



720U

FORMS ONLY

- ◆ Only use this package if you are required to file as a **Unitary Combined Corporation Income Tax and LLET Group**.



For calendar year 2021 or tax years beginning (MM-DD-YY) ___ - ___ - 20 ___, and ending (MM-DD-YY) ___ - ___ - 20 ___.

A Number of Corporations in Waters-Edge Group ____	D Federal Identification Number _____	E Kentucky Corporation/LLET Account Number (Required) _____	
	Name of Designated Filer Corporation _____ <input type="checkbox"/> Change of Name		Telephone Number _____
B Number of Corporations with Kentucky Nexus ____	Number and Street _____		State of Incorporation _____
	City _____	State _____	ZIP Code _____
C Check if applicable: <input type="checkbox"/> Amended return <input type="checkbox"/> Amended return—RAR Attach explanation of changes statement.	Foreign Country (if not United States) _____		Principal Business Activity in KY _____
	F Check if applicable: <input type="checkbox"/> Initial return <input type="checkbox"/> Change of accounting period		Primary NAICS Code Number in KY (See www.census.gov) _____
		<input type="checkbox"/> Short-period return (Complete Box G)	
		<input type="checkbox"/> Final return (Complete Box G)	

G EXPLANATION OF FINAL RETURN AND/OR SHORT-PERIOD RETURN

Check if applicable:

<input type="checkbox"/> Ceased operations in Kentucky	<input type="checkbox"/> Change in filing status
<input type="checkbox"/> Change of ownership	<input type="checkbox"/> Merger
<input type="checkbox"/> Successor to previous business	<input type="checkbox"/> Other _____

PART I—COMBINED GROUP LLET SUMMARY

1 Total LLET liability. Enter the combined totals column amount from Schedule U9, Section A, line 6.	1		00
2 Total interest due on LLET. Enter the combined totals amount from Schedule U9, Section A, line 20.....	2		00
3 Total penalty due on LLET. Enter the combined totals amount from Schedule U9, Section A, line 21.....	3		00
4 Total LLET, interest, and penalty due. Enter the combined totals column amount from Schedule U9, Section A, line 22.....	4	AMOUNT DUE	00
5 Total LLET amount to be refunded. Enter the combined totals column amount from Schedule U9, Section A, line 27.....	5	REFUND	00

PART II—COMBINED GROUP INCOME TAX SUMMARY

1 Total income tax liability. Enter the combined totals column amount from Schedule U9, Section B, line 8.....	1		00
2 Total interest due on income tax. Enter the combined totals amount from Schedule U9, Section B, line 18.....	2		00
3 Total penalty due on income tax. Enter the combined totals amount from Schedule U9, Section B, line 19.....	3		00
4 Total income tax, interest, and penalty due. Enter the combined totals column amount from Schedule U9, Section B, line 20.....	4	AMOUNT DUE	00
5 Total income tax amount to be refunded. Enter the combined totals column amount from Schedule U9, Section B, line 25.....	5	REFUND	00

Enclose	Include federal form 1120 with all supporting schedules and statements.	Refund or No Payment	Kentucky Department of Revenue Frankfort, KY 40618-0010
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov	With Payment	Kentucky Department of Revenue Frankfort, KY 40620-0021



- See instructions.
- Attach to Form 720U.

Name of Designated Filer	Federal Identification Number _____ - _____	Kentucky Corporation/LLET Account Number _____
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IMPORTANT: Questions 3-8 must be completed by all corporations. If this is the corporation's initial return or if the corporation did not file a return under the same name and same federal identification number for the preceding year, questions 1 and 2 must be answered. **Failure to do so may result in a request for a delinquent return.**

