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

Department of Revenue



## **KENTUCKY** INDIVIDUAL INCOMETAX RETURN



For	calendar year or other taxable year beginn	ing , 2015, and e	nding , 20	)		Full-Year Reside	nts O	nly	20	15
A. Spouse's Social Security Number		B. Your Social Security Number								
		1 I								
N	ame—Last, First, Middle Initial (Joint or combined	return, give both names and i	nitials.)							
		,,								
M	lailing Address (Number and Street including Apar	tment Number or P.O. Box)								
Ci	ity, Town or Post Office	State	ZIP Code							
	FILING STATUS (see instruct	tions)				POLI	TICAL	PARTY F	UND	
1	Single		// / / / / / / / / / / / / / / / / / /			Designating \$2 will		ange you . <b>Spouse</b>		
2	<ul><li>Married, filing separately on</li><li>Married, filing joint return.</li></ul>	i this combined return.	(If both had inco	me.)		Democratic		1)	<b>B. You</b> i (4)	_
4	☐ Married, filing separate retu	rns. Enter spouse's Soc	ial Security num	ber al	oove	Republican	•	2)	(5)	
	and full name here.					No Designation	(;	3)	(6)	
	COME/TAX  Enter amount from federal Form 104	0. line 37: 1040A. line 2	1 or		<b>A.</b> Filing	Spouse (Use if Status 2 is checked.)		B.	Yourself (or Joint)	
-	1040EZ, line 4. (If total of Columns A					00				$\Box_{\alpha\alpha}$
	may qualify for the Family Size Tax C		-	5		00	5	<u> </u>		00
6	Additions from Schedule M, line 8			6		00	6			00
7	Add lines 5 and 6			7		00	7			00
8	Subtractions from Schedule M, line 2	20		8		00	8			00
9	Subtract line 8 from line 7. This is you	ır Kentucky Adjusted G	ross Income	9		00	9			-00
10	Itemizers: Enter itemized deductions	•		10		00	10			00
44	Nonitemizers: Enter \$2,440 in Colum			10		00	10			00
Ш	Subtract line 10 from line 9. This is yo	our laxable income		11		00	11			+00
12	Enter tax from Tax Table, Computatio					00				00
	Check if from Schedule J			12		00	12			00
	Enter tax from Form 4972-K ; Sci			13		00	13			00
	Add lines 12 and 13 and enter total h			14		00	14			00
	Enter amounts from page 3, Section			15		00	15			00
	Subtract line 15 from line 14. If line 1	_		16		00	16			00
17	Enter personal tax credit amounts fr			17		00	17			00
	Subtract line 17 from line 16. If line 1 Add tax amount(s) in Columns A and			18			J 18 19			00
19									2 3 3	
20	Multiply line 19 by Family Size Tax Cr	•			_					00
21	Subtract line 21 from line 19									00
23										00
	Subtract line 23 from line 22									00
	Enter Child and Dependent Care Cred						24			$\top$
23	-	uit	x 20%	<b>%</b> (.20)			25			00
26	Income Tax Liability. Subtract line 25									00
27	Enter KENTUCKY USETAX due on						27			00
28	Add lines 26 and 27. Enter here and c						28		_	00

28 Add lines 26 and 27. Enter here and on page 2, line 29 .....



						_			_
RE	FUND/TAX PAYMENT SUMMARY								
29	Enter amount from page 1, line 28. This is your <b>Total Tax Liability</b>				2	29 📗			00
30	(a) Enter Kentucky income tax withheld as shown on attached					_			
	2015 Form W-2(s) and other supporting statements	30(	a)		0	0			
	(b) Enter 2015 Kentucky estimated tax payments	30(	b)			0			
	(c) Enter 2015 refundable certified rehabilitation credit (KRS 141.382(1)(b))	30(	· -		_	0			
	(d) Enter 2015 film industry tax credit (KRS 141.383)					0			
31	Add lines 30(a) through 30(d)				;	31			00
32	If line 31 is larger than line 29, enter $\pmb{AMOUNT}$ $\pmb{OVERPAID}$ (see instructions)				3	32			00
Fu	nd Contributions; See instructions.	>	► (Ent	er amount(s) c	hecke	d)			
33	(a) Nature and Wildlife Fund	Other		33(a)	0	0			
	(b) Child Victims' Trust Fund	Other		33(b)	0	0			
	(c) <b>Veterans' Program Trust Fund</b>	Other		33(c)	0	0			
	(d) Breast Cancer Research/Education Trust Fund .  \$10 \$25 \$50 \$					0			
	(e) Farms to Food Banks Trust Fund					0			
	(f) Local History Trust Fund					_			
24	Add lines 33(a) through 33(f)			_		0			100
						34			00
	Amount of line 32 to be <b>CREDITED TO YOUR 2016 ESTIMATED TAX</b>				-	35			00
36	Subtract lines 34 and 35 from line 32. Amount to be <b>REFUNDED TO YOU</b>			REFUND	] :	36			00
	REFUND OPTIONS								
	Check here if you would like your refund issued on a Bank of America Prepaid D	Debit C	ard 🗌			-1			
	Check here if you would like to receive your Debit Card material in Spanish					-1			
07	IST OO I A PRITONAL TAY PUE				,	T			00
	If line 29 is larger than line 31, enter <b>ADDITIONALTAX DUE</b>					37			00
38	(a) Estimated tax penalty and/or interest.   Check if Form 2210-K attached	38(	`⊢			0			
	(b) Interest	38(	b)		0	0			
	(c) Late payment penalty	38(	c)		0	0			
	(d) Late filing penalty	38(	d)		0	0			
39	Add lines 38(a) through 38(d). Enter here				:	39			00
	Add lines 37 and 39 and enter here. This is the <b>AMOUNT YOU OWE</b>			014/5	7	40			00
. •					•	. Г			.,
•	Visit www.revenue.ky.gov for electronic payment options; or				H		FFICIAL USE ON		
•	Make check payable to <b>Kentucky State Treasurer</b> , include your Social Security nur	nber aı	nd "KY	IncomeTax-2	015."	L			PWR
SE	CTION A – BUSINESS INCENTIVE AND OTHER TAX CREDITS		Α.	Spouse	Т		B.	Yourself	
	Enter nonrefundable limited liability entity credit (KRS 141.0401(2))	1		· ·	00	1			00
2	Enter Kentucky small business investment credit	2		(	00	2			00
3	Enter skills training investment credit (attach copy(ies) of certification)	3		(	00	3			00
4	Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))	4		(	00	4			00
5	Enter credit for tax paid to another state (attach copy of other state's return(s))	5			00	5			00
6	Enter unemployment credit (attach Schedule UTC)	6			00	6			00
7	Enter recycling and/or composting equipment credit (attach Schedule RC)	7			00	7			00
8	Enter Kentucky investment fund credit (attach copy(ies) of certification)	8			00	8			00
9	Enter coal incentive credit	9			00	9	_		00
10	Enter qualified research facility credit (attach Schedule QR)	10			00	10			00
11	Enter GED incentive credit (attach Form DAEL-31)	11				11	$\vdash$		00
12	Enter voluntary environmental remediation credit (attach Schedule VERB)  Enter biodiesel and renewable diesel credit	12				12	_		00
13 14	Enter environmental stewardship credit	14				14	$\vdash$		00
15	Enter clean coal incentive credit	15				15			00
	Enter ethanol credit (attach Schedule ETH)	16				16			00
	Enter cellulosic ethanol credit (attach Schedule CELL)	17				17			00
18	Enter energy efficiency products credit (attach Form 5695-K)	18		(	00	18			00



