



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

A LLET Exemption Code Enter Code B Income Tax Exemption Code Enter Code C Number of Partners (Attach K-1s)	D Federal Identification Number _____ Name of Partnership _____ <input type="checkbox"/> Change of Name	E Kentucky Corporation/LLET Account Number (Required) _____ Taxable Year Ending ___ / ___
	Number and Street _____ State and Date of Organization _____ Principal Business Activity in KY _____	
	City _____ State _____ ZIP Code _____ Telephone Number _____ NAICS Code Number in KY (See www.census.gov)	
	F Check if applicable: <input type="checkbox"/> LLC <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (Complete Part III) <input type="checkbox"/> LP <input type="checkbox"/> Change of accounting period <input type="checkbox"/> Short-period return (Complete Part III) <input type="checkbox"/> LLP <input type="checkbox"/> Qualified investment partnership <input type="checkbox"/> Amended return (Complete Part IV)	
	G Provider 3-Factor Apportionment Code _____	

PART I—ORDINARY INCOME (LOSS) COMPUTATION				PART II—LLET COMPUTATION			
1 Federal ordinary income (loss) (see instructions).....	1		00	1 Schedule L, Section D, line 1 (Page 6)	1		00
ADDITIONS				2 Tax credit recapture	2		00
2 State taxes based on net/gross income	2		00	3 Total (add lines 1 and 2)	3		00
3 Federal depreciation (do not include IRC §179 expense deduction)	3		00	4 Nonrefundable LLET credit from Kentucky Schedule(s) K-1	4		00
4 Related party expenses (attach Schedule RPC)	4		00	5 Nonrefundable tax credits (attach Schedule TCS)	5		00
5 Other (attach Schedule O-PTE).....	5		00	6 LLET liability (greater of line 3 less lines 4 and 5 or \$175 minimum)	6		00
6 Total (add lines 1 through 5)	6		00	7 Estimated tax payments.....	7		00
SUBTRACTIONS				8 Certified rehabilitation tax credit	8		00
7 Federal work opportunity credit	7		00	9 Film industry tax credit.....	9		00
8 Kentucky depreciation (do not include IRC §179 expense deduction).....	8		00	10 Extension payment	10		00
9 Other (attach Schedule O-PTE).....	9		00	11 Prior year's tax credit.....	11		00
10 Kentucky ordinary income (loss) (line 6 less lines 7 through 9)	10		00	12 LLET paid on original return	12		00
				13 LLET overpayment on original return	13		00
				14 LLET due (lines 6 and 13 less lines 7 through 12)	14		00
				15 LLET overpayment (lines 7 through 12 less lines 6 and 13)	15		00
				16 Credited to 2019 interest.....	16		
				17 Credited to 2019 penalty.....	17		
				18 Credited to 2020 LLET.....	18		00
				19 Amount to be refunded	19		

TAX PAYMENT SUMMARY				OFFICIAL USE ONLY	
LLET	INCOME			P	
1 LLET due (Part II, Line 14) \$ _____	1 Income Tax Due \$ _____			W	
2 Interest \$ _____	2 Interest \$ _____			2	
3 Penalty \$ _____	3 Penalty \$ _____			0	
4 Subtotal \$ _____	4 Subtotal \$ _____			4	
TOTAL PAYMENT (Add Subtotals).....► \$ _____				V	
				A	
				L	
				#	



PART III – 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 IV – EXPLANATION OF AMENDED RETURN CHANGES

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 1065 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 PARTNERSHIP QUESTIONNAIRE

IMPORTANT: Questions 3—12 must be completed by all partnerships. If this is the partnership's initial return or if the partnership 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 partnership, 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
Nonresident Income Tax Withholding
Employer Withholding
Sales and Use Tax Permit
Consumer Use Tax
Unemployment Insurance
Coal Severance and/or Processing Tax

4 The partnership'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) For the taxable period being reported, was the partnership a partner 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) For the taxable period being reported, was the partnership 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 765, Part I, Line 4.