	Name		
	FEIN	---	---
1 Check the box if the corporation is a new business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If the corporation is a successor to a previously existing business, enter the following:			
2(a) Previous business name			
2(b) Previous business address			
2(c) Previous business FEIN.....	---	---	---
3 If a foreign corporation, enter the date qualified to do business in Kentucky	___/___/___	___/___/___	___/___/___
4 The corporation's books are in care of: (Name and address).....			
5 Are disregarded entities included in this return? If yes, attach Schedule DE	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 If the corporation was a partner or member in a pass-through entity doing business in Kentucky, list the name(s) and federal I.D. number(s) of the pass-through entity(ies). Attach a supporting statement if more than three entities.			
6(a) Name 1			
6(b) FEIN 1	---	---	---
6(c) Name 2			
6(d) FEIN 2	---	---	---
6(e) Name 3			
6(f) FEIN 3	---	---	---
7 Was the corporation doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8 Was this return prepared on: (a) cash basis, (b) accrual basis, or (c) other.....	(a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____	(a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____	(a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____



OFFICER INFORMATION

Attach a schedule listing the name, home address, and Social Security number of the vice president, secretary, and treasurer of designated filer corporation.

Has the attached officer information changed from the last return filed? Yes No

President's Name _____ President's Home Address _____

President's Social Security Number _____

Date Became President __ __ / __ __ / __ __ __ __

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.

Sign Here	Signature of Officer	Date __ __ / __ __ / __ __ __ __
	Name of Officer	Title
Paid Preparer Use	Signature of Preparer	Date __ __ / __ __ / __ __ __ __
	Name of Preparer or Firm	ID Number
	Email and/or Telephone No.	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No



➤ **Complete Sections A through D. See instructions.** ➤ **Attach to Form 720U.**

Name of Designated Filer	Kentucky Corporation/LLET Account Number _____	Federal Identification Number _____-_____-_____
Name of the designated filer for last year, if different from above		FEIN, if different from above _____-_____-_____

Section A—List All Members (see specific instructions)

Corp. No.	A Name	B FEIN	C Year Ending (Mo/Yr)	D Protected by P.L. 86-272	E No KY LLET Nexus	F LLET Exemption Code	G New Member	H Percent of Voting Power	I Owned by Corp. No (or Excluded Corp.)
1		_____-_____-_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>		
2		_____-_____-_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>		
3		_____-_____-_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>		
4		_____-_____-_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>		
5		_____-_____-_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>		
6		_____-_____-_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>		
7		_____-_____-_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>		
8		_____-_____-_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>		
9		_____-_____-_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>		
10		_____-_____-_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>		
11		_____-_____-_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>		
12		_____-_____-_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>		
13		_____-_____-_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>		
14		_____-_____-_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>		
15		_____-_____-_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>		

Section B—List any Mergers with Members Listed in Section A (see specific instructions)

	A Entity that was merged with member	B Member listed in Section A									
1	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:60%; height: 20px;"></td><td style="width:40%; height: 20px;">_____-_____-_____</td></tr> <tr><td style="text-align: center;">Name</td><td style="text-align: center;">FEIN</td></tr> </table>		_____-_____-_____	Name	FEIN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:60%; height: 20px;"></td><td style="width:40%; height: 20px;">_____-_____-_____</td></tr> <tr><td style="text-align: center;">Name</td><td style="text-align: center;">FEIN</td></tr> </table>		_____-_____-_____	Name	FEIN	_____/_____/_____ Date of Merger
	_____-_____-_____										
Name	FEIN										
	_____-_____-_____										
Name	FEIN										
2	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:60%; height: 20px;"></td><td style="width:40%; height: 20px;">_____-_____-_____</td></tr> <tr><td style="text-align: center;">Name</td><td style="text-align: center;">FEIN</td></tr> </table>		_____-_____-_____	Name	FEIN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:60%; height: 20px;"></td><td style="width:40%; height: 20px;">_____-_____-_____</td></tr> <tr><td style="text-align: center;">Name</td><td style="text-align: center;">FEIN</td></tr> </table>		_____-_____-_____	Name	FEIN	_____/_____/_____ Date of Merger
	_____-_____-_____										
Name	FEIN										
	_____-_____-_____										
Name	FEIN										
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	_____-_____-_____										
Name	FEIN										
	_____-_____-_____										
Name	FEIN										