SE	CTION A – BUSINESS INCENT	IVE AND OTH	IER TA	X CREDI	TS (continue	ed)		Α.	Spouse			<b>B.</b> Yo	urself	
19	Enter railroad maintenance a	and improver	nent cr	adit (att:	ach Schadula	RR-II	. 19		•	00	19		0	0
	20 Enter Endow Kentucky credit (attach Schedule El			· · · · · · · · · · · · · · · · · · ·						00	20			0
	21 Enter New Markets Development Program credit									00	21			0
	Enter food donation credit (a	· ·								00	22			0
	Enter distilled spirits credit (a									00	23			0
	Enter angel investor credit									00	24			0
	Add lines 1 through 24, Colu									00	25			0
			Liitei	nere and	u on page 1,	ille 15 .	. 20			100	25	<u> </u>	10	_
SE	CTION B-PERSONALTAX CR	EDITS Check	C.L.	eck all fo	Ob	eck all fou	Oh a	علمه ما دام	fau Kautualu	_				
		Regular		65 or ove		if blind	Cité		for Kentucky al Guard —					
1	<ul><li>(a) Credits for yourself:</li><li>(b) Credits for spouse:</li></ul>									1	boxes	number of checked e 1		
2	Dependents:									2		number of		_
2	——————————————————————————————————————	nts:		<u> </u>				7		idents who:		$\neg$		
	First name Last nam	e			Dependent's Il Security numb		relationship		eck if qualifying hild for family size tax credit			d with you		_
					I I					did not live with you (see instructions)			,	
					l I l I									
											• othe	er dependents	S	_
													_	$\neg$
3	Add total number of credits of life married filing separately o	n a combined	return	(Filing						3		total credits	Yourself	⅃
	own credits from line 1, divid filers enter the amount from									≻	3A		3B	
4	Multiply credits on line 3A by	y \$10 and ente	er on li	ne 4A. N	Nultiply cred	its on line	e 3B by	\$10 and				x \$10	x \$1	0
	enter on line 4B. Enter here a										4A		4B	
	CTION C-FAMILY SIZE TAX C	REDIT (List th	e nam	e and So	ocial Securit	/ number	of qual	ifying ch	nildren that	are no	ot clain	ned as depe	ndents in	
	ction B.)	I		Social Security number		 	First name		Last name		1	Carial Care		
FIRST	name Last name		50	ociai Secur I	ity number	First nam	ie	L	ast name			Social Sect	ırity number ı	
				1	1							1	1	
				i	i I							i	i I	_
				<u> </u>	1									_
Att	ach a complete copy of federa	al Form 1040 i	f you r	eceived	farm, busine	ss, or rer	ıtal inco	me or lo	oss. If not re	quire	d, chec	k here.	]	
to t the	ne undersigned, declare unde he best of my knowledge and provisions of Regulation 103 all taxes accruing under this	belief, it is tru KAR 17:020 w	ie, corr	ect and	complete. I a	lso unde	rstand a	ınd agre	e that our el	ection	to file	a combine	d return und	der
You	r Signature (If joint or combined retu	ırn, both must si	gn.)	Spouse's	Signature			Date	Signed (		) Telepho	ne Number (d	aytime)	
				·	Ü				Ü					
Тур	ed or Printed Name of Preparer Othe	er than Taxpayer			I.D. Number of	Preparer		D	Pate					
Firm	n Name			_	EIN			D	ate					
	Mail to	: REFUN	DS	Ken	tucky Depa	rtment (	of Reve	nue, Fr	ankfort, K	Y 406	18-00	06.		
		PAYME	NTS	Ken	tucky Depa	rtment (	of Reve	nue, Fr	ankfort, K	Y 406	19-00	08.		