



➤ See instructions. Taxable period beginning \_\_\_\_\_, 201\_\_\_\_, and ending \_\_\_\_\_, 201\_\_\_\_.

A Federal Identification Number _____	B Kentucky NRWH Account Number _____
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C Name of Pass-Through Entity _____	<input type="checkbox"/> Change of Name	D Taxable Year Ending ____ / ____
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Number and Street _____				E Check applicable box(es): <input type="checkbox"/> Change of accounting period <input type="checkbox"/> Final return
City _____	State _____	ZIP Code _____	Telephone Number _____	

DRAFT  
7/26/18

**F Check applicable box:**     Nonresident Income Tax Withholding on Distributive Share Income Report and/or Composite Income Tax Return  
 Amended-Nonresident Income Tax Withholding on Distributive Share Income Report and/or Composite Income Tax Return

1 Number of nonresident individuals, estates, trusts, and corporations included in this withholding/composite	1	
2 Number of nonresident individuals, estates, trusts, and corporations exempt from this withholding	2	
3 Net distributive share income subject to withholding / composite return before apportionment	3	00
4 100% or the apportionment fraction from the pass-through entity's Schedule A (see instructions)	4	%
5 Kentucky distributive share income subject to withholding/composite return (Line 3 multiplied by Line 4)	5	00
6 Tax before tax credits (Line 5 multiplied by .05 (5%))	6	00
7 Enter the partners', members', or shareholders' nonrefundable tax credits	7	00
8 Kentucky income tax liability (Line 6 less Line 7)	8	00
9 Estimated tax payments	9	00
10 Extension payment	10	00
11 Prior year's tax credit	11	00
12 Total Tax Paid on original return	12	00
13 Total Payments (Lines 9 through 12)	13	00
14 Tax overpayment on original return	14	00
15 Income Tax Due (Line 8 and 14 less Line 13) <span style="float:right">TAX DUE</span>	15	00
16 Income tax overpayment (Line 13 less Line 8 and 14)	16	00
17 Credited to 2018 Interest	17	00
18 Credited to 2018 Penalty	18	00
19 Credited to 2019 NRWH	19	00
20 Amount to be refunded (Line 16 less Lines 17 through 19) <span style="float:right">REFUND</span>	20	00

OFFICIAL USE ONLY	TAX PAYMENT SUMMARY												
<table border="1" style="width:100%; height:100%;"> <tr><td style="width:20px; text-align:center; vertical-align:middle;">V A L #</td><td style="width:80%;"></td></tr> <tr><td style="text-align:center; vertical-align:middle;">P W 2 0 4</td><td></td></tr> </table>	V A L #		P W 2 0 4		<table style="width:100%;"> <tr><td>1 Tax (Line 15)</td><td style="text-align:right">\$ _____ .00</td></tr> <tr><td>2 Interest</td><td style="text-align:right">\$ _____ .00</td></tr> <tr><td>3 Penalty</td><td style="text-align:right">\$ _____ .00</td></tr> <tr><td>4 Total Payment</td><td style="text-align:right">\$ _____ .00</td></tr> </table>	1 Tax (Line 15)	\$ _____ .00	2 Interest	\$ _____ .00	3 Penalty	\$ _____ .00	4 Total Payment	\$ _____ .00
V A L #													
P W 2 0 4													
1 Tax (Line 15)	\$ _____ .00												
2 Interest	\$ _____ .00												
3 Penalty	\$ _____ .00												
4 Total Payment	\$ _____ .00												

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.

<b>Sign Here</b>	Signature of Partner, Member, or Shareholder	Date
	Name of Partner, Member, or Shareholder	Title
<b>Paid Preparer Use</b>	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

<b>Enclose</b>	Include PTE-WH for each partner, member, or shareholder.	<b>Refund or No Payment</b>	Kentucky Department of Revenue Frankfort, KY 40619-0006
<b>Payment</b>	Check Payable: <b>Kentucky State Treasurer</b> E-Pay Options: <b>www.revenue.ky.gov</b>	<b>With Payment</b>	Kentucky Department of Revenue Frankfort, Kentucky 40619-0006