Continued on next page



Section C—List All Members Who Left the Group During the Tax Year (see specific instructions)

	A Entity that was sold		B Entity to which member in Column A was sold		
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	FEIN	Name	FEIN	Date of Sale
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	FEIN	Name	FEIN	Date of Sale
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	FEIN	Name	FEIN	Date of Sale

Section D—Provide Information About Your Excluded Members
(see specific instructions and complete Section D if one or more members are excluded.)

1 Enter the total number of members excluded

Excluded Corp.	A Name	B FEIN	C Reason for Exclusion			
			KRS 141.202		KRS 141.040(1)(a)	Voting Stock
			8(a)	8(b)		
A		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2103650001

PRO FORMA FEDERAL RETURN SCHEDULE FOR THE KENTUCKY UNITARY GROUP

2021

▶ See instructions. ▶ Attach to Form 720U.

Name of Designated Filer

Federal Identification Number

Kentucky Corporation/LLET Account Number

Name	FEIN	Elimination Adjustments	Combined Totals
1(a) Gross Receipts or sales.....			
1(b) Returns and allowances.....			
1(c) Balance (line 1(a) less line 1(b)).....			
2 Cost of goods sold.....			
3 Gross profits (line 1(c) less line 2).....			
4 Dividends and inclusions			
5 Interest.....			
6 Gross rents.....			
7 Gross royalties.....			
8 Capital gain net income.....			
9 Net gain or (loss) from Form 4797			
10 Other Income			
11 Total Income (add lines 3 through 10)			
12 Compensation of officers.....			
13 Salaries and wages.....			
14 Repairs and maintenance			
15 Bad debts			
16 Rents.....			
17 Taxes and licenses.....			
18 Interest.....			
19 Charitable contributions			
20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return			
21 Depletion.....			
22 Advertising			
23 Pension, profit-sharing, etc., plans			

210365 41A720U3 (10-21)



2103660001

2021

Name	FEIN	Elimination Adjustments	Combined Totals
24 Employee benefit programs			
25 Other deductions			
26 Total deductions (add lines 12 through 25)			
27 Taxable income before NOL deduction and special deductions (line 11 less line 26).....			
28 Adjustments to recognize deferred income from intercompany transactions			
29 Other adjustments based on federal law (attach statement).....			
30 Modified federal taxable income (add lines 27 through 29).....			

210366 41A720U3 (10-21)



U4

Commonwealth of Kentucky
Department of Revenue

**KENTUCKY UNITARY COMBINED INCOME
MODIFICATION SCHEDULE**

2021

▶ **See instructions.** ▶ Attach to Form 720U.

Name of Designated Filer

Federal Identification Number

Kentucky Corporation/LLET
Account Number

	Name	Elimination Adjustments	Combined Totals
	FEIN		
1	Modified federal taxable income from Schedule U3, line 30		
Additions			
2	Interest income (state and local obligations)		
3	State taxes based on net/gross income		
4	Depreciation adjustment		
5	Deductions attributable to nontaxable income		
6	Related party expenses		
7	Dividend paid deduction (REIT)		
8	Loss from Form 4797 found on Schedule U3, line 9.		
9	Federal allowable depletion from Schedule U3, line 21		
10	Federal contribution deductions from Schedule U3, line 19		
11	Terminal Railroad Corporation adjustments		
12	Federal allowable passive activity loss		
13	Federal taxable loss of all exempt corporations		
14	Reserved for future use		
15	Enter additions to federal taxable income from Kentucky Schedule(s) K-1		
16	Internal Revenue Code adjustments (see instructions)		
17	Other additions (attach explanation)		
18	Revenue Agent Report (RAR)		
19	Total (add lines 1 through 18)		



