



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

A LLET Exemption Code Enter Code _____	D Federal Identification Number _____ Name of Corporation _____ <input type="checkbox"/> Change of Name Number and Street _____ City _____ State _____ ZIP Code _____ Telephone Number _____	E Kentucky Corporation/LLET Account Number (Required) _____ <div style="text-align: right;"> Taxable Year Ending ____ / ____ M M / Y Y </div> State and Date of Incorporation _____
B Income Tax Exemption Code Enter Code _____ <input type="checkbox"/> Elective consolidated Attach Form 722	F Name of Common Parent _____ Kentucky Corporation/LLET Account Number _____ Principal Business Activity in KY _____	
C Check if applicable: <input type="checkbox"/> Amended return <input type="checkbox"/> Amended return—RAR Provide explanation of changes in Part V—Explanation of Amended Return Changes.	G Check if applicable: <input type="checkbox"/> Initial return <input type="checkbox"/> Change of accounting period <input type="checkbox"/> Short-period return (Complete Part IV) <input type="checkbox"/> Final return (Complete Part IV)	
	H Provider 3-Factor Apportionment Code _____	NAICS Code Number in KY (See www.census.gov) _____

PART I—LLET COMPUTATION			PART II—INCOME TAX COMPUTATION		
1	Schedule L, Section D, line 1 (Page 4) ..	00	1	Income tax (see instructions)	00
2	Tax credit recapture	00	2	Tax credit recapture	00
3	Total (add lines 1 and 2)	00	3	Tax installment on LIFO recapture ...	00
4	Nonrefundable LLET credit from Kentucky Schedule(s) K-1	00	4	Total (add lines 1 through 3)	00
5	Nonrefundable tax credits (attach Schedule TCS)	00	5	Nonrefundable LLET credit from the Corporation LLET Credit Worksheet(s) (see instructions)	00
6	LLET liability (greater of line 3 less lines 4 and 5 or \$175 minimum)	00	6	Nonrefundable LLET credit (Part I, line 6 less \$175)	00
7	Withholding tax (Form PTE-WH)	00	7	Nonrefundable tax credits (attach Schedule TCS)	00
8	Estimated tax payments	00	8	Net income tax liability (line 4 less lines 5 through 7, but not less than zero)	00
9	Certified rehabilitation tax credit	00	9	Estimated tax payments	00
10	Film industry tax credit	00	10	Extension payment	00
11	Extension payment	00	11	Prior year's tax credit	00
12	Prior year's tax credit	00	12	LLET overpayment from Part I, line 18	00
13	Income tax overpayment from Part II, line 17	00	13	Corporation income tax paid on original return	00
14	LLET paid on original return	00	14	Corporation income tax overpayment on original return	00
15	LLET overpayment on original return	00	15	Income tax due (lines 8 and 14 less lines 9 through 13)	00
16	LLET due (lines 6 and 15 less lines 7 through 14)	00	16	Income tax overpayment (lines 9 through 13 less lines 8 and 14)	00
17	LLET overpayment (lines 7 through 14 less lines 6 and 15)	00	17	Credited to 2019 LLET	00
18	Credited to 2019 income tax	00	18	Credited to 2019 interest	
19	Credited to 2019 interest		19	Credited to 2019 penalty	
20	Credited to 2019 penalty		20	Credited to 2020 corporation income tax	00
21	Credited to 2020 LLET	00	21	Amount to be refunded	
22	Amount to be refunded				

TAX PAYMENT SUMMARY				OFFICIAL USE ONLY	
LLET	INCOME				
1 LLET due (Part I, Line 16) \$ _____	1 Income tax due (Part II, Line 15) \$ _____			P W 2 0 4 V A L #	
2 Interest \$ _____	2 Interest \$ _____				
3 Penalty \$ _____	3 Penalty \$ _____				
4 Subtotal \$ _____	4 Subtotal \$ _____				
TOTAL PAYMENT (Add Subtotals)				►	\$ _____



