



2100010001

KENTUCKY INDIVIDUAL INCOME TAX RETURN Residents Only

2021

Check if deceased: [] Spouse [] Taxpayer For calendar year or other taxable year beginning _____, and ending _____.

Form section for Social Security Numbers (A and B), Name, Mailing Address, City/Town/Post Office, State, and ZIP Code.

FILING STATUS (see instructions) section with options for Single, Married (separately, joint, or separate returns).

Check if applicable: Amended (Enclose copy of 1040X, if applicable.)

POLITICAL PARTY FUND section with options for Democratic, Republican, and No Designation for both Spouse and Yourself.

Main table with 4 columns: Line number, Description, A. Spouse (Use if Filing Status 2 is checked.), and B. Yourself (or Joint). Rows 5-19 cover various tax calculations and credits.



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20	Check the box that represents your total family size (see instructions before completing lines 20 and 21)	20	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21	Multiply line 19 by Family Size Tax Credit decimal amount ____ (____%) from Schedule ITC.....	21				00
22	Subtract line 21 from line 19	22				00
23	Enter the Education Tuition Tax Credit from Form 8863-K.....	23				00
24	Enter Child and Dependent Care Credit from federal Form 2441, line 11 ► _____ x 20% (.20)	24				00
25	Enter Education Opportunity Account Program Credit	25				00
26	Income Tax Liability. Subtract lines 23 through 25 from line 22. If zero or less, enter zero	26				00
27	Enter KENTUCKY USETAX due on Internet, mail order, or other out-of-state purchases (see instructions)	27				00
28	Add lines 26 and 27. This is your TOTAL TAX LIABILITY	28				00
29	For amended return; overpayment, if any, shown on original return	29				00
30	Add lines 28 and 29, enter here	30				00
31	a Enter Kentucky income tax withheld as shown on enclosed Schedule KW-2	31a				00
	b Enter 2021 Kentucky estimated tax/extension payments	31b				00
	c Enter 2021 refundable certified rehabilitation credit	31c				00
	d For amended return; enter amount paid with original return plus additional payment(s) made after it was filed	31d				00
32	Add lines 31(a) through 31(d)	32				00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter ADDITIONAL TAX DUE	33				00
34	a Estimated tax penalty <input type="checkbox"/> Check if Form 2210-K attached	34a				00
	b Interest	34b				00
	c Late payment penalty	34c				00
	d Late filing penalty.....	34d				00
35	Add lines 34(a) through 34(d). Enter here.....	35				00
36	If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35. This is the AMOUNT YOU OWE , continue to page 3..... OWE	36				00
37	If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the AMOUNT YOU OVERPAID , continue to page 3	37				00



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38 FUND CONTRIBUTIONS; see instructions.

a	Nature and Wildlife Fund.....	38a	00	
b	Child Victims' Trust Fund.....	38b	00	
c	Veterans' Program Trust Fund.....	38c	00	
d	Breast Cancer Research/Education Trust Fund.....	38d	00	
e	Farms to Food Banks Trust Fund.....	38e	00	
f	Local History Trust Fund.....	38f	00	
g	Special Olympics Kentucky.....	38g	00	
h	Pediatric Cancer Research Trust Fund.....	38h	00	
i	Rape Crisis Center Trust Fund.....	38i	00	
j	Court Appointed Special Advocate Trust Fund.....	38j	00	
k	YMCA Youth Association Fund.....	38k	00	
39	Add lines 38(a) through 38(k).....	39	00	
40	Amount of line 37 to be CREDITED TO YOUR 2022 ESTIMATED TAX CREDIT FORWARD	40	00	
(Credit forwards not available for amended returns)				
41	Subtract lines 39 and 40 from line 37. Amount to be REFUNDED TO YOU REFUND	41	00	

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Sign Here	Signature of Taxpayer	Driver's License/State Issued ID No.	Date	Telephone Number (daytime)
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
Paid Preparer Use	Signature of Preparer		Date	
	Name of Preparer or Firm		ID Number	
	Email	Telephone No.	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Enclose	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>		Refund or No Payment	Kentucky Department of Revenue Frankfort, KY 40618-0006
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov Include: Your Social Security number and "KY Income Tax—2021"		With Payment	Kentucky Department of Revenue Frankfort, KY 40619-0008