2103680001

	Name FEIN				Elimination Adjustments	Combined Totals
Subtractions						
20	Interest income (U.S. obligations).....					
21	Dividends and other nontaxable inclusions.....					
22	Federal work opportunity credit.....					
23	Depreciation adjustment.....					
24	Capital gain from Schedule U3, line 8.....					
25	Gain from Form 4797 found on Schedule U3, line 9					
26	50% of the gross royalty income derived from any disposal of coal with a retained economic interest defined in IRC § 631(c) and all IRC § 272 expenses if the corporation elects not to use percentage depletion.....					
27	Terminal Railroad Corporation adjustments.....					
28	Kentucky allowable passive activity loss.....					
29	Kentucky allowable depletion.....					
30	Reserved for future use.....					
31	Internal Revenue Code adjustments (see instructions).....					
32	Other subtractions (attach explanation).....					
33	Revenue Agent Report (RAR).....					
34	Kentucky Net Income (line 19 less lines 20 through 33)					



➤ **Complete Sections A through D for each member of the combined group and attach to Form 720U. See instructions.**

Name of Designated Filer	Federal Identification Number ____-____-_____	Kentucky Corporation/LLET Account Number _____
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	Name	
	FEIN	
Check the box and complete Schedule U6 if the corporation is a partner or member of a limited liability pass-through entity or general partnership doing business in Kentucky.	Check Here <input type="checkbox"/>	Check Here <input type="checkbox"/>

SECTION A

	Combined Totals
1 Enter the combined totals column amount from Schedule U4, line 34.....	
2 Enter any income, less any expense or loss, other than the apportionable income of the combined group	
3 Combined group's Kentucky apportionable income or loss from unitary business (line 1 less line 2)	
4 Apportionment Method Code	
5(a) Kentucky receipts of corporation ...	
5(b) Intercompany eliminations.....	
5(c) Kentucky receipts of pass-through entity(ies) (attach Schedule U6).....	
5(d) Kentucky receipts (Line 5(a) less Line 5(b) plus Line 5(c)).....	
6(a) Total receipts of corporation.....	
6(b) Intercompany eliminations.....	
6(c) Total receipts of pass-through entity(ies) (attach Schedule U6).....	
6(d) Total receipts (Line 6(a) less Line 6(b) plus Line 6(c))	
7 Apportionment Factor. Divide line 5(d) of each column by line 6(d) of the Combined Totals Column (round to the fourth decimal place).	



Name				Combined Totals
FEIN	---	---	---	

SECTION B

1 Combined group's apportionable income or loss (enter the amount from Section A, line 3)				
2 Less Kentucky charitable contribution deduction (see instructions).....				
3 Combined group's apportionable income or loss after charitable contribution deduction (line 1 less line 2)				
4 Member's Kentucky taxable share of combined group's apportionable income (multiply line 3 by apportionment factor from Section A, line 7 (see instructions).....				

SECTION C

Nonapportionable Income and Allocation (if applicable)

1 Nonapportionable income or loss					
1(a) Interest.....					
1(b) Rents.....					
1(c) Royalties.....					
1(d) Net gain or loss on the sale or exchange of capital assets					
1(e) Total (add lines 1(a) through 1(d)).....					
1(f) Related expenses (attach schedule)					
2 Net nonapportionable income or loss (line 1(e) less line 1(f)) (Combined Totals amount should match amount on Section A, line 2)					
3 Kentucky nonapportionable income or loss					
3(a) Interest.....					
3(b) Rents.....					
3(c) Royalties.....					
3(d) Net gain or loss on the sale or exchange of capital assets					
3(e) Total (add lines 3(a) through 3(d)).....					
3(f) Related expenses (attach schedule)					
4 Kentucky net nonapportionable income or loss (line 3(e) less line 3(f))					
5 Income of distinct business activity conducted wholly by the taxpayer member separately apportioned (attach statement).....					



