





1900020003

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



1900400003

**38 FUND CONTRIBUTIONS; see instructions.**

a Nature and Wildlife Fund.....	38a	00
b Child Victims' Trust Fund.....	38b	00
c Veterans' Program Trust Fund.....	38c	00
d Breast Cancer Research/Education Trust Fund.....	38d	00
e Farms to Food Banks Trust Fund.....	38e	00
f Local History Trust Fund.....	38f	00
g Special Olympics Kentucky.....	38g	00
h Pediatric Cancer Research Trust Fund.....	38h	00
i Rape Crisis Center Trust Fund.....	38i	00
j Court Appointed Special Advocate Trust Fund.....	38j	00
k YMCA Youth Association Fund.....	38k	00

39 Add lines 38(a) through 38(k).....	39	00
40 Amount of line 37 to be <b>CREDITED TO YOUR 2020 ESTIMATED TAX</b> ..... <b>CREDIT FORWARD</b>	40	00
<b>(Credit forwards not available for amended returns)</b>		
41 Subtract lines 39 and 40 from line 37. Amount to be <b>REFUNDED TO YOU</b> ..... <b>REFUND</b>	41	00

**REFUND OPTIONS (Not available for amended returns)**

Check here if you would like your refund issued on a Bank of America Prepaid Debit Card

Check here if you would like to receive your Debit Card 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.

<b>Sign Here</b>	Signature of Taxpayer	Driver's License/State Issued ID No.	Date	Telephone Number (daytime)
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
<b>Paid Preparer Use</b>	Signature of Preparer		Date	
	Name of Preparer or Firm		ID Number	
	Email	Telephone No.	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Enclose</b>	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>		<b>Refund or No Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, KY 40618-0006
<b>Payment</b>	Check Payable: <b>Kentucky State Treasurer</b> E-Pay Options: <a href="http://www.revenue.ky.gov">www.revenue.ky.gov</a> Include: Your Social Security number and "KY Income Tax—2019"		<b>With Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, KY 40619-0008