

42A740 (7-19-18 DRAFT)



For	calendar year or other taxable year begin	ning , 2018, and endir	ng , 20_	·							
A. Spouse's Social Security Number B. Your Social Security Number			lumber								
								1			
Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)						DRA 711		8			
N	ailing Address (Number and Street including Ap	artment Number or P.O. Box)				711	51				
С	ty, Town or Post Office	State	ZIP Code								
FILING STATUS (see instructions)         1       Single         2       Married, filing separately on a return. (If both had income.)         3       Married, filing joint return.         4       Married, filing separate return social Security number above		rns. Enter spouse's		<b>ded</b> (Enclose f <mark>1040X</mark> , if		POLITICAL PARTY Designating \$2 will Democratic Republican No Designation			<b>B. Y</b> (4 (5	refund or tax due. <b>B. Yourself</b> (4) (5) (6) (6)	
INC	COME/TAX		ļ	Ι	Α.	Spouse <i>(Use if</i>		B.	Yourself		
5	Enter amount from federal Form 10	, ,			Filing	Status 2 is checked.)			(or Joint)		
	and B is \$33,383 or less, you may q Credit. See instructions.)			5		00	5			00	
6	Additions from Schedule M, line 6			6		00	6			00	
	Add lines 5 and 6			7		00	7			00	
, 8	Subtractions from Schedule M, line			8		00	8			00	
9	Subtract line 8 from line 7. This is yo			9		00	9			00	
	Itemizers: Enter itemized deduction										
	Nonitemizers: Enter \$2,530 in Colur	mns A and/or B		10		00	10			00	
11	Subtract line 10 from line 9. This is	your Taxable Income		11		00	11			00	
12	Tax Computation: Multiply line 11 k	by 5% (.05) or from Schedule	e J 🗌	12		00	12			00	
13	Enter tax from Form 4972-K []; Sc Schedule DS-R []; Angel Investor			13		00	13			00	
14	Add lines 12 and 13 and enter total	here		14		00	14			00	
15	Enter amounts from Schedule ITC, S	Section A, lines 24E and 24F		15		00	15			00	
16	Subtract line 15 from line 14. If line	15 is larger than line 14, ent	er zero	16		00	16			00	
17	Enter personal tax credit amounts from <b>Note:</b> Use only if 65 or over, blind, or		es 3A and 3B	17		00	17			00	
18	Subtract line 17 from line 16. If line	17 is larger than line 16, ent	ter zero	18		00	18			00	
19	Add tax amount(s) in Columns A an	nd B, line 18 and enter here					19			00	
20	Check the box that represents your total family size (see instructions before completing lines 20 and 21)							1 🗆	2 🗌 3	4	
21	Multiply line 19 by Family Size Tax Credit decimal amount (%) from Schedule ITC									00	
22							22			00	
23	3 Enter the Education Tuition Tax Credit from Form 8863-K						23			00	
24	Subtract line 23 from line 22						24			00	
25	Enter Child and Dependent Care Credit										
	from federal Form 2441, line 9 > x 20						25	<u> </u>		00	
26	6 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero						26	<u> </u>		00	
27						-	27	<u> </u>		00	
28	28 Add lines 26 and 27. Enter here and on page 2, line 29									00	



REFUND/TAX PAYMENT SUMMARY											
29 Enter amount from page 1, line 28. This is your <b>Total Tax Liability</b>							29		00		
30	For amended return; overpayment, if any, shown on original return							30		00	
31	Add lines 29 and 30, enter here							31		00	
32							00 00 00 00				
33	Add lines	مط lines 32(a) through 32(d)							33		00
34	If line 31	line 31 is larger than line 33, subtract line 33 from line 31, enter ADDITIONAL TAX DUE							34		00
35	a       Estimated tax penalty       Check if Form 2210-K attached       35a         b       Estimated tax interest       35b         c       Interest       35c         d       Late payment penalty       35d         e       Late filing penalty       35e							00 00 00 00 00			
36	Add lines	s 35(a) through 35(e). Er	nter here						36		00
	This is th	If the total of lines 31 and 36 are more than line 33, subtract line 33 from the total of lines 31 and 36. This is the <b>AMOUNT YOU OWE</b>						OWE	37		00
		If line 33 is more than line 31, subtract lines 31 and 36 from line 33. This is the <b>AMOUNT YOU OVERPAID</b> Fund Contributions; see instructions.						38		00	
a b d	Nature and Wildlife Fund       00       e       Farms to Food Banks Trust Fund         Child Victims' Trust Fund       00       f       Local History Trust Fund         Veterans' Program Trust Fund       00       g       Special Olympics Kentucky         Breast Cancer Research/       00       h       Pediatric Cancer Research Trust Fund         Education Trust Fund       00       i       Rape Crisis Center Trust Fund         j       Court Appointed Special Advocate       Trust Fund						00 00 00 00 00 00				
40	Add lines	s 39(a) through 39(j)							40		00
41		Amount of line 38 to be CREDITED TO YOUR 2019 ESTIMATED TAX				RWARD	41		00		
42	(Credit forwards not available for amended returns) Subtract lines 40 and 41 from line 38. Amount to be REFUNDED TO YOU REFUND						EFUND	42		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											
		Signature of Taxpayer         Driver's License/State Issued ID No.				No.	Date			Telephone Number (daytime)	
Sign Here		Signature of Spouse			Driver's License/State Issued ID No.			Date			
Paid Preparer Use		Signature of Preparer Date									
		Name of Preparer or Firm ID Number									
		Email Telephone No.			May the DOR discuss this return with this preparer?						
Enclose		Include a complete copy of federal Form 1040 if yo received farm, business, or rental income or loss. required, check here.				Refu or N Payr		Kentucky Department of Revenue P. O. Box 856970 Louisville, KY 40285-6970			
Payment		Check Payable: <b>Kentucky State Treasurer</b> E-Pay Options: <b>www.revenue.ky.gov</b> Include: Your Social Security number and "KY IncomeTax—2018"			Payment		P. O. Box 8	Kentucky Department of Revenue P. O. Box 856980 Louisville, KY 40285-6980			