	Name			Combined Totals
	FEIN	---	---	

SECTION D

1	Member's net nonapportionable and separately apportioned income (add Section C, lines 4 and 5 and Schedule U7, Section A, line 9)				
2	Member's Kentucky taxable share of combined group's apportionable income (enter amount from Section B, line 4)				
3	Net Income (add lines 1 and 2).....				
4	Less: Charitable contribution deduction remaining to be allocated to member (see instructions)				
5	Taxable Net Income (line 3 less line 4).....				
6	Net Operating Loss Deduction (from Schedule U10, Section D, line 16)				
7	Taxable Net Income after NOLD (line 5 less line 6).....				
8	Income Tax Due (line 7 multiplied by 5%).....				



- See instructions.
- Attach to Form 720U.

Name of Designated Filer	Federal Identification Number _____ - _____	Kentucky Corporation/LLET Account Number _____
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	Name			Combined Totals
	FEIN			
	_____	_____	_____	
	_____	_____	_____	

SECTION A—Apportionment of Gains and Losses

1 Kentucky net short term capital gains or (losses).....	
2 Kentucky net long term capital gains or (losses).....	
3 Kentucky net IRC Section 1231 gains or (losses).....	
4 Kentucky net involuntary conversion gains or (losses).....	

5(a) Apportioned net short term capital gains or (losses) (line 1 multiplied by the member's apportionment factor from Schedule U5, Section A, line 7)			
5(b) Kentucky allocated nonapportionable net short term capital gains or (losses)			
5(c) Kentucky apportioned net short term capital gains or (losses) from other combined group(s).....			
5(d) Total net short term capital gains or (losses). Add lines 5(a) through 5(c)			

6(a) Apportioned net long term capital gains or (losses) (line 2 multiplied by the member's apportionment factor from Schedule U5, Section A, line 7)			
6(b) Kentucky allocated nonapportionable net long term capital gains or (losses)			
6(c) Kentucky apportioned net long term capital gains or (losses) from other combined group(s).....			
6(d) Total net long term capital gains or (losses). Add lines 6(a) through 6(c)			

Continued on next page



Name				Combined Totals
FEIN	---	---	---	

SECTION A—Apportionment of Gains and Losses—Continued

7(a) Apportioned net IRC Section 1231 gains or (losses) (line 3 multiplied by the member's apportionment factor from Schedule U5, Section A, line 7)			
7(b) Kentucky allocated nonapportionable net IRC Section 1231 gains or (losses).....			
7(c) Kentucky apportioned net IRC Section 1231 gains or (losses) from other combined group(s).....			
7(d) Total net IRC Section 1231 gains or (losses). Add lines 7(a) through 7(c)			
8(a) Apportioned net involuntary conversion gains or (losses)(line 4 multiplied by the member's apportionment factor from Schedule U5, Section A, line 7)			
8(b) Kentucky allocated nonapportionable net involuntary conversion gains or (losses).....			
8(c) Kentucky apportioned net involuntary conversion gains or (losses) from other combined group(s)			
8(d) Total net involuntary conversion gains or (losses). Add lines 8(a) through 8(c).....			
9 Member's net Kentucky gain or (loss). Add lines 5(d), 6(d), 7(d), and 8(d) using the rules of IRC Sections 1231, 1222, and 1211. See instructions. Any resulting gain (or loss not subject to IRC Section 1211 limit) should be added to the sum on Schedule U5, Section D, line 1			



- **Complete Sections A through E for each member of the combined group doing business in Kentucky. See instructions.**
- **Attach to Form 720U.**

Name of Designated Filer	Federal Identification Number ____-____-_____	Kentucky Corporation/LLET Account Number _____
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	Name		
	FEIN	_____	_____

