## **740**42A740

Department of Revenue



## KENTUCKY INDIVIDUAL INCOME TAX RETURN Full Year Posidents Only



Fo	r calendar year or other taxable year beginning, 2016, and ending, 20	) .		Full-Year Resider	ts O	nly	2016	)
	A. Spouse's Social Security Number  B. Your Social Security Number							_
_	Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)							
	value — Last, First, Wildele Hillar (South Or Combined Tetath), give both harres and Hillars./							
_								
	Mailing Address (Number and Street including Apartment Number or P.O. Box)							
_								
	City, Town or Post Office State ZIP Code							
	FILING STATUS (see instructions)			POLIT	TCAL	PARTY FL	JND	_
1	Single	\		Designating \$2 will		ange your <b>Spouse</b>	refund or tax due B. Yourself	
3	3 - 1, 3 - 1, 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	me.)		Democratic		opouse	(4)	
2	<del>_</del>	ber a	bove	Republican		2)	(5)	
	and full name here.			No Designation	(3	3)	(6)	
	ICOME/TAX		Α.	Spouse ( <i>Use if</i>		B.	Yourself	_
į	5 Enter amount from federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4. (If total of Columns A and B is \$32,319 or less, you		Filing	Status 2 is checked.)			(or Joint)	_
	may qualify for the Family Size Tax Credit. See instructions.)	5		00	5		00	)
apie.	6 Additions from Schedule M, line 8	6		00	6		00	)
t St	7 Add lines 5 and 6	7		00	7		00	<u>)</u>
payment but Do Not Staple	Subtractions from Schedule M, line 20	8		00	8		00	<u>)</u>
, 1	Subtract line 8 from line 7. This is your <b>Kentucky Adjusted Gross Income</b>	9		00	9		00	<u>)</u>
로 10 보 10	Itemizers: Enter itemized deductions from Kentucky Schedule A.							
mer	Nonitemizers: Enter \$2,460 in Columns A and/or B	10		00	10		00	<u>)</u>
	Subtract line 10 from line 9. This is your <b>Taxable Income</b>	11		00	11		00	<u>)</u>
e. Enclose	2 Enter tax from Tax Table, Computation or Schedule J.							
Enc	Check if from Schedule J	12		00	12		00	<u>)                                    </u>
ere St	B Enter tax from Form 4972-K ☐ ; Schedule RC-R ☐ ; Schedule DS-R ☐ ; Angel Investor Recapture ☐	13		00	12		00	n
	Add lines 12 and 13 and enter total here	14		00	13 14		00	
) 1 1		15		00	15		0(	_
e e	S Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero	16		00	16		0(	_
g Sta	1	17		00	17		0(	_
Ξ̈́	Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero	18		00	18		00	_
odd 19					19		0(	
ביים 20					20	1 🗆 2	2 3 4 [	_
<b>e</b> 2					21		00	
_	2 Subtract line 21 from line 19				22		0(	_
e					23		0(	
Ñ <b>S</b> 24					24		0(	_ )
۶	5 Enter Child and Dependent Care Credit							_
S T	from federal Form 2441, line 9 > x 20%	% (.20	)		25		00	)
	Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line	e 24, e	enter ze	ro	26		00	<u>)</u>
2	7 Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state	e puro	hases	(see instructions)	27		00	<u>)</u>
2	Add lines 26 and 27. Enter here and on page 2, line 29				28		00	<u> </u>



RE	FUND/TAX PAYMENT SUMMARY	
29	Enter amount from page 1, line 28. This is your <b>Total Tax Liability</b>	9 00
30 31 32	(a) Enter Kentucky income tax withheld as shown on attached 2016 Form W-2(s) and other supporting statements	1 00
(a) (b) (c)	Nature and Wildlife Fund         00         (e) Farms to Food Banks Trust Fund         00           Child Victims' Trust Fund         00         (f) Local History Trust Fund         00           Veterans' Program Trust Fund         00         (g) Special Olympics Kentucky         00           Breast Cancer Research / Education Trust Fund         (i) Rape Crisis Center Trust Fund         00	) ) )
35	Add lines 33(a) through 33(i)	5 00
38	If line 29 is larger than line 31, enter ADDITIONAL TAX DUE       33         (a) Estimated tax penalty and/or interest. □ Check if Form 2210-K attached       38(a)       00         (b) Interest	0
	Add lines 38(a) through 38(d). Enter here	00
•	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 — 2016."

