





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

A LLET Exemption Code	B _{FEIN/SSN}			cky Corporation/LLET Int Number (Required)		
	Name of LLC			☐ Change of	Name	Telephone Number
D Provider 3-Factor Apportionment Code	Number and Street					
	City	S	State	ZIP Code		
E Check applicable boxes	 Initial return Change of accounting period Qualified investment partnership 	State of	Organizatio	n	Princip	al Business Activity in KY
 			Date of Organization		NAICS	Code Number in KY

F Single Member is a: □ Kentucky

□ Kentucky Resident □ Non-Resident If non-resident, LLC must also file Form 740NP-WH

PART I-KENTUCKY NET DISTRIBUTABLE INCOME

-			
1	Ordinary income (loss)	▶ 1	0 0
2	Net income (loss) from rental real estate activities	▶2	0 0
3	Net income (loss) from other rental activities	▶3	0 0
4	Interest income	▶4	0 0
5	Dividend income	▶5	0 0
6	Royalty income	▶6	0 0
7	Net short-term and long-term capital gain (loss). If net loss, do not include more than \$3,000.	▶7	0 0
8	IRC §1231 net gain (loss)	▶8	0 0
9	Other income (attach schedule)	▶9	0 0
10	Other deductions (attach schedule)	▶ 10	0 0
11	Total net distributable income (lines 1 through 9 less line 10)	▶ 11	0 0
12	Enter 100% or the apportionment fraction from Schedule A.	▶ 12	%

V A L

#

OFFICIAL USE ONLY

P W 2 0 4



PART II-LLET COMPUTATION

1	Schedule L, Section E, line 1 (Page 6)	▶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	Estimated tax payments	▶7	0 0
8	Certified rehabilitation tax credit	▶8	0 0
9	Film industry tax credit	▶9	0 0
10	Extension payment	▶ 10	0 0
11	Prior year's tax credit	▶ 11	0 0
12	LLET paid on original return	▶12	0 0
13	LLET overpayment on original return	▶13	0 0
14	Estimated Tax Penalty (attach Form 2220-K)	▶14	0 0
15	LLET and Estimated Tax Penalty due (lines 6, 13, and 14 less lines 7 through 12)	▶15	0 0
16	LLET overpayment (lines 7 through 12 less lines 6,13, and 14)	▶16	0 0
17	Credited to 2021 interest	▶ 17	
18	Credited to 2021 penalty	▶18	
19	Credited to 2022 LLET	▶ 19	0 0
20	Amount to be refunded (line 16 less lines 17 through 19)	▶20	
PA	RT III-LLET CREDIT FOR MEMBER		
1	LLET liability (Part II, the total of lines 4 and 6)	▶ 1	0 0
2	Minimum tax	2	1 7 5.00
3	Member's LLET credit (line 1 less line 2)	▶3	0 0
	210271 41A725 (10-21)		



PART IV – EXPLANATION OF FINAL RETURN AND/OR SHORT-PERIOD RETURN

 \Box Ceased operations in Kentucky

Change of ownership

Successor to previous business

Change in filing status

Merger Other

PART V—EXPLANATION OF AMENDED RETURN CHANGES

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. Signature of Member Date Sign Here Name of Member (Please print) Title Date Signature of Preparer Paid Name of Preparer or Firm (Please print) **ID** Number Preparer Use Email and/orTelephone No. May the DOR discuss this return with this preparer? Refund Kentucky Department of Revenue All supporting federal forms and schedules, including or No Enclose Frankfort, KY 40618-0010 Federal Schedule(s) C, E, and/or F. Payment Check Payable: Kentucky State Treasurer With Kentucky Department of Revenue Payment **Payment** Frankfort, KY 40620-0021 E-Pay Options: www.revenue.ky.gov

FORM 725 (2021)



SCHEDULE Q-SINGLE MEMBER LIMITED LIABILITY COMPANY QUESTIONNAIRE

IMPORTANT: Questions 1 and 2 must be answered if this is the single member LLC'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.

1 Single member's (owner) name, address, and Social Security number or federal I.D. number

Name	
FEIN	
Address	

2 If a foreign limited liability company, enter the date qualified to do business in Kentucky.

___/___/____

Questions 3–7 must be completed by all single member limited liability companies (LLC).

3 The limited liability company'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 limited liability company a partner in a pass-through entity doing business in Kentucky for the tax year being reported? □ Yes □ No

If yes, list name and federal I.D. of the pass-through entity(ies).

Α	Name	
A	FEIN	
В	Name	
	FEIN	
	Name	
С	FEIN	
	Name	
D	FEIN	
E	Name	
	FEIN	
_	Name	
F	FEIN	
	Name	
G	FEIN	

- 6 Was the limited liability company doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky?
 □ Yes □ No
- 7 Was this return prepared on:
 - (a) □ cash basis
 - (b) □accrual basis
 - (c) □ other _____



SCHEDULE L-LIMITED LIABILITY ENTITY TAX COMPUTATION

Check the box and complete Schedule L-C, Limited Liability Entity Tax—Continuation Sheet, if the single member limited liability company filing this tax return is a partner or member of a limited liability pass-through entity or general partnership doing business in Kentucky. Enter the total amounts from Schedule L-C in Section A of this schedule.

SECTION A-Computation of Kentucky Gross Receipts and Gross Profits

► 1(a)	0 0
► (b)	0 0
▶2	0 0
►3(a)	0 0
► (b)	0 0
▶4	0 0
▶5	0 0
	 (b) 2 3(a) (b) 4

SECTION B—Computation of TOTAL Gross Receipts and 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 2, Part II, Line 1. Otherwise, continue to Section C on the next page.



SCHEDULE L—LIMITED LIABILITY ENTITY TAX COMPUTATION—continued

SECTION 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 (<u>\$6,000,000 – Section A, line 2</u>) \$3,000,000

but in no case shall the result be less than zero.

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.

3 Enter the amount from line 1 or line 2.

SECTION D—Computation of Gross Profits LLET

1 If gross profits from all sources (Section B, line 3) are greater than \$3,000,000, but less than \$6,000,000, enter the following:

(Section A, line 5 x 0.0075) –	\$22,500 x (<u>\$6,000,000 – Section A, line 5</u>) \$3,000,000	
	\$3,000,000	
but in no case shall the	result be less than zero	1

but in no case shall the result be less than zero.

- 2 If gross profits from all sources (Section B, line 3) are \$6,000,000 or greater, enter the following: Section A, line 5 x 0.0075.
- 3 Enter the amount from line 1 or line 2.

SECTION E—Computation of LLET

Enter the lesser of Section C, line 3 or Section D, line 3		
here and on Page 2, Part II, line 1. If less than \$175, enter he minimum of \$175 here and on Page 2, Part II, line 1.	▶1	00

▶1

▶2

▶3

▶2

▶3

00

00

00

00

00

00