Section A – Kentucky Receipts

1 Gross receipts less returns and allowances.....			
1(a) Intercompany eliminations.....			
2 Kentucky additional gross receipts from Schedule L–C, Section A, line 2 for each group member that is a partner or member of a limited liability pass-through entity or general partnership doing business in Kentucky.....			
3 Total Kentucky gross receipts (line 1 less line 1(a) plus line 2).....			
4 Kentucky cost of goods sold (attach Schedule COGS for each entity).....			
5 Kentucky gross profits			
6 Kentucky additional gross profits from Schedule L–C, Section A, line 5 for each group member that is a partner or member of a limited liability pass-through entity or general partnership doing business in Kentucky.....			
7 Total Kentucky gross profits (add lines 5 and 6)			

Section B – Total Receipts

1 Total gross receipts less returns and allowances			
1(a) Intercompany eliminations.....			
2 Additional total gross receipts from Schedule L–C, Section B, line 2 for each group member that is a partner or member of a limited liability pass-through entity or general partnership doing business in Kentucky.....			
3 Total gross receipts (line 1 less line 1(a) plus line 2)			
4 Cost of goods sold (attach Schedule COGS for each entity).....			
5 Gross profits			
6 Additional total gross profits from Schedule L–C, Section B, line 5 for each group member that is a partner or member of a limited liability pass-through entity or general partnership doing business in Kentucky.....			
7 Total gross profits (add lines 5 and 6).....			

Continued on next page



If Section B, line 3 or 7 for the entity is less than \$3,000,000, STOP and enter \$175 in Section E, line 1.



	Name		
	FEIN	---	---

Section C—Computation of Gross Receipts

<p>1 If entity's gross receipts from all sources (Section B, line 3) are greater than \$3,000,000, but less than \$6,000,000, enter the following:</p> <p>(Section A, line 3 x 0.00095) – $\left[\frac{\\$2,850 \times (\\$6,000,000 - \text{Section A, line 3})}{\\$3,000,000} \right]$</p> <p>but in no case shall the result be less than zero</p>			
<p>2 If entity's gross receipts from all sources (Section B, line 3) are \$6,000,000 or greater, enter the following: Section A, line 3 x 0.00095.....</p>			
<p>3 Enter the amount from line 1 or line 2.....</p>			

Section D—Computation of Gross Profits LLET

<p>1 If entity's gross profits from all sources (Section B, line 7) are greater than \$3,000,000, but less than \$6,000,000, enter the following:</p> <p>(Section A, line 7 x 0.0075) – $\left[\frac{\\$22,500 \times (\\$6,000,000 - \text{Section A, line 7})}{\\$3,000,000} \right]$</p> <p>but in no case shall the result be less than zero</p>			
<p>2 If the entity's gross profits from all sources (Section B, line 7) are \$6,000,000 or greater, enter the following: Section A, line 7 x 0.0075.....</p>			
<p>3 Enter the amount from line 1 or line 2.....</p>			

Section E—Computation of LLET Liability

<p>1 Enter the lesser of Section C, line 3 or Section D, line 3 for each entity. If less than \$175, enter the minimum \$175.....</p>			
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► **Complete Sections A and B for all members. See instructions.**

► **Attach to Form 720U.**

Name of Designated Filer	Federal Identification Number	Kentucky Corporation/LLET Account Number	
_____	_____	_____	
Name			Combined Totals
FEIN			
Kentucky Corp/LLET No.			

