



(To be completed by a Pass-through Entity Only)

► See instructions. Taxable period beginning _____, 20____, and ending _____, 20____.

A Federal Identification Number _____	B Kentucky NRWH Account Number _____
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C Name of Pass-Through Entity _____	<input type="checkbox"/> Change of Name	D Taxable Year Ending ____ / ____
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Number and Street			
City	State	ZIP Code	Telephone Number

E Check applicable box(es):

Change of accounting period

Final return

F Check applicable box: Nonresident Income Tax Withholding on Distributive Share Income Report and/or Composite Income Tax Return
 Amended-Nonresident Income Tax Withholding on Distributive Share Income Report and/or Composite Income Tax Return

1	Number of nonresident individuals, estates, trusts, and corporations included in this withholding/composite	1	
2	Number of nonresident individuals, estates, trusts, and corporations exempt from this withholding	2	
3	Net distributive share income subject to withholding / composite return before apportionment	3	00
4	100% or the apportionment fraction from the pass-through entity's Schedule A (see instructions)	4	%
5	Kentucky distributive share income subject to withholding/composite return (Line 3 multiplied by Line 4)	5	00
6	Tax before tax credits (Line 5 multiplied by .05 (5%))	6	00
7	Enter the partners', members', or shareholders' nonrefundable tax credits	7	00
8	Kentucky income tax liability (Line 6 less Line 7)	8	00
9	Estimated tax payments	9	00
10	Extension payment	10	00
11	Prior year's tax credit	11	00
12	Total Tax Paid on original return	12	00
13	Total Payments (Lines 9 through 12)	13	00
14	Tax overpayment on original return	14	00
15	Income Tax Due (Line 8 and 14 less Line 13)	TAX DUE 15	00
16	Income tax overpayment (Line 13 less Line 8 and 14)	16	00
17	Credited to 2019 Interest	17	
18	Credited to 2019 Penalty	18	
19	Credited to 2020 NRWH	19	00
20	Amount to be refunded (Line 16 less Lines 17 through 19)	REFUND 20	

OFFICIAL USE ONLY	TAX PAYMENT SUMMARY
VAL # PW 204	1 Tax (Line 15) \$ _____
	2 Interest \$ _____
	3 Penalty \$ _____
	4 Total Payment \$ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of Partner, Member, or Shareholder	Date
	Name of Partner, Member, or Shareholder	Title
Paid Preparer Use	Signature of Preparer	Date
	Name of Preparer or Firm	ID Number
	Email and/or Telephone No.	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Enclose	Include PTE-WH for each partner, member, or shareholder.	Refund or No Payment	Kentucky Department of Revenue Frankfort, KY 40619-0006
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov	With Payment	Kentucky Department of Revenue Frankfort, Kentucky 40619-0006