₽ ₽ ₽ 740-NP-R	1900
Commonwealth of Kentucky	17000

ent of Revenu



Your Social Security Number					
]				
Name—Last, First, Middle Initial					
Mailing Address (Number and Street including	Apartment Number or P.O. Box)		-		
City, Town or Post Office	State	ZIP Code	-		
INSTRUCTIONS This form may during 2019. To determine if yo <i>lines 1–4.</i> Enter only the taxpay include your spouse's name. If be must file a separate Form 740-N	u qualify, you must chec er's name for which the oth spouses earned only l	ck "Yes" or "N Kentucky wag Kentucky wag	o" for the applicable s les and salaries were e es and salaries as a res	statements below. <i>If eligible</i> earned in the name box abo ident of a reciprocal state, e	<i>e, complete</i> ove. Do not ach spouse
A I was a nonresident of K	, ,			□ Yes	🗆 No
B My only 2010 Kentucky i	ncomo was from salaris	e or wadee og	rnod while a		

A I was a nonresident of Kentucky during all of 2019.									Yes	🗆 No			
	В	My only 2019 H	Kentucky ind	come was fro	m salaries o	or wa	ages earned whi	ile a					
		resident of any	/ of the follo	wing states:							Yes	🛛 No	
(0	check	k state(s) box)	1 –Illinois	2 –Indiana	3 –Michi	gan	4 –Ohio 5	5 –Vir <u>g</u> inia	6 –We	st Virginia	7 –W	/isconsi	in
_		Note: Race tra	ck, lottery a	nd other gam	bling winni	ings	are not salaries	or wages.					_
	С	For Virginia re	sidents only	: I commuted	d daily to a	plac	e of employmen	nt in Kentucky.			Yes	🛛 No	
-	Nor	nresidents who	answered "	'No" to any o	f the staten	nent	s above must fil	e Form 740-N	P to re	port Kent	ucky inco	ome.	
1	En	ter total Kentuck	v income tax	withheld as sh	own on Sche	dulo	KW-2. Do not incl	ude local					
		withheld	-							1			00
2	FU	IND CONTRIBUTI	ONS: see ins	tructions.									_
												-	
	а	Nature and Wildli	te Fund	2a	00	f	Local History Trust	t Fund	2f		0	0	
	b	Child Victims' True	st Fund	2b	00	g	Special Olympics	Kentucky	2g		0	0	
	с	Veterans' Program	Trust Fund	2c	00	h	Pediatric Cancer Res	search Trust Fund .	2h		0	0	
	d	Breast Cancer Re	search/			i	Rape Crisis Center	rTrust Fund	2i		0	0	
		Education Trust F	und	2d	00	i	Court Appointed S	Special					
	е	Farms to Food Ba	inks			1	Advocate Trust Fu	•	2j		0	0	
		Trust Fund		2e	00	k	YMCA Youth Asso	ciation Fund	2k		0	0	
3	Tot	al Fund Contribut	tions Add line	es 2(a) through	2(k)					3			00
0	101				2(R)								
4	Sub	otract the total of	line 3 from li	ne 1. Amount t	o be REFUN	DED				4			00
١d	eclare	e under the penaltie	s of perjury tha	t I have examine	d this return ar	nd to 1	the best of my knowl	ledge and belief, i	t is a tru	e, correct an	d complete) return.	
									()			
Your Signature			Dri	Driver's License/State Issued ID No. Da					Telephon	e Number (daytime)		

Mail to: Kentucky Department of Revenue, Frankfort, KY 40620-0012

I.D. Number of Preparer

Date Signed

Typed or Printed Name of Preparer Other than Taxpayer

May the DOR discuss this return with this preparer? \Box Yes \Box No