



For calendar year 2020 or tax years beginning (MM-DD-YY) \_\_\_ - \_\_\_ - 20\_\_\_, and ending (MM-DD-YY) \_\_\_ - \_\_\_ - 20\_\_\_

<b>A</b> Federal Identification Number  _____	<b>B</b> Kentucky NRWH Account Number  _____	<b>D</b> <i>Check the applicable boxes</i>  <input type="checkbox"/> Change of accounting period <input type="checkbox"/> Final return <input type="checkbox"/> Amended
<b>C</b> Name of Pass-Through Entity <span style="float: right;"><input type="checkbox"/> Change of Name</span>  Number and Street  City                      State                      ZIP Code                      Telephone Number		

- |  |     |               |
|--|-----|---------------|
| 1 Number of nonresident individuals, estates, trusts, and corporations included in this return             | ▶ 1 |               |
| 2 Number of nonresident individuals, estates, trusts, and corporations exempt from this withholding        | ▶ 2 |               |
| 3 Net distributive share income subject to withholding / composite return before apportionment             | ▶ 3 | 00            |
| 4 100% or the apportionment fraction from the pass-through entity's Schedule A (see instructions)          | ▶ 4 | ____ . ____ % |
| 5 Kentucky distributive share income subject to withholding/composite return (Line 3 multiplied by Line 4) | ▶ 5 | 00            |
| 6 Tax before tax credits (Line 5 multiplied by .05 (5%))   | ▶ 6 | 00            |
| 7 Enter the partners', members', or shareholders' nonrefundable tax credits                                | ▶ 7 | 00            |
| 8 <b>Kentucky income tax liability</b> (Line 6 less Line 7)  | ▶ 8 | 00            |

TAX PAYMENT SUMMARY	
1 Tax	\$ _____
2 Interest	\$ _____
3 Penalty	\$ _____
4 <b>Total Payment</b>	\$ _____

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P W 2 0 4	V A L #



9	Estimated tax payments	▶ 9		00
10	Extension payment	▶ 10		00
11	Prior year's tax credit	▶ 11		00
12	Total tax paid on original return	▶ 12		00
13	Total payments (Lines 9 through 12)	▶ 13		00
14	Tax overpayment on original return	▶ 14		00
15	Estimated Tax Penalty ( <b>attach Form NRWH-P</b> )	▶ 15		00
16	<b>Income tax and Estimated Tax Penalty due</b> (Line 8, 14, and 15 less Line 13)	<b>OWE</b> ▶ 16		00
17	Income tax overpayment (Line 13 less Line 8, 14, and 15)	▶ 17		00
18	Credited to 2020 interest	▶ 18		
19	Credited to 2020 penalty	▶ 19		
20	Credited to 2021 NRWH	▶ 20		00
21	<b>Amount to be refunded</b> (Line 17 less Lines 18 through 20)	<b>REFUND</b> ▶ 21		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of Owner	Date
	Name of Owner ( <b>Please print</b> )	Title
<b>Paid Preparer Use</b>	Signature of Preparer	Date
	Name of Preparer or Firm ( <b>Please print</b> )	ID Number
	Email and/or Telephone No.	May the DOR discuss this return with this preparer? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Enclose</b>	Include PTE-WH for each owner.	<b>Refund or No Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, KY 40619-0006
<b>Payment</b>	Check Payable: <b>Kentucky State Treasurer</b> E-Pay Options: <a href="http://www.revenue.ky.gov">www.revenue.ky.gov</a>	<b>With Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, Kentucky 40619-0006