

	COMPLETE	ONLY IF NO	T FILING	FEDERAL	EXTENSION
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► SEE INSTRUCTIONS FOR PAYMENT REQUIREMENTS

INSTRUCTIONS: 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.

Interest at the annual rate of 6 percent applies to any income tax paid after the original due date of the return. If the amount of tax paid by the original due date is less than 75 percent of the tax due, a late payment penalty may be assessed (minimum penalty is \$10). Interest and late payment penalty charges can be avoided by remitting payment with the Extension Payment Voucher below by the due date. Use this form if you (1) are requesting a Kentucky extension of time to file (complete Section I); (2) are requesting a Kentucky extension and desire to make a payment prior to the due date (complete Sections I and II); or (3) have a federal extension and desire only to make a Kentucky payment prior to the due date (complete and submit Section II only).

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

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 (Please print or type name and address in block below.)

	Soc. Sec. No. or Employer ID No				
	 Individual (740 or 740-NP) General Partnership (765-GP) Fiduciary (741) 				
Check type of return:					

A six-month extension is requested for filing the income tax return of the above-named taxpayer(s) for the taxable year ended ______.

REASON FOR REQUEST (A reason must be given before any request can be considered. Inability to pay tax liability is not a valid reason.)

Signature of taxpayer		Date	Preparer other than taxpaye	or Date		
	Mail to: Kentucky Departmen	t of Revenue	e, P.O. Box 1190, Frankfort	, KY 40602-1190 \prec		
DENIED:	Late (postmarked after return du	e date)	□ Other:			
To avoid the late	filing penalty, a copy of this form mu	st be attach	ned to your return whe	n filed. Keep a copy for yourself.		
40A102 (11-13)	COMPLETE ONLY IF MAKING PAYMENT FOR INDIVIDUAL			AL OR FIDUCIARY INCOME TAX		
SECTION II				KENTUCKY EXTENSION PAYMENT VOUCHER		
Last name	First name (joint or combined return	e (joint or combined return, give both names and initials)		Your Social Security number		
Mailing address (Num	ber and Street including Apartment Number o r P	.O. Box)		Spouse's Social Security number		
City, town or post office			State	ZIP code		
Mail to: Kentucky E P.O. Box 1	e to: Kentucky State Treasurer Department of Revenue 190 KY 40602-1190	Ente	er payment amount her	e▶ \$		