



Check if deceased: Spouse Taxpayer For calendar year or other taxable year beginning _____, 2018, and ending _____, 20____.

A. Spouse's Social Security Number _____	B. Your Social Security Number _____
Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.) _____	
Mailing Address (Number and Street including Apartment Number or P.O. Box) _____	
City, Town or Post Office	State ZIP Code

DRAFT
8/20/18

FILING STATUS (see instructions)

1 Single

2 Married, filing separately on this combined return. **(If both had income.)**

3 Married, filing joint return.

4 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.)

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

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

		A. Spouse (Use if Filing Status 2 is checked.)		B. Yourself (or Joint)
5 Enter amount from federal Form 1040, line 7. (If total of Columns A and B is \$33,383 or less, you may qualify for the Family Size Tax Credit. See instructions.)	5	00	5	00
6 Additions from Schedule M, line 6.....	6	00	6	00
7 Add lines 5 and 6.....	7	00	7	00
8 Subtractions from Schedule M, line 15.....	8	00	8	00
9 Subtract line 8 from line 7. This is your Kentucky Adjusted Gross Income	9	00	9	00
10 Itemizers: Enter itemized deductions from Kentucky Schedule A. Nonitemizers: Enter \$2,530 in Columns 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 by 5% (.05) or from Schedule J <input type="checkbox"/>	12	00	12	00
13 Enter tax from Form 4972-K <input type="checkbox"/> ; Schedule RC-R <input type="checkbox"/> ; Schedule DS-R <input type="checkbox"/> ; Angel Investor Recapture <input type="checkbox"/>	13	00	13	00
14 Add lines 12 and 13 and enter total here.....	14	00	14	00
15 Enter amounts from Schedule ITC, 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, enter zero.....	16	00	16	00
17 Enter personal tax credit amounts from Schedule ITC, Section B, lines 3A and 3B Note: Use only if 65 or over, blind, or in Kentucky National Guard.	17	00	17	00
18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero.....	18	00	18	00
19 Add tax amount(s) in Columns A and B, line 18 and enter here.....	19		19	00
20 Check the box that represents your total family size (see instructions before completing lines 20 and 21).....	20		20	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
21 Multiply line 19 by Family Size Tax Credit decimal amount ____ (____%) from Schedule ITC.....	21		21	00
22 Subtract line 21 from line 19.....	22		22	00
23 Enter the Education Tuition Tax Credit from Form 8863-K.....	23		23	00
24 Subtract line 23 from line 22.....	24		24	00
25 Enter Child and Dependent Care Credit from federal Form 2441 , line 9 ➤ _____ x 20% (.20).....	25		25	00
26 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero.....	26		26	00
27 Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions).....	27		27	00
28 Add lines 26 and 27. Enter here and on page 2, line 29.....	28		28	00



REFUND/TAX PAYMENT SUMMARY				
29 Enter amount from page 1, line 28. This is your Total Tax Liability	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 a Enter Kentucky income tax withheld as shown on enclosed Schedule KW-2	32a	00		
b Enter 2018 Kentucky estimated tax payments	32b	00		
c Enter 2018 refundable certified rehabilitation credit	32c	00		
d For amended return ; enter amount paid with original return plus additional payment(s) made after it was filed	32d	00		
33 Add lines 32(a) through 32(d)	33			00
34 If line 31 is larger than line 33, subtract line 33 from line 31, enter ADDITIONAL TAX DUE	34			00
35 a Estimated tax penalty <input type="checkbox"/> Check if Form 2210-K attached	35a	00		
b Estimated tax interest	35b	00		
c Interest	35c	00		
d Late payment penalty	35d	00		
e Late filing penalty.....	35e	00		
36 Add lines 35(a) through 35(e). Enter here	36			00
37 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 AMOUNT YOU OWE	37	OWE		00
38 If line 33 is more than line 31, subtract lines 31 and 36 from line 33. This is the AMOUNT YOU OVERPAID	38			00
39 <i>Fund Contributions; see instructions.</i>				
a Nature and Wildlife Fund	00			
b Child Victims' Trust Fund	00			
c Veterans' Program Trust Fund ..	00			
d Breast Cancer Research/ Education Trust Fund	00			
e Farms to Food Banks Trust Fund	00			
f Local History Trust Fund	00			
g Special Olympics Kentucky	00			
h Pediatric Cancer Research Trust Fund ..	00			
i Rape Crisis Center Trust Fund	00			
j Court Appointed Special Advocate Trust Fund	00			
40 Add lines 39(a) through 39(j)	40			00
41 Amount of line 38 to be CREDITED TO YOUR 2019 ESTIMATED TAX	41	CREDIT FORWARD		00
(Credit forwards not available for amended returns)				
42 Subtract lines 40 and 41 from line 38. Amount to be REFUNDED TO YOU	42	REFUND		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 <input type="checkbox"/>				
Check here if you would like to receive your Debit Card material in Spanish <input type="checkbox"/>				

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.

Sign Here	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	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Enclose	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"/>	Refund or No Payment	Kentucky Department of Revenue P. O. Box 856970 Louisville, KY 40285-6970
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov Include: Your Social Security number and "KY Income Tax – 2018"	With Payment	Kentucky Department of Revenue P. O. Box 856980 Louisville, KY 40285-6980