



KENTUCKY CORPORATION INCOMETAX AND LLET RETURN



For calendar year 20	21 or tax years beginning (MM-DD-YY)	20	$_$, and ending (N	IM-DD	O-YY)	20
LLET Exemption Code	D _{FEIN}	E _{Kentuck} Accoun	y Corporation/LLET t Number (Required)			
	Name of Corporation		☐ Change of	f Name	Telephone Number	
Income Tax Exemption Code	Number and Street				State of Incorporation	
	City	State	ZIP Code		Date of Incorporation	
Elective Consolidated Attach Form 722	F Name of Common Parent Kentucky Co	ornoration/LL	ET Account Number	Princip	al Business Activity in KY	
Provider 3-Factor	Name of common ratent	orporation/LL	LI Account Number			
Provider 3-Factor Apportionment Code		od return (Co	R (Complete Part V) complete Part IV) Part IV)	NAICS	Code Number in KY	
PART I—TAXA	BLE INCOME COMPUTATION					
Federal taxa	ble income (Form 1120, line 28)	>	1			0 0
DDITIONS:						
Interest inco	me (state and local obligations)	•	2			0 0
State taxes b	pased on net/gross income	•	3			0 0
Depreciation	adjustment	>	4			0 0
Deductions a	attributable to nontaxable income	>	5			0 0
	/ expenses (attach Schedule RPC)	•	6			0 0
Dividend pai	d deduction (Captive REIT)	•	7			0 0
Revenue Age	ent Report (RAR)	•	8			0 0
Kentucky cap	oital gain from Kentucky Schedule D, line	18	9			0 0
0 Loss from Fo	rm 4797 found on federal Form 1120, line	e 9 ►	10			0 0
1 Gain from Ko	entucky Form 4797, line 17	>	11			0 0
2 Federal allov	vable depletion from Form 1120, line 21	•	12			0 0
OFFICIAL USE ONLY						
P N		V				
P N 2 2 0 4		Î.				



PART I—TAXABLE INCOME COMPUTATION—continued

ADDITIONS—continued		
13 Federal contribution deductions from Form 1120, line 19	▶ 13	0 0
14 Terminal Railroad Corporation adjustments	▶14	0 0
15 Federal allowable passive activity loss	▶15	0 0
16 Federal taxable loss of all exempt corporations	▶16	0 0
17 Reserved for future use.	▶ 17	0 0
18 Enter additions to federal taxable income from Kentucky Schedule(s) K-1	▶ 18	0 0
19 Internal Revenue Code adjustments (see instructions)	▶19	0 0
20 Other additions (attach explanation)	▶20	0 0
21 Total (add lines 1 through 20)	▶21	0 0
SUBTRACTIONS	-	
22 Interest income (U.S. obligations)	▶22	0 0
23 Dividend income	▶23	0 0
24 Federal work opportunity credit	▶24	0 0
25 Depreciation adjustment	▶25	0 0
26 Revenue Agent Report (RAR)	▶26	0 0
27 Capital gain from Form 1120, line 8	▶27	0 0
28 Gain from Form 4797 found on federal Form 1120, line 9	▶28	0 0
29 Loss from Kentucky Form 4797, line 17	▶29	0 0
30 50% of the gross royalty income derived from any disposal of coal with a retained economic interest defined by IRC §631(c) and all IRC §272 expenses if the corporation elects not to use percentage depletion	▶ 30 [0 0
the corporation closes flot to add percentage depiction	, 50	[0 0]

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PART I—TAXABLE INCOME COMPUTATION—continued

SUBTRACTIONS—continued		
31 Terminal Railroad Corporation adjustments	▶31	0 0
32 Kentucky allowable passive activity loss	▶32	0 0
33 Kentucky allowable depletion	▶33	0 0
34 Kentucky contribution deductions	▶34	0 0
35 Reserved for future use.	. 05	
	▶35	0 0
36 Federal taxable income of all exempt corporations	▶36	0 0
37 Enter subtractions from federal taxable income from Kentucky Schedule(s) K-1	▶37	0 0
38 Internal Revenue Code adjustments (see instructions)	▶38	0 0
39 Other subtractions (attach explanation)	▶39	0 0
40 Net income (line 21 less lines 22 through 39)	▶ 40	0 0
41 Taxable net income (see instructions)	▶ 41	0 0
42 Net operating loss deduction (NOLD)	▶ 42	0 0
43 Taxable net income after NOLD (line 41 less line 42)	▶43	0 0

