



KENTUCKY PASS-THROUGH ENTITY TAX (To be completed by a Pass-through Entity Only)



For	calendar year 2024 or tax year	beginning (MN	1-DD-YY)	– 20, an	d ending (MM-DD-	YY) 20
Α	Federal Identification Number	B LLET Account	Number (If available)	D Check the applicable boxes ☐ Change of accounting period ☐ Final return		
С	Name of Pass-Through Entity	hrough Entity				☐ Change of Name
	Number and Street				☐ Amended☐ Election to pay income tax at the	
	City	State	ZIP Code	Telephone Number		entity level
1	Number of partners, me included in this return ([s) ► 1		
2	Net distributive share in		0 0			
3	100% or the apportionm the pass-through entity's (see instructions)		▶3		%	
4	Kentucky distributive sh tax (line 2 multiplied by	subject to	▶4		0 0	
5	Tax before tax credits (li	ied by 4.0% (.04)	▶ 5		0 0	
6	Enter the partners', mer nonrefundable tax credi	nareholders'	▶6		0 0	
7	Kentucky income tax lia	less line 6)	▶7		0 0	
>	Continue to next page t	o calculate	tax due or overp	payment		
_	TAX PAYMENT SUMMARY (F					
	1 Tax, line 17 \$ 2 Interest \$					
	3 Penalty \$					
	4 Total Payment \$					
0	FFICIAL USE ONLY					
P W 2				V A L		
0				#		

8	Ente	er the tax credit received on a 740-PTET-CR		▶8		0 0	
9	Esti	mated tax payments		▶9		0 0	
10	Exte	ension payment		▶10		0 0	
11	Prio	or year's tax credit		▶11		0 0	
12	Tota	al tax paid on original return		▶12		0 0	
13	Tota	al payments (lines 8 through 12)		▶13		0 0	
14	Tax	overpayment on original return		▶14		0 0	
15	Inco	ome Tax (line 7 and 14 less line 13)		▶15		0 0	
16	Esti	mated Tax Penalty		▶16		0 0	
17	Income tax and Estimated Tax Penalty due (line 15 plus line 16)			▶ 17		0 0	
18		ome tax overpayment (line 13 less lines 7, 14, 16)		▶18		0 0	
19	Cre	dited to 2024 interest		▶19			
20	Cre	dited to 2024 late file/pay penalty		▶20			
21	Cre	dited to 2025 PTET		▶21		0 0	
22		ount to be refunded (line 18 less s 19 through 21)	REFUND	▶22			
		es of perjury, I declare that I have examined this return, including accom and complete. Declaration of preparer (other than taxpayer) is based on				lief, it is	
Sign		Signature of Member	Date/				
lere		Name of Member (Please print)	Title				
Paid Preparer Jse		Signature of Preparer	Date				
		Name of Preparer or Firm (Please print)	ID Number				
		Email and/or Telephone No.	May the DOR discuss this return with this preparer? Preparer? NO				
inclose		Include Form PTET-CR for each owner.	Refund or No Payment		ky Department of Revenue rt, KY 40619-0006		
ayment		Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov	With Payment		Kentucky Department of Revenue Frankfort, Kentucky 40619-0006		