



APPLICATION FOR EXTENSION OF TIME TO FILE

> USE FOR INDIVIDUAL, GENERAL PARTNERSHIP, AND FIDUCIARY INCOME TAX RETURNS FOR KENTUCKY

> SEE INSTRUCTIONS FOR PAYMENT REQUIRMENTS

Use this form if you are requesting a Kentucky extension of time to file. Taxpayers who request a federal extension are not required to file a separate Kentucky extension, unless an amount is due with the extension. The requirement may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

You may choose to electronically file your Kentucky extension for Individual returns. Filing electronically allows you the option to pay electronically through a direct debit transaction scheduled on or before April 15, 2022.

All taxpayers filing this Application for Extension must complete Section I and the Payment Voucher. If no payment is being remitted, leave the Amount Paid box on the Payment Voucher blank. If you are filing your Application of Extension electronically and choose to pay by direct

debit, complete Section II with your banking	g account information.		
You will be notified only if the Application		he late filing penalty, a copy of this for	m must be attached to
your return when filed. Keep a copy for you Section I	ırseit.		
A six-month extension is requested for filing	the income tax return of the taxnay	ver(s) listed helow for the taxable year e	ndina
REASON FOR REQUEST (A reason must be	· ·		
REASON FOR REQUEST (A reason must r	se given before any request can be o	considered. Thability to pay is not a vali	d reason.)
Signature of Taxpayer Date		Signature of Paid Preparer	Date
➤ Mail to: Kent	ucky Department of Revenue, P.O.	Box 1190, Frankfort, KY 40602-1190	∢
DENIED: Late (postn	marked after return date)	Other:	
Section II - Direct Debit of Tax Due (Co	mplete only if filing electronic exte	ension)	
Routing Transit number (RTN)		st 2 numbers of the RTN must be ugh 12 or 21 through 32.	
		ugn 12 01 21 tillough 32.	
Depositer account number (DAN)			
Type of account: Savings Checking	Tax due debit amount \$	Debit date ///	
Your Signature (If joint or combined return, both mu	ust sign) Spouse's Detach here and mail voucher with	Signature Da	te
740EXT (07/21)	Kentucky Extension		2021
	- 12/31/202 1 Year Ending	1	
YOUR SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURIT	Y NUMBER.
LAST NAME	FIRST NAME	SPOUSE'S NAME	
		Amount Paid	0 0
NUMBER AND STREET OR P.O. BOX		Make check payable to: Kentu	cky State Treasurer
CITY, TOWN OR POST OFFICE STATE	ZIP CODE		
Check type of return:			
☐ Individual ☐ Fiduciary	Mail to:		4047050005
General Partnership	Kentucky Department	t of Revenue	—
For informational purposes only.	P.O. Box 1190		
General Partnerships DO NOT have a tax liability.	Frankfort, KY 40602-1	190	

DO NOT ATTACH CHECK TO VOUCHER