PART III – TAXABLE INCOME COMPUTATION

1	Federal taxable income (Form 1120, line 28)	1		00	12	Dividend income (See line 5).....	12		00
ADDITIONS:					13	Federal work opportunity credit	13		00
2	Interest income (state and local obligations)	2		00	14	Depreciation adjustment.....	14		00
3	State taxes based on net/gross income	3		00	15	Other (attach Schedule O-720).....	15		00
4	Depreciation adjustment.....	4		00	16	Revenue Agent Report (RAR).....	16		00
5	Deductions attributable to nontaxable income.....	5		00	17	Net income (line 10 less lines 11 through 16).....	17		00
6	Related party expenses (attach Schedule RPC).....	6		00	18	Taxable net income (see instructions)	18		00
7	Dividend paid deduction (REIT).....	7		00	19	Net operating loss deduction (NOLD).....	19		00
8	Other (attach Schedule O-720).....	8		00	20	Taxable net income after NOLD (line 18 less line 19)	20		00
9	Revenue Agent Report (RAR).....	9		00					
10	Total (add lines 1 through 9).....	10		00					
SUBTRACTIONS:									
11	Interest income (U.S. obligations)....	11		00					

PART IV – EXPLANATION OF FINAL RETURN AND/OR SHORT-PERIOD RETURN

- | | |
|---|--|
| <input type="checkbox"/> Ceased operations in Kentucky | <input type="checkbox"/> Change in filing status |
| <input type="checkbox"/> Change of ownership | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Successor to previous business | <input type="checkbox"/> Other _____ |

PART V – EXPLANATION OF AMENDED RETURN CHANGES

OFFICER INFORMATION

Attach a schedule listing the name, home address, and Social Security number of the vice president, secretary, and treasurer.

Has the attached officer information changed from the last return filed? Yes No

President's Name _____ President's Home Address _____

President's Social Security Number _____

Date Became President ___ / ___ / ___

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 Officer	Date
	Name of Officer	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 federal Form 1120 with all supporting schedules and statements.	Refund or No Payment	Kentucky Department of Revenue P. O. Box 856905 Louisville, KY 40285-6905
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov	With Payment	Kentucky Department of Revenue P. O. Box 856910 Louisville, KY 40285-6910



SCHEDULE Q—KENTUCKY CORPORATION/LLET QUESTIONNAIRE

IMPORTANT: Questions 3—15 must be completed by all corporations. If this is the corporation's initial return or if the corporation did not file a return under the same name and same federal I.D. number for the preceding year, questions 1 and 2 must be answered. Failure to do so may result in a request for a delinquent return.

1 Indicate whether: (a) [] new business; (b) [] successor to previously existing business which was organized as: (1) [] corporation; (2) [] partnership; (3) [] sole proprietorship; or (4) [] other. If successor to previously existing business, give name, address, and federal I.D. number of the previous business organization.
2 If a foreign corporation, enter the date qualified to do business in Kentucky. ___ / ___ / ___

3 List the following Kentucky account numbers. Enter N/A for any number not applicable.
KY Secretary of State Organization
Employer Withholding
Sales and Use Tax Permit
Consumer Use Tax
Unemployment Insurance
Coal Severance and/or Processing Tax

4 The corporation's books are in care of: (name and address)

5 Are disregarded entities included in this return? [] Yes [] No. If yes, list name, address, and federal I.D. number of each entity.

6(a) Was the corporation a partner or member in a pass-through entity doing business in Kentucky? [] Yes [] No. If yes, list name and federal I.D. number of the pass-through entity(ies).

6(b) Was the corporation doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky? [] Yes [] No

7 Are related party costs as defined in KRS 141.205(1)(l) included in this return? [] Yes [] No. If yes, attach Schedule RPC, Related Party Costs Disclosure Statement, and enter any related party cost additions on Form 720, Part III, Line 6.

8 Did the corporation at any time during the taxable year own 50 percent or more of the voting stock of another corporation that is part of a unitary business per KRS 141.202(2)(f)? [] Yes [] No. If yes, list name, address, and federal I.D. number of each entity.

9 Was 50 percent or more of the corporation's voting stock owned by any corporation that is part of a unitary business per KRS 141.202(2)(f)? [] Yes [] No. If yes, list name, address, and federal I.D. number of each entity.

