



### KENTUCKY SINGLE MEMBER LLC INDIVIDUALLY OWNED INCOME AND LLET RETURN

2020

A LLET B FEIN/SSN C K		Kentu	ZO, and ending (MM-DD-YY)  Kentucky Corporation/LLET				
			Account Number (Required)				
Provider 3-Factor Apportionment Code	Number and Street						
	City	State	е	ZIP Code			
Check applicable boxes	☐ Initial return☐ Change of accounting period	State of Org	ganizatio	n	Princip	pal Business Activity in KY	
Qualified investment partnership		Date of Org	f Organization NAICS Code		Code Number in KY		
: Single Member	is a: ☐ Kentucky Resident ☐ Non-Resident	If non-r	eside	nt, LLC mus	t also file	Form 740NP-WH	ı
PART I—KEI	NTUCKY NET DISTRIBUTABLE INC	OME					
1 Ordinary	income (loss)			▶1			0 0
Net incon	ne (loss) from rental real estate activiti	es		▶2			0 0
B Net incon	ne (loss) from other rental activities			▶3			0 0
1 Interest ir	come			▶4			0 0
5 Dividend	income			▶5			0 0
6 Royalty in	come			▶6			0 0
	term and long-term capital gain (loss, do not include more than \$3,000.	).		▶7			0 0
3 IRC §1231	net gain (loss)			▶8			0 0
Other inco	ome (attach schedule)			▶9			0 0
10 Other ded	0 Other deductions (attach schedule)			▶10			0 0
11 Total net d	istributable income (lines 1 through 9 les	ss line 10	<b>)</b>	▶11			0 0
12 Enter 1009	% or the apportionment fraction from Sc	hedule A	۹.	▶ 12	_		%
OFFICIAL USE ON	.y						
P W 2 0 4			V				
0 4			#				



# PART II—LLET COMPUTATION

1	Schedule L, Section E, line 1 (Page 6)	<b>▶</b> 1	0 0
2	Tax credit recapture	▶2	0 0
3	Total (add lines 1 and 2)	▶3	0 0
4	Nonrefundable LLET credit from Kentucky Schedule(s) K-1	<b>▶</b> 4	0 0
5	Nonrefundable tax credits (attach Schedule TCS)	▶5	0 0
6	<b>LLET liability</b> (greater of line 3 less lines 4 and 5 or \$175 minimum)	<b>▶</b> 6	0 0
7	Estimated tax payments	<b>▶</b> 7	0 0
8	Certified rehabilitation tax credit	▶8	0 0
9	Film industry tax credit	▶9	0 0
10	Extension payment	<b>▶</b> 10	0 0
11	Prior year's tax credit	<b>►</b> 11	0 0
12	LLET paid on original return	<b>▶</b> 12	0 0
13	LLET overpayment on original return	<b>►</b> 13	0 0
14	Estimated Tax Penalty (attach Form 2220-K)	<b>►</b> 14	0 0
15	LLET and Estimated Tax Penalty due (lines 6, 13, and 14 less lines 7 through 12)  OWE	<b>▶</b> 15	0 0
16	<b>LLET overpayment</b> (lines 7 through 12 less lines 6,13, and 14)	▶16	0 0
17	Credited to 2020 interest	<b>►</b> 17	
18	Credited to 2020 penalty	▶18	
19	Credited to 2021 LLET	<b>▶</b> 19	0 0
20	Amount to be refunded (line 16 less lines 17 through 19)	▶20	
PA	RT III—LLET CREDIT FOR MEMBER		
1	LLET liability (Part II, the total of lines 4 and 6)	▶1	0 0
2	Minimum tax	2	1 7 5.00
3	Member's LLET credit (line 1 less line 2)	▶3	0 0
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PART I\	/-EXPLANATION OF FINAL RETURN A	ND/OR S	HORT-F	PERIOD RETURN		
□ c	eased operations in Kentucky hange of ownership uccessor to previous business	☐ Merger		status		
PART V	-EXPLANATION OF AMENDED RETUR	N CHANG	SES			
Under pen	alties of perjury, I declare that I have examined this return, includin	g accompanying	schedules a	and statements, and to the best of my knowledge and		
belief, it is	true, correct, and complete. Declaration of preparer (other than taxp	payer) is based o	on all informa	ation of which preparer has any knowledge.		
	Organization of monitoring			/ /		
Sign Here	Name of Member (Please print)					
	Name of Member (Flease print)					
	Signature of Preparer			Date		
Paid				//		
Prepare Use	r Name of Preparer or Firm (Please print)			ID Number		
Ose	Email and/orTelephone No.			May the DOR discuss this return with this preparer?  YES NO		
Enclose	All supporting federal forms and schedules, including  Refund or No			P. O. Box 856905		
Lilologe	Federal Schedule(s) C, E, and/or F.	Payment	Louisville	e, KY 40285-6905		
Payment	Check Payable: <b>Kentucky State Treasurer</b> E-Pay Options: <b>www.revenue.ky.gov</b>	With Payment	Kentucky Frankfort	Department of Revenue , KY 40620-0021		





