



APPLICATION FOR EXTENSION OF TIME TO FILE

USE FOR INDIVIDUAL, GENERAL PARTNERSHIP, AND FIDUCIARY INCOME TAX RETURNS FOR KENTUCKY

> SEE INSTRUCTIONS FOR PAYMENT REQUIRMENTS

Use this form if you are requesting a Kentucky extension of time to file. Taxpayers who request a federal extension are not required to file a separate Kentucky extension, unless an amount is due with the extension. The requirement may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

You may choose to electronically file your Kentucky extension for Individual returns. Filing electronically allows you the option to pay electronically through a direct debit transaction scheduled on or before April 15, 2019.

All taxpayers filing this Application for Extension must complete Section I and the Payment Voucher. If no payment is being remitted, leave Payment Voucher blank. If you are filing your Application of Extension electronically and choose

debit, complete Section II with your banking acco	, , ,	plication of Extension electronically and	choose to pay by direc
You will be notified only if the Application for Exyour return when filed. Keep a copy for yourself.	tension is denied. To avoid	the late filing penalty, a copy of this for	rm must be attached t
Section I			
A six-month extension is requested for filing the i	ncome tax return of the taxpa	yer(s) listed below for the taxable year e	nding
REASON FOR REQUEST (A reason must be giv	en before any request can be	considered. Inability to pay is not a vali	id reason.)
			·
Signature of Taxpayer Date		Signature of Paid Preparer	Date
	Department of Revenue, P.C	D. Box 1190, Frankfort, KY 40602-1190	
	d after return date)	Other:	
Section II - Direct Debit of Tax Due (Complet	te only if filing electronic ext	ension)	AFT 3-18
Routing Transit number (RTN)		rst 2 numbers of the RTN must be ough 12 or 21 through 32.	
Depositer account number (DAN)			3-18
	Jug dakit amayınt C	Pakit data	. 9
Type of account: Savings Checking Tax of authorize the Kentucky Department of Revenue and its des	due debit amount \$	Debit date //	
taxes to receive confidential information necessary to answe Your Signature (If joint or combined return, both must sign	Spouse'	's Signature Da	ıte
	etach here and mail voucher wit		
740EXT (09/18) K (entucky Extension	Payment Voucher	2018
	12/31/201 Year Ending		
YOUR SOCIAL SECURITY NUMBER / FEI		SPOUSE'S SOCIAL SECURI	TY NUMBER.
LAST NAME	FIRST NAME	SPOUSE'S NAME	
		Amount Paid	0 0
NUMBER AND STREET OR P.O. BOX		Make check payable to: Kentu	cky State Treasurer
CITY, TOWN OR POST OFFICE STATE	ZIP CODE		
Check type of return:			
☐ Individual ☐ Fiduciary	Mail to:		4041020002
General Partnership	Kentucky Departmer	nt of Revenue	
For informational purposes only.	P.O. Box 1190 Frankfort, KY 40602-	1100	
General Partnerships DO NOT have a tax liability.	FIGHKIUTI, NT 40002-	1130	

DO NOT ATTACH CHECK TO VOUCHER