



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

<b>A</b>	<b>B</b> Federal Identification Number _____			<b>C</b> Kentucky Corporation/LLET Account Number (Required) _____		
	Name of LLC _____ <input type="checkbox"/> Change of Name				<b>Taxable Year Ending</b> ____ / ____	
	Number and Street _____				State and Date of Organization _____	
	City _____ State _____ ZIP Code _____ Telephone Number _____				Principal Business Activity in KY _____	
					NAICS Code Number in KY (See <a href="http://www.census.gov">www.census.gov</a> ) _____	
<b>D</b> Check if applicable: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (Complete Part III) <input type="checkbox"/> Change of accounting period <input type="checkbox"/> Short-period return (Complete Part III) <input type="checkbox"/> Qualified investment pass-through entity						

DRAFT  
6/29/18

**PART I—QUALIFICATION QUESTIONS**

All of the following statements must be true of the LLC to use this form. Use Form 725 if any of the following statements are false.	TRUE	FALSE
1 Gross receipts from all sources were \$3,000,000 or less.		
2 All of the LLC's activities were in Kentucky.		
3 The single member is a Kentucky resident.		
4 No tax credits or recaptures are claimed on this return.		
5 The LLC was not an owner in a pass-through entity.		
6 No prior year tax credit exists.		

**PART II—LLET COMPUTATION**

1 Minimum \$175 LLET tax due .....	1	<b>\$175</b>	<b>00</b>
2 Estimated tax payments.....	2		<b>00</b>
3 Extension payment.....	3		<b>00</b>
4 Penalty and/or Interest due .....	4		<b>00</b>
5 <b>LLET payment due</b> (line 1 less lines 2 and 3, plus line 4).....	5		<b>00</b>
6 <b>LLET refund due</b> (lines 2 and 3 less lines 1 and 4).....	6		<b>00</b>

**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 _____	<b>DOR Use Only</b>
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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 Member	Date
	Name of Member	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>	All supporting federal forms and schedules, including Federal Schedule(s) C, E, and/or F.	<b>Refund or No Payment</b>	Kentucky Department of Revenue P. O. Box 856905 Louisville, KY 40285-6905	<b>OFFICIAL USE ONLY</b>	
				P W 2 0 4	
<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 P. O. Box 856910 Louisville, KY 40285-6910	V A L #	



**SCHEDULE Q—SINGLE MEMBER LIMITED LIABILITY COMPANY QUESTIONNAIRE**

**IMPORTANT:** Questions 3—9 must be completed by all single member limited liability companies (LLC). If this is the single member LLC's initial return or if the single member LLC 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 Single member's (owner) name, address, and Social Security number or federal I.D. number \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2 If a foreign limited liability company, 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 limited liability company'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 the entity(ies).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6 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: \_\_\_\_\_

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

8 Did the limited liability company file a Kentucky tangible personal property tax return for January 1, 2019?  
 Yes  No

If yes, list the name and federal I.D. number of entity(ies) filing return(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9 Is the single member limited liability company 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 LLC's taxable income which have not been reported to this department, check here  and file an amended Form 725 for each year adjusted. **Attach a copy of the final determination to each amended return.**