



Check if deceased:  Spouse  Taxpayer For calendar year or other taxable year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

|  |  |
|--|--|
| <b>A. Spouse's Social Security Number</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <b>B. Your Social Security Number</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| Name—Last, First, Middle Initial (Joint return, give both names and initials.)<br><hr/>                              |  |
| Mailing Address (Number and Street including Apartment Number or P.O. Box)<br><hr/>                                  |  |
| City, Town or Post Office  | State                      ZIP Code  |

**FILING STATUS** (see instructions)

1  Single

2  Married, filing joint return.

3  Married, filing separate returns. Enter spouse's Social Security number above and full name here. \_\_\_\_\_

*Check if applicable:*

**Amended**  
*(Enclose copy of 1040X, if applicable.)*

**Military Spouse**

**POLITICAL PARTY FUND**  
*Designating \$2 will not change your refund or tax due.*

|                       | A. Spouse                    | B. Yourself                  |
|-----------------------|------------------------------|------------------------------|
| <b>Democratic</b>     | (1) <input type="checkbox"/> | (4) <input type="checkbox"/> |
| <b>Republican</b>     | (2) <input type="checkbox"/> | (5) <input type="checkbox"/> |
| <b>No Designation</b> | (3) <input type="checkbox"/> | (6) <input type="checkbox"/> |

**RESIDENCY STATUS** (check one box)

4  Full-year nonresident. I did not live in Kentucky during the year. Enter state of residence as of December 31, 2020 \_\_\_\_\_.

5  Part-year resident. Complete appropriate line(s) below.  
 Moved into Kentucky \_\_\_\_\_ State moved from \_\_\_\_\_.  
 Moved out of Kentucky \_\_\_\_\_ State moved to \_\_\_\_\_.

6 You must file a 740-NP-R if you are a full-year resident of a **reciprocal state (IL, IN, MI, OH, VA, WV or WI)** with Kentucky income of wages and salaries only.

**➡ COMPLETE SECTION B ON PAGE 4 BEFORE COMPLETING SECTION A.**

| SECTION A  | 7  | %       |    |
|--|----|---------|----|
| 7 Enter percentage from Section B, line 33..... ➤  | 7  | _____ % |    |
| 8 Enter amount from Section B, line 32, Column A. This is your <b>Federal Adjusted Gross Income</b> .....  | 8  |         | 00 |
| 9 Enter amount from Section B, line 32, Column B. This is your <b>Kentucky Adjusted Gross Income</b> ..... | 9  |         | 00 |
| 10 <b>Nonitemizers:</b> Enter \$2,650 (do not prorate). Skip lines 11 and 12.....                          | 10 |         | 00 |
| 11 <b>Itemizers:</b> Enter itemized deductions from Kentucky Schedule A, Form 740-NP.....                  | 11 | 00      |    |
| 12 Multiply line 11 by the percentage on line 7.....   | 12 | 00      |    |
| 13 Subtract line 10 or 12 from line 9. This is your <b>Taxable Income</b> .....                            | 13 |         | 00 |
| 14 <b>Tax Computation:</b> Multiply line 13 by 5% (.05) enter tax.....                                     | 14 |         | 00 |
| 15 Enter amount from Schedule ITC, Section A, line 25.....   | 15 |         | 00 |
| 16 Subtract line 15 from line 14.....  | 16 |         | 00 |
| 17 Enter personal tax credit amounts from Schedule ITC, Section B.....                                     | 17 | 00      |    |
| 18 Multiply line 17 by the percentage on line 7.....   | 18 | 00      |    |
| 19 Subtract line 18 from line 16 and enter here, continue to page 2.....                                   | 19 |         | 00 |



