



KENTUCKY INDIVIDUAL INCOME TAX RETURN Full-Year Residents Only



For calendar year or other taxable year beginning \_\_\_\_\_, 2015, and ending \_\_\_\_\_, 20\_\_\_\_\_.

Form section for Social Security Numbers (A and B), Name, Mailing Address, and City/State/ZIP Code.

FILING STATUS (see instructions) section with checkboxes for Single, Married (separately), Married (joint), and Married (separate).

POLITICAL PARTY FUND section with checkboxes for Democratic, Republican, and No Designation for both Spouse and Yourself.

Main table for INCOME/TAX with columns A (Spouse) and B (Yourself) and rows 5 through 28 for various tax items and credits.

Attach Form W-2(s) and Other Supporting Statement(s) here. Enclose payment with Form 740-V but Do Not Staple.



REFUND/TAX PAYMENT SUMMARY

Table with 4 main columns: Line number, Description, Amount, and Total. Includes lines 29-40 for tax liability, withheld taxes, fund contributions, and refund options.

- 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—2015:"

OFFICIAL USE ONLY table with PWR field

SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS

Table with 4 columns: Line number, Description, A. Spouse, and B. Yourself. Lists 18 different tax credits.

Continue to page 3 to complete Section A



SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS (continued)		A. Spouse	B. Yourself
19	Enter railroad maintenance and improvement credit (attach Schedule RR-I).....	00	00
20	Enter Endow Kentucky credit (attach Schedule ENDOW) .....	00	00
21	Enter New Markets Development Program credit .....	00	00
22	Enter food donation credit (attach Schedule FD).....	00	00
23	Enter distilled spirits credit (attach Schedule DS) .....	00	00
24	Enter angel investor credit .....	00	00
25	Add lines 1 through 24, Columns A and B. <b>Enter here and on page 1, line 15 ..</b>	00	00

SECTION B—PERSONAL TAX CREDITS

	<b>Check Regular</b>	<b>Check all four if 65 or over</b>	<b>Check all four if blind</b>	<b>Check both for Kentucky National Guard</b>	
1 (a) Credits for yourself:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 Enter number of boxes checked on line 1 .....
(b) Credits for spouse:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

2 Dependents:

First name	Last name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

2 Enter number of dependents who:

- lived with you.....
- did not live with you (see instructions).....
- other dependents.....

3 Add total number of credits claimed on lines 1 and 2. *If married filing separately on a combined return (Filing Status 2), each taxpayer must claim his or her own credits from line 1, divide the credits on line 2, and enter the totals in Boxes 3A and 3B. All other filers enter the amount from line 3 in Box 3B* .....

3 Enter total credits.....

4 Multiply credits on line 3A by \$10 and enter on line 4A. Multiply credits on line 3B by \$10 and enter on line 4B. **Enter here and on page 1, line 17, Columns A and B** .....

Spouse	Yourself
3A	3B
<b>x \$10</b>	<b>x \$10</b>
4A	4B

SECTION C—FAMILY SIZE TAX CREDIT (List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

First name	Last name	Social Security number	First name	Last name	Social Security number

Attach a complete copy of federal Form 1040 if you received farm, business, or rental income or loss. If not required, check here.

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Your Signature (If joint or combined return, both must sign.) \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Telephone Number (daytime) \_\_\_\_\_

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

Firm Name \_\_\_\_\_ EIN \_\_\_\_\_ Date \_\_\_\_\_

Mail to: **REFUNDS** Kentucky Department of Revenue, Frankfort, KY 40618-0006.

**PAYMENTS** Kentucky Department of Revenue, Frankfort, KY 40619-0008.