



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 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 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married, filing joint return. 3 <input type="checkbox"/> Married, filing separate returns. Enter spouse's Social Security number above and full name here. _____	Check if applicable: <input type="checkbox"/> Amended (Enclose copy of 1040X, if applicable.) <input type="checkbox"/> Military Spouse	POLITICAL PARTY FUND Designating \$2 will not change your refund or tax due. <table style="width:100%; border: none;"> <tr> <td></td> <td style="text-align: center;">A. Spouse</td> <td style="text-align: center;">B. Yourself</td> </tr> <tr> <td>Democratic</td> <td style="text-align: center;">(1) <input type="checkbox"/></td> <td style="text-align: center;">(4) <input type="checkbox"/></td> </tr> <tr> <td>Republican</td> <td style="text-align: center;">(2) <input type="checkbox"/></td> <td style="text-align: center;">(5) <input type="checkbox"/></td> </tr> <tr> <td>No Designation</td> <td style="text-align: center;">(3) <input type="checkbox"/></td> <td style="text-align: center;">(6) <input type="checkbox"/></td> </tr> </table>		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	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"/>												

RESIDENCY STATUS (check one box)

4 Full-year nonresident. I did not live in Kentucky during the year. Enter state of residence as of December 31, 2018 _____.

5 Part-year resident. Complete appropriate line(s) below.
 Moved into Kentucky _____ / _____ / **18**. State moved from _____.
 Moved out of Kentucky _____ / _____ / **18**. State moved to _____.

6 You must file a 740-NP-R if you are a full-year resident of a **reciprocal state (IL, IN, MI, OH, VA, WV or WI)** with Kentucky income of wages and salaries only.

➡ COMPLETE PAGE 3 BEFORE COMPLETING LINES 7 THROUGH 28.

INCOME/TAX						
7 Enter percentage from page 3, line 34..... ➡	7	_____ %				
8 Enter amount from page 3, line 33, Column A. This is your Federal Adjusted Gross Income	8					00
9 Enter amount from page 3, line 33, Column B. This is your Kentucky Adjusted Gross Income	9					00
10 Nonitemizers: Enter \$2,530 (do not prorate). Skip lines 11 and 12	10					00
11 Itemizers: Enter itemized deductions from Kentucky Schedule A, Form 740-NP	11			00		
12 Multiply line 11 by the percentage on line 7.....	12			00		
13 Subtract line 10 or 12 from line 9. This is your Taxable Income	13					00
14 Tax Computation: Multiply line 13 by 5% (.05) enter tax.....	14					00
15 Enter amount from Schedule ITC, Section A, line 24.....	15					00
16 Subtract line 15 from line 14.....	16					00
17 Enter personal tax credit amounts from Schedule ITC, Section B, line 3	17			00		
Note: Use only if 65 or over, blind, or in Kentucky National Guard.						
18 Multiply line 17 by the percentage on line 7	18			00		
19 Subtract line 18 from line 16.....	19					00
20 Check the box that represents your total family size (see instructions for lines 20 and 21)	20				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
21 Multiply line 19 by the Family Size Tax Credit decimal amount ____ . ____ (____ %) from Schedule ITC.....	21					00
22 Subtract line 21 from line 19.....	22					00
23 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 worksheet (see instructions).....	25					00
26 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero.....	26					00
27 Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions)..	27					00
28 Add lines 26 and 27. Enter here and on page 2, line 29.....	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 Enter Nonresident Withholding from Form PTE-WH, line 9	32d	00		
e For amended return; enter amount paid with original return plus additional payment(s) made after it was filed	32e	00		
33 Add lines 32(a) through 32(e)	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. OWE This is the AMOUNT YOU OWE	37		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 Fund Contributions; see instructions.				
a Nature and Wildlife Fund	00	e Farms to Food Banks Trust Fund		00
b Child Victims' Trust Fund	00	f Local History Trust Fund		00
c Veterans' Program Trust Fund ..	00	g Special Olympics Kentucky		00
d Breast Cancer Research/ Education Trust Fund	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
42 Subtract lines 40 and 41 from line 38. Amount to be REFUNDED TO YOU	42	REFUND		00

Check here if you would like your refund issued on a Bank of America Prepaid Debit Card

Check here if you would like to receive your Debit Card material in Spanish

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



	A. Total from Enclosed Federal Return		B. Kentucky	
INCOME				
1 Enter all wages, salaries, tips, etc. (<i>enclose Kentucky Schedule KW-2</i>) Do not include moving expense reimbursements	1	00		00
2 Moving expense reimbursement	2	00		00
3 Interest	3	00		00
4 Dividends.....	4	00		00
5 Taxable refunds, credits or offsets of state and local income taxes	5	00		00
6 Alimony received	6	00		00
7 Business income or loss (<i>enclose federal Schedule C or C-EZ</i>).....	7	00		00
8 Capital gain or loss (<i>enclose federal Schedule D</i>).....	8	00		00
9 Other gains or losses (<i>enclose federal Form 4797</i>).....	9	00		00
10 a Federally taxable IRA distributions, pensions and annuities	10a	00		00
b Pension income exclusion (<i>enclose Schedule P if more than \$31,110 per taxpayer</i>)	10b		(00)
11 Rents, royalties, partnerships, estates, trusts, etc. (<i>enclose federal Schedule E</i>).	11	00		00
12 Farm income or loss (<i>enclose federal Schedule F</i>)	12	00		00
13 Unemployment compensation (see instructions).....	13	00		00
14 Taxable Social Security benefits	14	00		
15 Gambling winnings	15	00		00
16 Other income (list type and amount) _____	16	00		00
17 Combine lines 1 through 16. This is your Total Income	17	00		00
ADJUSTMENTS TO INCOME				
18 Educator expenses.....	18	00		00
19 Certain business expenses of reservists, performing artists and fee-basis government officials (<i>enclose federal Form 2106 or 2106-EZ</i>).....	19	00		00
20 Health savings account deduction (<i>enclose federal Form 8889</i>)	20	00		00
21 Moving expenses for members of the armed forces.....	21	00		
22 Deductible part of self-employment tax.....	22	00		00
23 Self-employed SEP, SIMPLE, and qualified plans deduction	23	00		00
24 Self-employed health insurance deduction	24	00		00
25 Penalty on early withdrawal of savings	25	00		00
26 Alimony paid (enter recipient's name and Social Security number) _____	26	00		00
27 IRA deduction	27	00		00
28 Student loan interest deduction	28	00		00
29 RESERVED	29	00		00
30 RESERVED	30	00		00
31 Other deductions (list type and amount) _____	31	00		00
32 Add lines 18 through 31. Total Adjustments to Income	32	00		00
33 Subtract line 32 from line 17. This is your Adjusted Gross Income	33	00		00
34 Divide line 33, Column B, by line 33, Column A. If amount is equal to or greater than 100%, enter 100%. This is your Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income	34		— — — . — %	