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|    |  |     |                            |                            |                            |                            |
|----|--|-----|----------------------------|----------------------------|----------------------------|----------------------------|
| 20 | Check the box that represents your total family size (see instructions for lines 20 and 21).....   | 20  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 21 | Multiply line 19 by <b>Family Size Tax Credit</b> decimal amount __.__(%) from Schedule ITC.....   | 21  |                            |                            |                            | 00                         |
| 22 | Subtract line 21 from line 19.....   | 22  |                            |                            |                            | 00                         |
| 23 | Enter the <b>Education Tuition Tax Credit</b> from Form 8863-K.....  | 23  |                            |                            |                            | 00                         |
| 24 | Enter <b>Child and Dependent Care Credit</b> from worksheet (see instructions).....  | 24  |                            |                            |                            | 00                         |
| 25 | Enter <b>Income Gap Tax Credit</b> from Schedule ITC.....  | 25  |                            |                            |                            | 00                         |
| 26 | <b>Income Tax Liability.</b> Subtract lines 23 through 25 from line 22. If zero or less, enter zero.....   | 26  |                            |                            |                            | 00                         |
| 27 | Enter <b>KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions)</b> .....  | 27  |                            |                            |                            | 00                         |
| 28 | Add lines 26 and 27. This is your <b>TOTAL TAX LIABILITY</b> .....   | 28  |                            |                            |                            | 00                         |
| 29 | <b>For amended return;</b> overpayment, if any, shown on original return.....  | 29  |                            |                            |                            | 00                         |
| 30 | Add lines 28 and 29, enter here.....   | 30  |                            |                            |                            | 00                         |
| 31 | a Enter <b>Kentucky income tax withheld</b> as shown on enclosed Schedule KW-2.....  | 31a |                            |                            |                            | 00                         |
|    | b Enter 2020 Kentucky estimated tax/extension payments.....  | 31b |                            |                            |                            | 00                         |
|    | c Enter 2020 refundable certified rehabilitation credit.....   | 31c |                            |                            |                            | 00                         |
|    | d Enter <b>Nonresident Withholding</b> from Form PTE-WH, line 9.....   | 31d |                            |                            |                            | 00                         |
|    | e <b>For amended return;</b> enter amount paid with original return plus additional payment(s) made after it was filed.....  | 31e |                            |                            |                            | 00                         |
| 32 | Add lines 31(a) through 31(e).....   | 32  |                            |                            |                            | 00                         |
| 33 | If line 30 is larger than line 32, subtract line 32 from line 30, enter <b>ADDITIONAL TAX DUE</b> .....  | 33  |                            |                            |                            | 00                         |
| 34 | a Estimated tax penalty <input type="checkbox"/> <b>Check if Form 2210-K attached</b> .....  | 34a |                            |                            |                            | 00                         |
|    | b Interest.....  | 34b |                            |                            |                            | 00                         |
|    | c Late payment penalty.....  | 34c |                            |                            |                            | 00                         |
|    | d Late filing penalty.....   | 34d |                            |                            |                            | 00                         |
| 35 | Add lines 34(a) through 34(d). Enter here.....   | 35  |                            |                            |                            | 00                         |
| 36 | If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35. This is the <b>AMOUNT YOU OWE</b> , continue to page 3..... <b>OWE</b> | 36  |                            |                            |                            | 00                         |
| 37 | If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the <b>AMOUNT YOU OVERPAID</b> , continue to page 3.....   | 37  |                            |                            |                            | 00                         |



**38 FUND CONTRIBUTIONS; see instructions.**

|  |     |    |
|--|-----|----|
| a Nature and Wildlife Fund.....                    | 38a | 00 |
| b Child Victims' Trust Fund.....                   | 38b | 00 |
| c Veterans' Program Trust Fund.....                | 38c | 00 |
| d Breast Cancer Research/Education Trust Fund..... | 38d | 00 |
| e Farms to Food Banks Trust Fund.....              | 38e | 00 |
| f Local History Trust Fund.....                    | 38f | 00 |
| g Special Olympics Kentucky.....                   | 38g | 00 |
| h Pediatric Cancer Research Trust Fund.....        | 38h | 00 |
| i Rape Crisis Center Trust Fund.....               | 38i | 00 |
| j Court Appointed Special Advocate Trust Fund..... | 38j | 00 |
| k YMCA Youth Association Fund.....                 | 38k | 00 |

|   |    |    |
|---|----|----|
| 39 Add lines 38(a) through 38(k).....   | 39 | 00 |
| 40 Amount of line 37 to be <b>CREDITED TO YOUR 2021 ESTIMATED TAX</b> ..... <b>CREDIT FORWARD</b> | 40 | 00 |
| <b>(Credit forwards not available for amended returns)</b>  |    |    |
| 41 Subtract lines 39 and 40 from line 37. Amount to be <b>REFUNDED TO YOU</b> ..... <b>REFUND</b> | 41 | 00 |

**REFUND OPTIONS (Not available for amended returns)**

Check here if you would like your refund issued on a Bank of America Prepaid Debit Card

