40A100 (10-17)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

Kentucki



## APPLICATION FOR REFUND OF INCOME TAXES AND LLET

For Use by Individuals, Fiduciaries, Corporations, and Pass-Through Entities

Under the provisions of KRS 141.235 and Regulation 103 KAR 15:040, the undersigned taxpayer requests a refund of Income Tax/Limited Liability Entity Tax (LLET) paid as shown below:

Kentucky Income Tax &/or LLET Account Number

1.	Name of taxpayer:					
2.	Address:					
	Number and street or rural route					
	City, town or post office	Coun	ty	State	ZIP Code	
3.	Type of taxpayer: ☐ individual ☐ fidu	e of taxpayer:   individual   fiduciary   corporation   pass-through entity				
4.	Taxable year involved (indicate dates of fi	exable year involved (indicate dates of fiscal year, if applicable):				
5.	(a) Amount of taxes paid with return and/or by declaration:					
	(b) Amount of taxes paid on assessment (if applicable):					
6.	Dates of payment(s):					
7.	Validation number imprinted by this department on each check used in making payments (if payment was made by taxpayer's check). If more than one payment was made, indicate each date and validation number separately:					
8.	Amount of tax refund requested:					
9.	Statement of taxpayer's justification for refund request (attach schedule if necessary):					
this	ne undersigned, hereby certify that there is no tax liab s applicant, and declare under the penalties of perjury d to the best of my knowledge the statements contain	y that I have ex	amined this application (in	S .		
Sign	nature of taxpayer(s) or authorized person	Date	Spouse's signature if tax pa	aid by joint return	Date	
Signature of principal corporation officer or chief accounting officer				Date		