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PART II—LLET COMPUTATION

1	Schedule L, Section E, line 1 (Page 9)	▶1	0 0
2	Tax credit recapture	▶2	0 0
3	Total (add lines 1 and 2)	▶3	0 0
4	Nonrefundable LLET credit from Kentucky Schedule(s) K-1 ▶4	0 0
5	Nonrefundable tax credits (attach Schedule TCS)	▶5	0 0
6	LLET liability (greater of line 3 less lines 4 and 5 or \$175 minimum)	▶6	0 0
7	Withholding Tax (Form PTE-WH)	▶7	0 0
8	Estimated tax payments	▶8	0 0
9	Certified rehabilitation tax credit	▶9	0 0
10	Film industry tax credit	▶10	0 0
11	Extension payment	▶11	0 0
12	Prior year's tax credit	▶12	0 0
13	Income tax overpayment from Part III, line 17	▶13	0 0
14	LLET paid on original return	▶14	0 0
15	LLET overpayment on original return	▶15	0 0
16	Estimated Tax Penalty (attach Form 2220-K)	▶16	0 0
17	LLET and Estimated Tax Penalty Due (lines, 6, 15, and 16 less lines 7 through 14).	TAX DUE ▶ 17	0 0
18	LLET overpayment (lines 7 through 14 less lines 6, 19	5, and 16) ▶ 18	0 0
19	Credited to 2021 income tax	▶19	0 0
20	Credited to 2021 interest	▶20	
21	Credited to 2021 penalty	▶21	
22	Credited to 2022 LLET	▶22	0 0
23	Amount to be refunded (line 18 less lines 19 through 22)	REFUND ▶23	

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PART III—INCOMETAX COMPUTATION

1	Income tax (see instructions)	▶1	0 0
2	Tax credit recapture	▶2	0 0
3	Tax installment on LIFO recapture	▶3	0 0
4	Total (add lines 1 through 3)	▶4	0 0
5	Nonrefundable LLET credit from the Corporation LLET Credit Worksheet(s)(see instructions)	▶ 5	0 0
6	Nonrefundable LLET credit (Part II, line 6 less \$175)	▶ 6	0 0
7	Nonrefundable tax credits (attach Schedule TCS)	▶ 7	0 0
8	Net income tax liability (line 4 less lines 5 through 7, but not less than zero)	▶8	0 0
9	Estimated tax payments	▶9	0 0
10	Extension payment	▶10	0 0
11	Prior year's tax credit	▶11	0 0
12	LLET overpayment from Part II, line 19	▶12	0 0
13	Corporation income tax paid on original return	▶13	0 0
14	Corporation income tax overpayment on original return	► 14	0 0
15	Income tax due (lines 8 and 14 less lines 9 through 13)	15 ▶15	0 0
16	Income tax overpayment (lines 9 through 13 less lines 8 and 14)	▶ 16	0 0
17	Credited to 2021 LLET	▶ 17	0 0
18	Credited to 2021 interest	▶18	
19	Credited to 2021 penalty	▶19	
20	Credited to 2022 corporation income tax	▶20	0 0
21	Amount to be refunded (line 16 less lines 17 through 20)] ▶ 21	