SE	CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS	A. Spouse			B. Yourself	
1	Enter nonrefundable limited liability entity credit (KRS 141.0401(2))	1	(	00	1	00
2	Enter Kentucky small business tax 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	(	00	11	00
12	Enter voluntary environmental remediation credit (attach Schedule VERB)	12	(	00	12	00
13	Enter biodiesel and renewable diesel credit	13	(	00	13	00
14	Enter environmental stewardship credit	14	(	00	14	00
15	Enter clean coal incentive credit	15	(	00	15	00
16	Enter ethanol credit (attach Schedule ETH)	16	(	00	16	00
17	Enter cellulosic ethanol credit (attach Schedule CELL)	17	(	00	17	00
18	Enter energy efficiency products credit carryforward from 2015	18	(	00	18	00



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	CTION A – BUSINESS INCEN				A A	. Spouse	00		<b>B</b> . Y	ourself	100
	Enter railroad maintenance	•	*				00	19			00
	Enter Endow Kentucky cred	· ·					00	20			00
	Enter New Markets Develop Enter food donation credit (	· ·					00	22			00
	Enter distilled spirits credit		•				00	23			00
	Enter angel investor credit						00	24			00
	Add lines 1 through 24, Colu						00	25			00
SEC	CTION B-PERSONALTAX C	REDITS Check Regular	Check all four if 65 or over	Check all f if blind		ooth for Kentucky tional Guard					
1	(a) Credits for yourself:						1		number of checked		
	(b) Credits for spouse:								1		
2	Dependents:						2		number of dents who:		
	First name Last nam	Last name		dent's ity number	Dependent's Check if qualifying child for family to you size tax credit			• lived	with you		
			į.	ı					ot live with	,	
				ı				(see	instruction	s)	
	-		1	1				• other	r depender	its	
			1	1							
			1							Γ	
3	Add total number of credits If married filing separately of own credits from line 1, divi filers enter the amount from	on a combined ide the credits	d return (Filing Status s on line 2, and enter	the totals in B	oxes 3A and	3B. All other	_		otal credits		rself
1	Multiply credits on line 3A b							<b>5</b> /4	x \$10	<b>3</b> B	x \$10
4	enter on line 4B. <b>Enter here</b>	•	•	•	•			4A	Α Ψ 10	4B	ΧΨΙΟ
_									l		
	CTION C-FAMILY SIZETAX ( ction B.)	CREDIT (List t	he name and Social S	Security numb	er of qualifyi	ng children that a	re not	claim	ied as dep	endent	s in
First	name Last name		Social Security num	ber First n	ame	Last name			Social Se	curity nun	
			1 ;						300181 30		nber
									I I	    	nber
			1 1						I I	 	nber
_			1 1						1 1 1	 	nber
Atta	ach a complete copy of feder	ral Form 1040	if you received farm,	business, or r	ental income		quired	, check	1 1 1	 	nber
I, th to th	ach a complete copy of feder ne undersigned, declare under he best of my knowledge and provisions of Regulation 103 all taxes accruing under this	er penalties o d belief, it is tr KAR 17:020 v	f perjury that I have e ue, correct and comp	examined this lete. I also und	return, includ	or loss. If not red ling all accompa agree that our ele	nying	sched to file	k here.	stateme	nts, and
I, th to the the	ne undersigned, declare unde he best of my knowledge and provisions of Regulation 103	er penalties o d belief, it is tr KAR 17:020 v return.	f perjury that I have e ue, correct and comp vill result in refunds b	examined this lete. I also und	return, includ lerstand and yable to us jo	or loss. If not red ling all accompa agree that our ele	nying ection of us b	sched to file eing jo	k here.	stateme ed retur several	nts, and rn under lly liable
I, the to the for	ne undersigned, declare unde he best of my knowledge and provisions of Regulation 103 all taxes accruing under this	er penalties o d belief, it is tr KAR 17:020 v return.	f perjury that I have e ue, correct and comp vill result in refunds b sign.) Driver's License/	examined this lete. I also und eing made pa	return, included lerstand and yable to us jo	or loss. If not red ling all accompai agree that our ele intly and in each o	nying ection of us b	sched to file eing jo	k here.  ules and s a combin pointly and	stateme ed retur several	nts, and rn under lly liable
I, the to the for	ne undersigned, declare unde he best of my knowledge and provisions of Regulation 103 all taxes accruing under this r Signature (If joint or combined ret	er penalties o d belief, it is tr KAR 17:020 v return.	f perjury that I have e ue, correct and comp vill result in refunds b sign.) Driver's License/	examined this lete. I also und eing made par State Issued ID N	return, includerstand and yable to us jo	or loss. If not rec	nying ection of us b	sched to file eing jo	k here.  ules and s a combin pointly and	stateme ed retur several	nts, and rn under lly liable

MAIL TO:

REFUNDS

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

**PAYMENTS** 

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