8 Is the entity filing this Kentucky tax return organized as a limited cooperative association per KRS Chapter 272A? [] Yes [] No

9 Is the entity filing this Kentucky 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 a series within a statutory trust? [] Yes [] No. If yes, enter the name, address, and federal I.D. number of the statutory trust registered with the Kentucky Secretary of State:

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

11 Did the partnership 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):

12 Is the partnership 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 partnership's taxable income which have not been reported to the department, check here [] and file an amended Form 765 for each year adjusted. Attach a copy of the final determination to each amended return.



SCHEDULE K – PARTNERS’ SHARES OF INCOME, CREDITS, DEDUCTIONS, ETC.

SECTION A	Distributive Share Items	Total Amount
Income (Loss) and Deductions		
1	Kentucky ordinary income (loss) from trade or business activities (page 1, Part I, line 10).....	00
2	Net income (loss) from rental real estate activities (attach federal Form 8825)	00
3	(a) Gross income from other rental activities	00
	(b) Less expenses from other rental activities (attach schedule)	00
	(c) Net income (loss) from other rental activities (line 3(a) less line 3(b))	00
4	Portfolio income (loss):	
	(a) Interest income	00
	(b) Dividend income.....	00
	(c) Royalty income	00
	(d) Net short-term capital gain (loss) (attach federal Schedule D and Kentucky Schedule D, if applicable).....	00
	(e) Net long-term capital gain (loss) (attach federal Schedule D and Kentucky Schedule D, if applicable).....	00
	(f) Other portfolio income (loss) (attach schedule)	00
5	Guaranteed payments to partners	00
6	IRC §1231 net gain (loss) (other than due to casualty or theft)(attach federal Form 4797 and Kentucky Form 4797)	00
7	Other income (loss) (attach schedule)	00
8	Charitable contributions (attach schedule).....	00
9	IRC §179 expense deduction (attach federal Form 4562 and Kentucky Form 4562)	00
10	Deductions related to portfolio income (loss) (attach schedule)	00
11	Other deductions (attach schedule)	00
Investment Interest		
12	(a) Interest expense on investment debts.....	00
	(b) (1) Investment income included on lines 4(a), 4(b), 4(c), and 4(f) above	00
	(b) (2) Investment expenses included on line 10 above	00
Tax Credits (see instructions)		
13	Enter the applicable tax credit	
	(a) > _____	00
	(b) > _____	00
	(c) > _____	00
	(d) > _____	00
	(e) > _____	00



SCHEDULE K—PARTNERS’ SHARES OF INCOME, CREDITS, DEDUCTIONS, ETC.

SECTION A—continued	Distributive Share Items	Total Amount	
Other Items			
14 (a) Type of IRC §59(e)(2) expenditures ▶ _____	14(a)		
(b) Amount of IRC §59(e)(2) expenditures.....	(b)		00
15 Tax-exempt interest income	15		00
16 Other tax-exempt income	16		00
17 Nondeductible expenses	17		00
18 Total property distributions (including cash)	18		00
19 Other items and amounts required to be reported separately to partners (attach schedule).....	19		

SECTION B—LLET Pass-through Items (Required)

1 Kentucky gross receipts from Schedule L, Section A, Column A, line 2	1		00
2 Total gross receipts from Schedule L, Section A, Column B, line 2	2		00
3 Kentucky gross profits from Schedule L, Section A, Column A, line 5	3		00
4 Total gross profits from Schedule L, Section A, Column B, line 5.....	4		00
5 Limited liability entity tax (LLET) nonrefundable credit from page 1, Part II, the total of lines 4 and 6, less \$175	5		00

SECTION C—Apportionment Pass-through Items

1 Kentucky receipts from Schedule A, Part I, line 1	1		00
2 Total receipts from Schedule A, Part I, line 2.....	2		00

SECTION D—Apportionment for Providers (KRS 141.121(1)(e))

1 Kentucky property from Schedule A, Part I, line 5	1		00
2 Total property from Schedule A, Part I, line 6	2		00
3 Kentucky payroll from Schedule A, Part I, line 8.....	3		00
4 Total payroll from Schedule A, Part I, line 9	4		00



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)		00		
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)		00		
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 II, line 1. If less than \$175, enter the minimum of \$175 here and on Page 1, Part II, line 1	1		00		
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