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ΡΔΡΤ ΙΥ—ΕΧΡΙ ΔΝΔΤΙΩΝ	OF FINIAL RE	THRN AND/OR S	SHORT_PFRIOD	RFTHRN

☐ Change of ownership ☐ Merge			ger	in filing	status
PART V	-EXPLANATION OF AMENDED RETURN	V CHAI	١G	ES	
OFFICER I	NFORMATION				
Attach a s	chedule listing the name, home address, and Social	Se	ecur	rity numbe	er of the vice president, secretary, and treasurer.
Has the at	tached officer information changed from the last return filed			☐ Yes	□ No
President					Address
President ^e	's Social Security Number				
Date Beca	me President / /				
			_		
	alties of perjury, I declare that I have examined this return, including true, correct, and complete. Declaration of preparer (other than taxpa				
	Signature of Officer				Date
Sign					//
Here	Name of Officer (Please print)				Title
	Signature of Preparer				Date , ,
Paid					//
Prepare	Name of Preparer or Firm (Please print) Email and/orTelephone No.				ID Number
Use					May the DOR discuss this return with this preparer? VES NO
Enclose	Include federal Form 1120 with all supporting schedules and statements.	Refund or No Payment	t		Department of Revenue KY 40618-0010
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov	With Paymen	t		Department of Revenue , KY 40620-0021



1 Indicate whether:(a) □ new business,



SCHEDULE Q-QUESTIONNAIRE

IMPORTANT: Questions 1 and 2 must be answered if this is the corporation's initial return or if a return was not filed under the same name and same federal I.D. number for the preceding year. **Failure to do so may result in a request for a delinquent return.**

(b) \square successor to previously existing business which was

(2)		(1) □ corporation				
If successor to previously existing business, give name, address, and federal I.D. number of the previous business organization. Name		(2) partnership				
Are disregarded entities included in this return? Yes No No If yes, attach Schedule DE. Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No If yes, list the name(s) and federal I.D. number(s) of the pass-through entity(ies). Name A Name Name						
Are disregarded entities included in this return? Yes No No If yes, attach Schedule DE. Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No If yes, list the name(s) and federal I.D. number(s) of the pass-through entity(ies). Name A Name Name						
FEIN						
Address 2 If a foreign corporation, enter the date qualified to do business in Kentucky. ———————————————————————————————————	N	Name				
2 If a foreign corporation, enter the date qualified to do business in Kentucky. ———————————————————————————————————	_F	EIN				
in Kentucky.	А	ddress				
in Kentucky.						
Questions 3–10 must be completed by all corporations. 3 The corporation's books are in care of: Name Address 4 Are disregarded entities included in this return? Yes No If yes, attach Schedule DE. 5 Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No If yes, list the name(s) and federal I.D. number(s) of the pass-through entity(ies). A Name FEIN Name Name	2					
3 The corporation's books are in care of: Name Address 4 Are disregarded entities included in this return? Yes No If yes, attach Schedule DE. 5 Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No If yes, list the name(s) and federal I.D. number(s) of the pass-through entity(ies). A Name FEIN Name Name		/				
Address 4	Que	stions 3–10 must be completed by all corporations.				
Address 4	3	The corporation's books are in care of:				
4 Are disregarded entities included in this return? Yes No If yes, attach Schedule DE. 5 Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No If yes, list the name(s) and federal I.D. number(s) of the pass-through entity(ies). Name FEIN Name Name	N	lame				
□ Yes □ No If yes, attach Schedule DE. 5 Was the corporation a partner or member in a pass-through entity doing business in Kentucky? □ Yes □ No If yes, list the name(s) and federal I.D. number(s) of the pass-through entity(ies). A Name FEIN						
□ Yes □ No If yes, attach Schedule DE. 5 Was the corporation a partner or member in a pass-through entity doing business in Kentucky? □ Yes □ No If yes, list the name(s) and federal I.D. number(s) of the pass-through entity(ies). A Name FEIN	А	ddress				
□ Yes □ No If yes, attach Schedule DE. 5 Was the corporation a partner or member in a pass-through entity doing business in Kentucky? □ Yes □ No If yes, list the name(s) and federal I.D. number(s) of the pass-through entity(ies). A Name FEIN	A	ddress				
Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No If yes, list the name(s) and federal I.D. number(s) of the pass-through entity(ies). Name FEIN Name	A	ddress				
entity doing business in Kentucky? Yes No If yes, list the name(s) and federal I.D. number(s) of the pass-through entity(ies). Name FEIN Name		Are disregarded entities included in this return?				
FEIN		Are disregarded entities included in this return?				
FEIN	4	Are disregarded entities included in this return? Yes No If yes, attach Schedule DE. Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No If yes, list the name(s) and federal I.D.				
	4 5	Are disregarded entities included in this return? Yes No If yes, attach Schedule DE. Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No If yes, list the name(s) and federal I.D. number(s) of the pass-through entity(ies).				
	4 5	Are disregarded entities included in this return? Yes No If yes, attach Schedule DE. Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No If yes, list the name(s) and federal I.D. number(s) of the pass-through entity(ies).				
FEIN	4 5	Are disregarded entities included in this return? Yes No If yes, attach Schedule DE. Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No If yes, list the name(s) and federal I.D. number(s) of the pass-through entity(ies). Name FEIN				