SECTION A—LLET

1	Enter amount from Schedule U8, Section E, line 1 .....	.00	.00	.00	
2	Tax credit recapture .....	.00	.00	.00	
3	Total (add lines 1 and 2) .....	.00	.00	.00	
4	Nonrefundable LLET credit from Kentucky Schedule(s) K-1 .....	.00	.00	.00	
5	Nonrefundable tax credits (attach Schedule TCS) .....	.00	.00	.00	
6	LLET liability (greater of line 3 less lines 4 and 5 or \$175 minimum) .....	.00	.00	.00	.00
7	Withholding tax (Form PTE-WH) .....	.00	.00	.00	
8	Estimated tax payments .....	.00	.00	.00	
9	Certified rehabilitation tax credit .....	.00	.00	.00	
10	Film industry tax credit .....	.00	.00	.00	
11	Extension payment .....	.00	.00	.00	
12	Prior year's tax credit .....	.00	.00	.00	
13	Income tax overpayment from Section B, line 21 .....	.00	.00	.00	
14	Amount credited from other member(s) to LLET (Section A, line 24 and/or Section B, line 23) .....	.00	.00	.00	.00
15	LLET paid on original return .....	.00	.00	.00	
16	LLET overpayment on original return .....	.00	.00	.00	
17	Estimated Tax Penalty Due (attach Form 2220-K) .....	.00	.00	.00	
18	LLET and Estimated Tax Penalty Due (lines 6, 16, and 17 less lines 7 through 15) .....	.00	.00	.00	.00
19	LLET Overpayment (lines 7 through 15 less lines 6, 16, and 17) .....	.00	.00	.00	.00
20	Credited to Member's 2021 interest .....	.00	.00	.00	.00
21	Credited to Member's 2021 penalty .....	.00	.00	.00	.00
22	LLET, interest, and penalties due by member with return (line 18, plus lines 20 and 21) Skip lines 23-27 .....	.00	.00	.00	TOTAL LLET DUE .00



Name				Combined Totals
FEIN	---	---	---	
Kentucky Corp/LLET No.	---	---	---	

SECTION A – LLET, continued

23	Credited to Member's 2021 income tax .....	.00	.00	.00	
24	Credited to other member(s)' LLET .....	.00	.00	.00	.00
25	Credited to other member(s)' income tax.....	.00	.00	.00	.00
26	Credited to Member's 2022 LLET .	.00	.00	.00	.00
27	Amount to be Refunded (see instructions)				REFUND AMOUNT

SECTION B – Income Tax

1	Income Tax. Enter amount from Schedule U5, Section D, line 8 .....	.00	.00	.00	
2	Tax credit recapture.....	.00	.00	.00	
3	Tax installments on LIFO recapture	.00	.00	.00	
4	Total (add lines 1 through 3).....	.00	.00	.00	.00
5	Nonrefundable LLET credit from the Corporation LLET Credit Worksheet(s) (see instructions) ....	.00	.00	.00	
6	Nonrefundable LLET credit (Section A, line 6 less \$175) .....	.00	.00	.00	.00
7	Nonrefundable tax credits (attach Schedule TCS) .....	.00	.00	.00	
8	Net income tax liability (line 4 less lines 5 through 7, but not less than zero) .....	.00	.00	.00	.00
9	Estimated tax payments .....	.00	.00	.00	
10	Extension payments.....	.00	.00	.00	
11	Prior year's tax credit .....	.00	.00	.00	
12	LLET overpayment from Section A, line 23 .....	.00	.00	.00	
13	Credited from other member(s) to income tax (Section A, line 25 and/or Section B, line 22) .....	.00	.00	.00	.00
14	Corporation income tax paid on original return .....	.00	.00	.00	
15	Corporation income tax overpayment on original return ...	.00	.00	.00	
16	Income Tax Due (lines 8 and 15 less lines 9 through 14) .....	.00	.00	.00	.00
17	Income Tax Overpayment (lines 9 through 14 less lines 8 and 15).....	.00	.00	.00	.00



	Name			Combined Totals
	FEIN	---	---	
	Kentucky Corp/LLET No.	---	---	

SECTION B—Income Tax, continued

18	Credited to Member's 2021 interest due on income tax.....	.00	.00	.00	
19	Credited to Member's 2021 penalty due on income tax.....	.00	.00	.00	.00
20	Income tax, interest, and penalties due by member with return (line 16 plus lines 18 and 19). Skip lines 21-25 .....	.00	.00	.00	TOTAL INCOME TAX DUE
					.00
21	Credited to Member's 2021 LLET .	.00	.00	.00	.00
22	Credited to other member(s)' income tax.....	.00	.00	.00	.00
23	Credited to other member(s)' LLET .....	.00	.00	.00	.00
24	Credited to Member's 2022 income tax .....	.00	.00	.00	.00
25	Amount to be Refunded (see instructions)				REFUND AMOUNT



- See instructions.
- Attach to Form 720U.

