



APPLICATION FOR EXTENSION OF TIME TO FILE

USE FOR INDIVIDUAL, GENERAL PARTNERSHIP, AND FIDUCIARY INCOME TAX RETURNS FOR KENTUCKY

> SEE INSTRUCTIONS FOR PAYMENT REQUIRMENTS

General Partnerships DO NOT have a tax liability.

Use this form if you are requesting a Kentucky extension of time to file. Taxpayers who request a federal extension are not required to file a separate Kentucky extension, unless an amount is due with the extension. The requirement may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

You may choose to electronically file your Kentucky extension for Individual returns. Filing electronically allows you the option to pay electronically through a direct debit transaction scheduled on or before April 15, 2020.

All taxpayers filing this Application for Extension must complete Section I and the Payment Voucher. If no payment is being remitted, leave the Amount Paid box on the Payment Voucher blank. If you are filing your Application of Extension electronically and choose to pay by direct

debit, complete Section II with your banking	account information.		,,, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,
You will be notified only if the Application for your return when filed. Keep a copy for your		the late filing penalty, a copy of this form n	nust be attached to
Section I	, con.		
A six-month extension is requested for filing	the income tax return of the taxpa	yer(s) listed below for the taxable year ending	g .
· · · · · · · · · · · · · · · · · · ·	·	considered. Inability to pay is not a valid rea	
Signature of Taxpayer Date		 Signature of Paid Preparer	 Date
	icky Department of Revenue, P.0	D. Box 1190, Frankfort, KY 40602-1190 ◀	
	arked after return date)	Other:	
Section II - Direct Debit of Tax Due (Con	nplete only if filing electronic ex	ension)	
Routing Transit number (RTN)		The first 2 numbers of the RTN must be 01 through 12 or 21 through 32.	
		ough 12 or 21 through 32.	
Depositer account number (DAN)			
Type of account: Savings Checking	Tax due debit amount \$	Debit date ///	
Your Signature (If joint or combined return, both mus	st sign) Spouse Detach here and mail voucher wi	's Signature Date	
740EXT (09/19)	Kentucky Extension	Payment Voucher	2019
	12/31/20 ′ Year Ending		
YOUR SOCIAL SECURITY NUMBER /		SPOUSE'S SOCIAL SECURITY N	UMBER.
LAST NAME	FIRST NAME	SPOUSE'S NAME	
		Amount Paid	0 0
NUMBER AND STREET OR P.O. BOX		Make check payable to: Kentucky s	State Treasurer
CITY, TOWN OR POST OFFICE STATE	ZIP CODE		
Check type of return:		11.0.4	1070007
☐ Individual ☐ Fiduciary	Mail to:		77050005
General Partnership	Kentucky Departmen	nt of Revenue	
For informational purposes only.	P.O. Box 1190		

Frankfort, KY 40602-1190

DO NOT ATTACH CHECK TO VOUCHER