Check here if you would like to receive your Debit Card material in Spanish

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

|                          |  |                                      |   |   |
|--------------------------|--|--------------------------------------|---|---|
| <b>Sign Here</b>         | Signature of Taxpayer  | Driver's License/State Issued ID No. | Date  | Telephone Number (daytime)  |
|                          | Signature of Spouse  | Driver's License/State Issued ID No. | Date  |   |
| <b>Paid Preparer Use</b> | Signature of Preparer  |                                      | Date  |   |
|                          | Name of Preparer or Firm   |                                      | ID Number   |   |
|                          | Email  | Telephone No.                        | May the DOR discuss this return with this preparer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>Enclose</b>           | Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>                                |                                      | <b>Refund or No Payment</b>   | <b>Kentucky Department of Revenue</b><br>Frankfort, KY 40618-0006 |
| <b>Payment</b>           | Check Payable: <b>Kentucky State Treasurer</b><br>E-Pay Options: <a href="http://www.revenue.ky.gov">www.revenue.ky.gov</a><br>Include: Your Social Security number and "KY Income Tax—2020" |                                      | <b>With Payment</b>   | <b>Kentucky Department of Revenue</b><br>Frankfort, KY 40619-0008 |



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**SECTION B  
INCOME**

|  | A. Total from Enclosed Federal Return | B. Kentucky |
|--|---------------------------------------|-------------|
| 1 Enter all wages, salaries, tips, etc. ( <i>enclose Kentucky Schedule KW-2</i> ) Do not include moving expense reimbursements .....   | 00                                    | 00          |
| 2 Moving expense reimbursement .....   | 00                                    | 00          |
| 3 Interest .....   | 00                                    | 00          |
| 4 Dividends.....   | 00                                    | 00          |
| 5 Taxable refunds, credits or offsets of state and local income taxes.....   | 00                                    | 00          |
| 6 Alimony received.....  | 00                                    | 00          |
| 7 Business income or loss ( <i>enclose federal Schedule C or C-EZ</i> ).....   | 00                                    | 00          |
| 8 Capital gain or loss ( <i>enclose federal Schedule D</i> ).....  | 00                                    | 00          |
| 9 Other gains or losses ( <i>enclose federal Form 4797</i> ).....  | 00                                    | 00          |
| 10 a Federally taxable IRA distributions, pensions and annuities .....   | 00                                    | 00          |
| b Pension income exclusion ( <i>enclose Schedule P if more than \$31,110 per taxpayer</i> )  |                                       | 00          |
| 11 Rents, royalties, partnerships, estates, trusts, etc. ( <i>enclose federal Schedule E</i> ).  | 00                                    | 00          |
| 12 Farm income or loss ( <i>enclose federal Schedule F</i> ) .....   | 00                                    | 00          |
| 13 Unemployment compensation (see instructions).....   | 00                                    | 00          |
| 14 Taxable Social Security benefits.....   | 00                                    |             |
| 15 Gambling winnings .....   | 00                                    | 00          |
| 16 Other income (list type and amount) _____   | 00                                    | 00          |
| 17 Combine lines 1 through 16. This is your <b>Total Income</b>  | 00                                    | 00          |
| <b>ADJUSTMENTS TO INCOME</b>   |                                       |             |
| 18 Educator expenses.....  | 00                                    | 00          |
| 19 Certain business expenses of reservists, performing artists and fee-basis government officials ( <i>enclose federal Form 2106 or 2106-EZ</i> ).....   | 00                                    | 00          |
| 20 Health savings account deduction ( <i>enclose federal Form 8889</i> ) .....   | 00                                    | 00          |
| 21 Moving expenses for members of the armed forces.....  | 00                                    |             |
| 22 Deductible part of self-employment tax.....   | 00                                    | 00          |
| 23 Self-employed SEP, SIMPLE, and qualified plans deduction .....  | 00                                    | 00          |
| 24 Self-employed health insurance deduction .....  | 00                                    | 00          |
| 25 Penalty on early withdrawal of savings .....  | 00                                    | 00          |
| 26 Alimony paid (enter recipient's name and Social Security number)  | 00                                    | 00          |
| 27 IRA deduction.....  | 00                                    | 00          |
| 28 Student loan interest deduction .....   | 00                                    | 00          |
| 29 Tuition and fees deduction .....  | 00                                    | 00          |
| 30 Other deductions (list type and amount) _____   | 00                                    | 00          |
| 31 Add lines 18 through 30. <b>Total Adjustments to Income</b> .....   | 00                                    | 00          |
| 32 Subtract line 31 from line 17. This is your <b>Adjusted Gross Income</b> .....  | 00                                    | 00          |
| 33 Divide line 32, Column B, by line 32, Column A. If amount is equal to or greater than 100%, enter 100%. This is your <b>Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income</b> ..... |                                       | — — — . — % |