ss in Kentucky other that ough entity doing busines g the taxable year own mor tock of another corporation KRS 141.202(2)(f)?
tock of another corporation
ber of the entity.
e corporation's voting stoc t of a unitary business pe
per of each entity.
pporting statement.
nis Kentucky tax return is
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SCHEDULE L-LIMITED LIABILITY ENTITY TAX COMPUTATION

_	Check the box and complete Schedule L-C, Limited Liability Entity Ta return is a partner or member of a limited liability pass-through ent Enter the total amounts from Schedule L-C in Section A of this sche	ity or general partnership do	
SE	CTION A—Computation of Kentucky Gross Receipt	s and Gross Profits	
1(a)	Gross receipts less returns and allowances	▶1(a)	0 0
(b)	Kentucky statutory gross receipts reductions	▶ (b)	
2	Adjusted gross receipts (line 1(a) less line 1(b))	▶2	0 0
3(a)	Cost of goods sold (attach Schedule COGS)	▶3(a)	0 0
(b)	Kentucky statutory cost of goods sold reductions	► (b)	
4	Adjusted cost of goods sold (line 3(a) less line 3(b))	▶4	0 0
5	Gross profits (line 2 less line 4)	▶5	0 0
SE	CTION B—Computation of TOTAL Gross Receipts a	nd Gross Profits	
1	Adjusted gross receipts	▶1	0 0
2	Cost of goods sold (attach Schedule COGS)	▶2	0 0
3	Gross profits (line 1 less line 2)	▶3	0 0



If Section B, Line 1 or 3 is \$3,000,000 or less, SKIP Sections C and D and enter \$175 in Section E, Line 1 and then enter \$175 on page 4, Part II, Line 1. Otherwise, continue to Section C on the next page.





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SCHEDULE L-LIMITED LIABILITY ENTITY TAX COMPUTATION—continued

S	ECTION C—Computation of Gross Receipts LLET				
1	If gross receipts from all sources (Section B, line 1) are greater than \$3,000,000, but less than \$6,000,000, enter the following:				
	(Section A, line 2 x 0.00095) – \$2,850 x (\$6,000,000 – Section A, line 2) \$3,000,000				
	but in no case shall the result be less than zero.	▶1	0 0		
2	If gross receipts from all sources (Section B, line 1) are \$6,000,000 or greater, enter the following: Section A, line 2 x 0.00095.	▶ 2	0 0		
3	Enter the amount from line 1 or line 2.	▶3	0 0		
S	ECTION D—Computation of Gross Profits LLET				
1	If gross profits from all sources (Section B, line 3) are grea \$3,000,000, but less than \$6,000,000, enter the following:	ter than			
	(Section A, line 5 x 0.0075) – \$22,500 x (\$6,000,000 – Section A, line 5) \$3,000,000				
	but in no case shall the result be less than zero.	▶1	0 0		
2	If gross profits from all sources (Section B, line 3) are \$6,000,000 or greater, enter the following: Section A,	. 0			
	line 5 x 0.0075.	▶2	0 0		
3	Enter the amount from line 1 or line 2.	▶3	0 0		
S	ECTION E—Computation of LLET				
1	Enter the lesser of Section C, line 3 or Section D, line 3				
	here and on Page 4, Part II, line 1. If less than \$175, enter the minimum of \$175 here and on Page 4, Part II, line 1.	▶ 1	0 0		