



Last name, Your first name and middle initial, Your Social Security No., Mailing Address (Number and Street including Apartment No. or P. O. Box), City, town or post office, State, ZIP code

Did you file a Kentucky income tax return for 2017? Yes [] No [] If no, give reason:

INSTRUCTIONS This form may be used by qualifying full-year nonresidents to claim a refund of Kentucky income taxes withheld during 2018. To determine if you qualify, you must check "Yes" or "No" for the applicable statements below. If eligible, complete lines 1-11. Enter only the taxpayer's name in which the Kentucky wages and salaries were earned in the name box above. Do not include your spouse's name. If both spouses earned only Kentucky wages and salaries as a resident of a reciprocal state, each spouse must file a separate Form 740-NP-R.

A I was a nonresident of Kentucky during all of 2018. [] Yes [] No

B My only 2018 Kentucky income was from salaries or wages earned while a resident of any of the following states: [] Yes [] No

(check state(s) box) 1-Illinois [] 2-Indiana [] 3-Michigan [] 4-Ohio [] 5-Virginia [] 6-West Virginia [] 7-Wisconsin []

Note: Race track, lottery and other gambling winnings are not salaries or wages.

C For Virginia residents only: I commuted daily to a place of employment in Kentucky. [] Yes [] No

Nonresidents who answered "No" to any of the statements above must file Form 740-NP to report Kentucky income.

Enter name and address of principal employer in Kentucky

Name

Address

City

State

ZIP code

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Table with 12 rows for tax contributions and a total line. Columns include description, amount, and total. Row 1: Enter total Kentucky income tax withheld as shown on Schedule KW-2. Do not include local tax withheld 1 00. Row 2: Nature and Wildlife Fund Contribution 2 00. Row 3: Child Victims' Trust Fund Contribution 3 00. Row 4: Veterans' Program Trust Fund Contribution 4 00. Row 5: Breast Cancer Research/Education Trust Fund Contribution 5 00. Row 6: Farms to Food Banks Trust Fund Contribution 6 00. Row 7: Local History Trust Fund Contribution 7 00. Row 8: Special Olympics Kentucky 8 00. Row 9: Pediatric Cancer Research Trust Fund 9 00. Row 10: Rape Crisis Center Trust Fund 10 00. Row 11: Court Appointed Special Advocate Trust Fund 11 00. Row 12: From line 1, subtract lines 2 through 11. Amount to be REFUNDED 12 00.

ENCLOSE SCHEDULE KW-2 AND A COPY OF THE 2018 RETURN FILED WITH YOUR STATE OF RESIDENCE.

I declare under the penalties of perjury that I have examined this return and to the best of my knowledge and belief, it is a true, correct and complete return.

Your Signature, Driver's License/State Issued ID No., Date Signed, Telephone Number (daytime), Typed or Printed Name of Preparer Other than Taxpayer, I.D. Number of Preparer, Date Signed, May the DOR discuss this return with this preparer? [] Yes [] No

Mail to: Kentucky Department of Revenue, P. O. Box 856970, Louisville, KY 40285-6970

Note: Residents of reciprocal states who want to prevent their Kentucky employer from withholding Kentucky income tax from their paychecks should file a copy of Revenue Form 42A809, Certificate of Nonresidence, with their employer. The form is available from the employer, the Kentucky Department of Revenue, Frankfort, KY 40620, or by visiting www.revenue.ky.gov