



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

A. Spouse's Social Security Number

B. Your Social Security Number

Input box for Spouse's Social Security Number

Input box for Your Social Security Number

Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)

Input box for Name

Mailing Address (Number and Street including Apartment Number or P.O. Box)

Input box for Mailing Address

City, Town or Post Office

State

ZIP Code

Input box for City, Town or Post Office

Input box for State

Input box for ZIP Code

FILING STATUS (see instructions)

- 1  Single
- 2  Married, filing separately on this combined return. (If both had income.)
- 3  Married, filing joint return.
- 4  Married, filing separate returns. Enter spouse's Social Security number above and full name here.

Check if applicable:

- Amended (Enclose copy of 1040X, if applicable.)

POLITICAL PARTY FUND

Designating \$2 will not change your refund or tax due.

A. Spouse

B. Yourself

Democratic

(1)

(4)

Republican

(2)

(5)

No Designation

(3)

(6)

INCOME/TAX

	A. Spouse (Use if Filing Status 2 is checked.)	B. Yourself (or Joint)
5 Enter amount from federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4. (If total of Columns A and B is \$32,718 or less, you may qualify for the Family Size Tax Credit. See instructions.)	5 00	5 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 20	8 00	8 00
9 Subtract line 8 from line 7. This is your Kentucky Adjusted Gross Income	9 00	9 00
10 Itemizers: Enter itemized deductions from Kentucky Schedule A. Nonitemizers: Enter \$2,480 in Columns A and/or B	10 00	10 00
11 Subtract line 10 from line 9. This is your Taxable Income	11 00	11 00
12 Enter tax from Tax Table or Schedule J <input type="checkbox"/>	12 00	12 00
13 Enter tax from Form 4972-K <input type="checkbox"/> ; Schedule RC-R <input type="checkbox"/> ; Schedule DS-R <input type="checkbox"/> ; Angel Investor Recapture <input type="checkbox"/>	13 00	13 00
14 Add lines 12 and 13 and enter total here	14 00	14 00
15 Enter amounts from page 3, Section A, lines 24A and 24B	15 00	15 00
16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero	16 00	16 00
17 Enter personal tax credit amounts from page 3, Section B, lines 4A and 4B	17 00	17 00
18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero	18 00	18 00
19 Add tax amount(s) in Columns A and B, line 18 and enter here	19 00	19 00
20 Check the box that represents your total family size (see instructions before completing lines 20 and 21)	20	20 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
21 Multiply line 19 by Family Size Tax Credit decimal amount _____ (_____% ) and enter here	21	21 00
22 Subtract line 21 from line 19	22	22 00
23 Enter the Education Tuition Tax Credit from Form 8863-K	23	23 00
24 Subtract line 23 from line 22	24	24 00
25 Enter Child and Dependent Care Credit from federal Form 2441, line 9 x 20% (.20)	25	25 00
26 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero	26	26 00
27 Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions)	27	27 00
28 Add lines 26 and 27. Enter here and on page 2, line 29	28	28 00