## SCHEDULE Q-SINGLE MEMBER LIMITED LIABILITY COMPANY QUESTIONNAIRE

**IMPORTANT:** Questions 1 and 2 must be answered if this is the single member LLC's initial return or if a return was not filed under the same name and same federal I.D. number for the preceding year. **Failure to do so may result in a request for a delinquent return.** 

1	Single member's (owner) name, address, and
	Social Security number or federal I.D. number

Name	
FEIN	
Address	

2	If a foreign limited liability company, enter the date
	qualified to do business in Kentucky.

	/		/		
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Questions 3—7 must be completed by all single member limited liability companies (LLC).

3 The limited liability company's books are in care of:

Name
Address

4	Are disregarded entities included in this return?  ☐ Yes ☐ No
	If yes, attach <b>Schedule DE</b> .
5	Was the limited liability company a partner in a pass-through entity doing business in Kentucky for the tax year being reported?   Yes  No
	If yes, list name and federal I.D. of the pass-through entity(ies).
	Name

	entity (163).	
A	Name	
L	FEIN	
В	Name	
	FEIN	
	Name	
С	FEIN	
_	Name	
D	FEIN	
E	Name	
	FEIN	
_	Name	
F	FEIN	
	Name	
G	FEIN	

6	Was the limited liability company doing business in Kentucky other than through its interest held in a
	pass-through entity doing business in Kentucky?
	□ Yes □ No

- 7 Was this return prepared on:
  - (a) □ cash basis
  - (b) □ accrual basis
  - (c) □ other \_\_\_\_\_



## SCHEDULE L-LIMITED LIABILITY ENTITY TAX COMPUTATION

	Check the box and complete Schedule L-C, Limited Liability Entity Tax—Continuation Sheet, if the single member limited liability company 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.					
SE	CTION A—Computation of Kentucky Gross Receipts	s and Gross Profits				
1(a)	) Gross receipts less returns and allowances	▶1(a)	0 0			
(b)	Kentucky statutory gross receipts reductions	► (b)	0 0			
2	Adjusted gross receipts (line 1(a) less line 1(b))	▶2	0 0			
3(a)	Cost of goods sold (attach Schedule COGS)	▶3(a)	0 0			
(b)	Kentucky statutory cost of goods sold reductions	▶ (b)	0 0			
4	Adjusted cost of goods sold (line 3(a) less line 3(b))	▶4	0 0			
5	Gross profits (line 2 less line 4)	▶5	0 0			
SE	CTION B—Computation of TOTAL Gross Receipts a	nd Gross Profits				
1	Adjusted gross receipts	▶1	0 0			
2	Cost of goods sold (attach Schedule COGS)	▶2	0 0			
3	Gross profits (line 1 less line 2)	▶3	0 0			



If Section B, Line 1 or 3 is \$3,000,000 or less, SKIP Sections C and D and enter \$175 in Section E, Line 1 and then enter \$175 on page 2, Part II, Line 1. Otherwise, continue to Section C on the next page.

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#### SCHEDULE L-LIMITED LIABILITY ENTITY TAX COMPUTATION—continued

## SECTION C—Computation of Gross Receipts LLET

1	\$3,000,000, but less than \$6,000,000, enter the following:
	(Section A, line 2 x 0.00095) – \$2,850 x (\$6,000,000 – Section A, line 2) \$3,000,000

2 If gross receipts from all sources (Section B, line 1) are \$6,000,000 or greater, enter the following: Section A, line 2 x 0.00095.

▶ 1

3 Enter the amount from line 1 or line 2. ▶3

## SECTION D—Computation of Gross Profits LLET

but in no case shall the result be less than zero.

1 If gross profits from all sources (Section B, line 3) are greater than \$3,000,000, but less than \$6,000,000, enter the following:

(Section A, line 5 x 0.0075) - \$22,500 x (\$6,000,000 - Section A, line 5) \$3,000,000

but in no case shall the result be less than zero. ▶1

2 If gross profits from all sources (Section B, line 3) are \$6,000,000 or greater, enter the following: Section A, line 5 x 0.0075.

3 Enter the amount from line 1 or line 2. ▶3

## **SECTION E—Computation of LLET**

1 Enter the lesser of Section C, line 3 or Section D, line 3 here and on Page 2, Part II, line 1. If less than \$175, enter the minimum of \$175 here and on Page 2, Part II, line 1.