Name of Designated Filer	Federal Identification Number _____	Kentucky Corporation/LLET Account Number _____
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	Name			
	FEIN	_____	_____	_____
Kentucky Corp/LLET No.	_____	_____	_____	_____

PART I—Net Operating Loss Deduction

Section A—NOL Generated on or before December 31, 2017 (Pre-2018)

1 Corporation's current year taxable net income. Enter the amount from Schedule U5, Section D, line 5 (If reporting a current-year loss, see instructions)			
2 Corporation's share of post-apportioned NOL carryforward from tax years ending on or before 12/31/2017			
3 Enter the lesser of line 1 or line 2. This is the amount of pre-2018 NOL that may be utilized this tax year by the corporation			
4 Subtract line 2 from line 1. If negative, enter zero. This is the taxable net income remaining after pre-2018 NOLD			
5 Pre-2018 NOL carryforward before sharing. If line 2 is greater than line 1, subtract line 1 from line 2 and enter the NOL carryforward here			

Section B—NOL Generated on or after January 1, 2018 (Post-2017)

6 Enter the current-year net operating loss (as a positive number) from Schedule U5, Section D, line 5. Then continue to lines 7 and 11. Skip lines 8-10 ...			
7 Corporation's share of post-apportioned NOL carryforward from tax years ending on or after January 1, 2018			
8 If there is income remaining and line 4 is greater than zero, multiply line 1 by 80%. Otherwise, enter zero. This is the maximum amount of post-2017 NOL that may be deducted by the corporation this year			
9 Enter the lesser of line 7 or line 8. This is the corporation's maximum allowable post-2017 NOL deduction			
10 Subtract line 9 from line 4. If negative, enter zero. This is the taxable net income remaining after post- 2017 NOL			
11 Post-2017 NOL carryforward before sharing. If line 7 is greater than line 9, subtract line 9 from line 7. If the corporation reported a current-year loss on line 6, add lines 6 and 7			

Continued on next page



Name			
FEIN	-----	-----	-----
Kentucky Corporation/LLET Acct. No.	-----	-----	-----

Section C—Sharing of NOLs Between Combined Group Members

12 Enter the amount from line 10.....			
13 If there is income remaining and line 12 is greater than zero, multiply line 12 by 50%. Otherwise, enter zero. This is the maximum amount of shared NOL that the corporation may deduct this year from members not in the same unitary combined group in the year in which the NOL was generated. No 50% limitation applies for corporations that were in the same unitary combined group in the year which the NOL was generated			
14 Enter the amount of shared NOL utilized by the corporation. <i>A supporting statement must be attached to reflect which member's (s') NOL was shared and utilized</i>			
15 Subtract line 14 from line 12. This is the taxable net income remaining after deducting shared NOL			

Section D—Total Net Operating Loss Deduction

16 Enter the sum of lines 3, 9, and 14 here and on Schedule U5, Section D, line 6. This is the corporation's amount of NOLD utilized			
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PART II—Net Operating Loss Carryforward

Section A—Net Operating Loss Carryforward for NOL generated on or before December 31, 2017 (Pre-2018)

1 Enter the amount from Part I, Section A, line 5.....			
2 NOL shared with other members. See instructions.			
3 Pre-2018 NOL carryforward after sharing. Line 1 less line 2			

Section B—Net Operating Loss Carryforward for NOL generated on or after January 1, 2018 (Post-2017)

1 Enter the amount from Part I, Section B, line 11			
2 NOL shared with other members. See instructions.			
3 Post-2017 NOL carryforward after sharing. Line 1 less line 2.....			