**REFUND/TAX PAYMENT SUMMARY**

29	Enter amount from page 1, line 28. This is your <b>Total Tax Liability</b> .....	29		00
30	(a) Enter <b>Kentucky income tax withheld</b> as shown on enclosed Schedule KW-2 .....	30(a)		00
	(b) Enter 2017 Kentucky estimated tax payments .....	30(b)		00
	(c) Enter 2017 refundable certified rehabilitation credit .....	30(c)		00
	(d) Enter 2017 film industry tax credit .....	30(d)		00
	(e) <b>For amended return</b> ; enter amount paid with original return plus additional payment(s) made after it was filed .....	30(e)		00
31	Add lines 30(a) through 30(e) .....	31		00
32	(a) If line 31 is larger than line 29, enter amount overpaid .....	32(a)		00
	(b) Estimated tax penalty and/or interest. <input type="checkbox"/> <b>Check if Form 2210-K attached</b> ....	32(b)		00
	(c) <b>For amended return</b> ; overpayment, if any, shown on original return .....	32(c)		00
	(d) Subtract line 32(b) and 32(c) from 32(a), enter <b>AMOUNT OVERPAID</b> (see instructions for amended returns) .....	32(d)		00
33	<b>Fund Contributions; see instructions.</b>			
(a)	<b>Nature and Wildlife Fund</b> .....		00	
(b)	<b>Child Victims' Trust Fund</b> .....		00	
(c)	<b>Veterans' Program Trust Fund</b> ..		00	
(d)	<b>Breast Cancer Research/ Education Trust Fund</b> .....		00	
(e)	<b>Farms to Food Banks Trust Fund</b> .....		00	
(f)	<b>Local History Trust Fund</b> .....		00	
(g)	<b>Special Olympics Kentucky</b> .....		00	
(h)	<b>Pediatric Cancer Research Trust Fund</b> ..		00	
(i)	<b>Rape Crisis Center Trust Fund</b> .....		00	
34	Add lines 33(a) through 33(i) .....	34		00
35	Amount of line 32(d) to be <b>CREDITED TO YOUR 2018 ESTIMATED TAX</b> .....	35	<b>CREDIT FORWARD</b>	00
	<b>(Credit forwards not available for amended returns)</b>			
36	Subtract lines 34 and 35 from line 32(d). Amount to be <b>REFUNDED TO YOU</b> .....	36	<b>REFUND</b>	00
	<b>REFUND OPTIONS (Not available for amended returns)</b>			
	Check here if you would like your refund issued on a Bank of America Prepaid Debit Card <input type="checkbox"/>			
	Check here if you would like to receive your Debit Card material in Spanish <input type="checkbox"/>			
37	If line 29 is larger than line 31, enter <b>ADDITIONAL TAX DUE</b> (see instructions for amended returns).....	37		00
38	(a) Estimated tax penalty <input type="checkbox"/> <b>Check if Form 2210-K attached</b> .....	38(a)		00
	(b) Estimated tax interest .....	38(b)		00
	(c) Interest .....	38(c)		00
	(d) Late payment penalty .....	38(d)		00
	(e) Late filing penalty.....	38(e)		00
39	Add lines 38(a) through 38(e). Enter here.....	39		00
40	Add lines 37 and 39 and enter here. This is the <b>AMOUNT YOU OWE</b> .....	40	<b>OWE</b>	00

**SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS**

	A. Spouse		B. Yourself	
1	Enter nonrefundable limited liability entity credit .....	00	1	00
2	Enter Kentucky small business tax credit .....	00	2	00
3	Enter skills training investment credit (attach copy(ies) of certification).....	00	3	00
4	Enter nonrefundable certified rehabilitation credit.....	00	4	00
5	Enter credit for tax paid to another state ( <b>attach copy of other state's return(s)</b> ) .....	00	5	00
6	Enter unemployment credit (attach Schedule UTC).....	00	6	00
7	Enter recycling and/or composting equipment credit (attach Schedule RC) .....	00	7	00
8	Enter Kentucky investment fund credit (attach copy(ies) of certification).....	00	8	00
9	Enter coal incentive credit.....	00	9	00
10	Enter qualified research facility credit (attach Schedule QR).....	00	10	00
11	Enter GED incentive credit (attach Form DAEL-31).....	00	11	00
12	Enter voluntary environmental remediation credit (attach Schedule VERB).....	00	12	00
13	Enter biodiesel and renewable diesel credit.....	00	13	00
14	Enter environmental stewardship credit.....	00	14	00
15	Enter clean coal incentive credit.....	00	15	00
16	Enter ethanol credit (attach Schedule ETH) .....	00	16	00
17	Enter cellulosic ethanol credit (attach Schedule CELL) .....	00	17	00
18	Enter railroad maintenance and improvement credit (attach Schedule RR-I).....	00	18	00



**SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS (continued)**

		A. Spouse		B. Yourself
19	Enter Endow Kentucky credit (attach Schedule ENDOW) .....	19	00	19 00
20	Enter New Markets Development Program credit .....	20	00	20 00
21	Enter food donation credit (attach Schedule FD).....	21	00	21 00
22	Enter distilled spirits credit (attach Schedule DS) .....	22	00	22 00
23	Enter angel investor credit .....	23	00	23 00
24	Add lines 1 through 23, Columns A and B. <b>Enter here and on page 1, line 15</b> ..	24	00	24 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 style="width: 50px; height: 20px;" type="text"/>

**2 Dependents:**

First and 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"/>

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.....**

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

**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** .....

**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 and Last Name	Social Security number	First and 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.)	Driver's License/State Issued ID No.	Date Signed	Telephone Number (daytime)
Spouse's Signature	Driver's License/State Issued ID No.	Date Signed	
Typed or Printed Name of Preparer Other than Taxpayer	I.D. Number of Preparer	Date Signed	
Firm Name	EIN	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**REFUNDS**

**MAIL TO:** Kentucky Department of Revenue  
P. O. Box 856970  
Louisville, KY 40285-6970

**PAYMENTS**

**MAIL TO:** Kentucky Department of Revenue  
P. O. Box 856980  
Louisville, KY 40285-6980

- Make check payable to **Kentucky State Treasurer**
- Include your Social Security number and "KY Income Tax—2017"
- Visit [www.revenue.ky.gov](http://www.revenue.ky.gov) for electronic payment options