



## KENTUCKY INDIVIDUAL INCOMETAX RETURN Residents Only

2019

Check if deceased: Spouse Taxpayer							For calendar year or other taxable year beginning, 2019, and ending													, 20								
A. Spouse's Social Security Number							B. Your Social Security Number																					
Name-La	st, First, Middl	e Initial	(Joint o	r combi	ned retu	ırn, giv	ve bot	th nan	nes a	nd init	ials.)																	
Mailing Ad	dress (Numbe	r and S	treet inc	luding A	partme	nt Nur	mber o	or P.O.	. Box)	)																		
City, Town or Post Office																		1 1	St	tate	, ,		ZIP	Code				
FILING S	TATUS (see	instr	uction	e)							Т	Cho	ck if	200	liook	alar	Т	P∩I	ITIC	ΔI P	ΔRT\	/ FI	IND					
1 🔲	Single	111361	uotion	<b>J</b> ,									Ame	nde	<b>d</b> (Ei	nclos	se	POLITICAL PARTY FUND  Designating \$2 will not change your refund or tax du								ax due.		
2 🔲	<i>Married</i> return.	•		,		nis co	mbi	nbined					copy appli		1040X, if ble.)			Democratic									urself	
з 🗌	Married	•			•															lican			(2)				(5)	=
4	Married Social S	-	•					•		ro								No	De	signa	ation		(3)				(6)	
		CCuri	ty man	iibei e	ibovc	ana	Tun i	- I																				
																A.	S	pouse tatus	e (Us	se if	rad l	П		B.		Yours or Jo		
5 Enter	5 Enter amount from federal Form 1040, line 7. (If total of Columns A							ł		7 11111	g C	latus	2 13 (	or room	cu.,	Н			,	01 00	11111							
	and B is \$34,248 or less, you may qualify for the Family Size Tax Credit. See instructions.)								5						00		5					00						
	tions from													Ī	6						00		6					00
														ı	7						00		7					00
	Add lines 5 and 6								ı	8						00		8					00					
	Subtractions from Schedule M, line 17									ı							00							00				
	Subtract line 8 from line 7. This is your <b>Kentucky Adjusted Gross Income Itemizers:</b> Enter itemized deductions from Kentucky Schedule A.							ne	.	9						00		9					00					
								•													00							00
	Nonitemizers: Enter \$2,590 in Columns A and/or B								t	10						00		10					-					
	Subtract line 10 from line 9. This is your <b>Taxable Income</b>								_	ı	11						00		11					00				
										m Sc	hed	ule J	ш.	.	12						00		12					00
	tax from F			_				_																				
Sche	dule DS-R	☐ ; A	ngel l	nvesto	or Red	aptu	re 🗌	]							13						00		13					00
14 Add	lines 12 an	d 13 a	nd ent	ter tot	al her	e									14						00		14					00
15 Enter	r amounts t	rom S	Schedu	ıle ITO	C, Sec	tion A	۹, lin	nes 2	4E a	and 2	4F.				15						00		15					00
16 Subt	ract line 15	from	line 14	4. If lir	ne 15 i	s lar	ger t	han	line	14, e	ente	r zer	0		16						00		16					00
17 Enter	personal ta	x cred	lit amo	unts f	rom S	chedu	ıle IT	C, S	ectio	n B					17						00		17					00
18 Subt	ract line 17	from	line 10	6. If lir	ne 17 i	s lar	ger t	han	line	16, 6	ente	r zer	0		18						00		18					00
19 Add 1	tax amoun	(s) in	Colun	nns A	and B	. line	18 2	and (	ente	r her	e. c	ontir	nue t	o pa	ae 2								19					00





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20	Check the box that represents your total family size (see instructions before completing lines 20 and 21)	20	1 📗 2 📗	3 🗌 4 🗌
21	Multiply line 19 by Family Size Tax Credit decimal amount (%) from Schedule ITC	21		00
22	Subtract line 21 from line 19	22		00
23	Enter the <b>Education Tuition Tax Credit</b> from Form 8863-K	23		00
24	Enter Child and Dependent Care Credit from federal Form 2441, line 9 >x 20% (.20)	24		00
25	Enter Income Gap Tax Credit from Schedule ITC	25		00
26	Income Tax Liability. Subtract lines 23 through 25 from line 22. If zero or less, enter zero	26		00
27	Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions)	27		00
28	Add lines 26 and 27. This is your TOTAL TAX LIABILITY	28		00
29	For amended return; overpayment, if any, shown on original return	29		00
30	Add lines 28 and 29, enter here	30		00
31	a Enter Kentucky income tax withheld as shown on enclosed			
	Schedule KW-2			
	b Enter 2019 Kentucky estimated tax payments			
	c Enter 2019 refundable certified rehabilitation credit			
	d For amended return; enter amount paid with original return plus			
	additional payment(s) made after it was filed			
32	Add lines 31(a) through 31(d)	32		00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter ADDITIONAL TAX DUE	33		00
34	a Estimated tax penalty Check if Form 2210-K attached			
	b Interest			
	c Late payment penalty			
	d Late filing penalty			
35	Add lines 34(a) through 34(d). Enter here	35		00
36	If the total of lines 30 and 35 are more than line 32, subtract line 32 from the total of lines 30 and 35.			
	This is the AMOUNT YOU OWE	36		00
37	If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the AMOUNT YOU OVERPAID,			
	continue to page 3	37		00



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38	FU	ND C	ONTRIBUTIONS; see instructions.								
	а	Natu	re and Wildlife Fund		38a			00			
	b	Child	d Victims' Trust Fund		38b			00			
	С	Vete	rans' ProgramTrust Fund	38c			00				
	d	Brea	st Cancer Research/EducationTrust Fund	38d			00				
	е	Farm	ns to Food BanksTrust Fund		38e			00			
	f	Loca	l HistoryTrust Fund		38f			00			
	g	Spec	cial Olympics Kentucky	38g			00				
	h	Pedia	atric Cancer Research Trust Fund		38h			00			
	i	Rape	e Crisis CenterTrust Fund		38i			00			
	j	Cour	t Appointed Special AdvocateTrust Fund		38j			00			
	k	YMC	A Youth Association Fund		38k			00			
39	Add	d line	s 38(a) through 38(k)						39		00
40	Am	ount	of line 37 to be CREDITED TO YOUR 2020 ESTIM	IATED TAX		CR	EDIT F	DRWARD	40		00
	(Cr	edit fo	orwards not available for amended returns)								
41	Subtract lines 39 and 40 from line 37. Amount to be <b>REFUNDED TO YOU</b>								41		00
	REFUND OPTIONS (Not available for amended returns)										
	Che	eck he	ere if you would like your refund issued on a Bar								
	Che	eck he	ere if you would like to receive your Debit Card r	material in Spanish							
_											
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.											
Si	ign		Signature of Taxpayer	Driver's License/State Issue	Date			Telephone Number (daytime)			
	ere		Signature of Spouse	Driver's License/State Issue	d ID No.		Date				
			Signature of Preparer	Date							
	repa	arer	Name of Preparer or Firm			ID Number					
Use	se		Email	Telephone No.			May the	_	discuss this return with this preparer?		
Er	nclo	se	Include a complete copy of federal Form 1040, received farm, business, or rental income or lo required, check here.		Refu or N Payr				artment of Revenue 0618-0006		
Pa	yment Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov Include: Your Social Security number and "KY Income Tax—20								y Department of Revenue t, KY 40619-0008		