a copy for yourself.

Section I							
A six-month extension is requ	uested for filing	the income tax	return of the taxpayer(s) li	sted below for the taxa	ble year ended		
REASON FOR REQUEST (A	reason must l	pe given before	any request can be conside	ered. Inability to pay t	ax liability is not a valid reasor	n.)	
Signature of Taxpayer	Date			Signature of Pai	·	-	
<u> </u>	Mail to: Ken	tucky Departme	ent of Revenue P.O. Box 1	1190 Frankfort, KY 40	<u>602-1190 </u>	,	
DENIED:] Late (postri	narked after retu	ırn date)	Other:			
Section II - Direct Debit of	Tax Due (C	omplete only if	filing electronic extensior	n)			
Routing Transit number (RTN)					The first 2 numbers of the RTN mus		
Depositer account number (DAN)					01 through 12 or 21 through 32.		
Type of account: Savings	Checking	Tax due debit amo	unt \$	Debit date /	_/		
564-4581 no later than 2 business deaxes to receive confidential information	tion necessary to	answer inquiries a	nd resolve issues related to payr	ment.		ıt of	
Your Signature (If joint or combine	d return, both mu	- <i>'</i>	Spouse's Signatu		Date		
		Detach here	and mail voucher with your p	payment			
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Your Social Security No	o. / FEIN		12/31/2014 Year Ending	Spouse's Social S	security No.		
LAST NAME	F	IRST NAME		SPOUSE'S N	JAME		
			А	mount Paid	0 0		
Mailing Address (Number and Str	reet including An	artment No. or P.C) Box)	Make check payabl	e to: Kentucky State Treasurer.		
Walling Address (Namber and St). BOX)				
City, Town or Post Office	State	Zip Code			4047050003		
Check type of return:		Mail t	o:		404100000		
☐ Individual ☐ Fiduciary ☐ G	eneral Partnersh	P.O.	ucky Department of Ro Box 1190 kfort, KY 40602-1190	evenue			
		DO NO	OT ATTACH CHECK TO VOU	40 A 10 2 (C	9/14)		