10 The federal tax return attached to this Kentucky tax return is: [] a pro forma federal tax return [] a copy of the federal tax return filed with the Internal Revenue Service

11 Is the entity filing this Kentucky tax return or any entity included in the tax return organized as a limited cooperative association per KRS Chapter 272A? [] Yes [] No. If yes, enter each limited cooperative association's name, address, and federal I.D. number included in the return:

12 Is the entity filing this Kentucky tax return or any entity included in this tax return organized as a statutory trust or a series statutory trust per KRS Chapter 386A? [] Yes [] No. If yes, is the entity filing this Kentucky tax return or any entity included in this tax return a series within a statutory trust? [] Yes [] No. If yes, for each series within a statutory trust, enter the name, address, and federal I.D. number of the statutory trust registered with the Kentucky Secretary of State:

13 Was this return prepared on: (a) [] cash basis, (b) [] accrual basis, (c) [] other

14 Did the corporation file a Kentucky tangible personal property tax return for January 1, 2020? [] Yes [] No. If yes, list name and federal I.D. number of entity(ies) filing return(s):

15 Is the corporation currently under audit by the Internal Revenue Service? [] Yes [] No. If yes, enter years under audit. If the Internal Revenue Service has made final and unappealable adjustments to the corporation's taxable income which have not been reported to the department, check here [] and file an amended return. (See instructions.) Attach a copy of the final determination to each amended return.



SCHEDULE L – LIMITED LIABILITY ENTITY TAX COMPUTATION

Check this box and complete Schedule L-C, Limited Liability Entity Tax—Continuation Sheet, if the corporation or limited liability pass-through entity filing this tax return is a partner or member of a limited liability pass-through entity or general partnership doing business in Kentucky. Enter the total amounts from Schedule L-C in Section A of this schedule.

SECTION A – Computation of Gross Receipts and Gross Profits

		Column A Kentucky		Column B Total	
1(a) Gross receipts less returns and allowances	1(a)		00		00
(b) Kentucky statutory gross receipts reductions (see instructions)	(b)				
2 Adjusted gross receipts (line 1(a) less line 1(b)).....	2		00		00
3(a) Cost of goods sold (attach Schedule COGS).....	3(a)		00		00
(b) Kentucky statutory cost of goods sold reductions (see instructions) ...	(b)				
4 Adjusted cost of goods sold (line 3(a) less line 3(b))	4		00		00
5 Gross profits (line 2 less line 4).....	5		00		00



If Section A, Column B, Line 2 or 5 is \$3,000,000 or less, STOP and enter \$175 in Section D, line 1 below.

SECTION B – Computation of Gross Receipts LLET

1 If gross receipts from all sources (Column B, line 2) are greater than \$3,000,000, but less than \$6,000,000, enter the following: (Column A, line 2 x 0.00095) – $\left[\frac{\$2,850 \times (\$6,000,000 - \text{Column A, line 2})}{\$3,000,000} \right]$ but in no case shall the result be less than zero	1		00		
2 If gross receipts from all sources (Column B, line 2) are \$6,000,000 or greater, enter the following: Column A, line 2 x 0.00095.....	2		00		
3 Enter the amount from line 1 or line 2.....	3		00		

SECTION C – Computation of Gross Profits LLET

1 If gross profits from all sources (Column B, line 5) are greater than \$3,000,000, but less than \$6,000,000, enter the following: (Column A, line 5 x 0.0075) – $\left[\frac{\$22,500 \times (\$6,000,000 - \text{Column A, line 5})}{\$3,000,000} \right]$ but in no case shall the result be less than zero	1		00		
2 If gross profits from all sources (Column B, line 5) are \$6,000,000 or greater, enter the following: Column A, line 5 x 0.0075.....	2		00		
3 Enter the amount from line 1 or line 2.....	3		00		

SECTION D – Computation of LLET

1 Enter the lesser of Section B, line 3 or Section C, line 3 here and on Page 1, Part I, line 1. If less than \$175, enter the minimum of \$175 here and on Page 1, Part I, line 1.....	1		00		
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