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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, line 17 | 23 | 00 |
| 24 | Enter Child and Dependent Care Credit from Form 2441-K, line 12 | 24 | 00 |
| 25 | RESERVED | 25 | |
| 26 | Income Tax Liability. Subtract lines 23 through 25 from line 22. If zero or less, enter zero | 26 | 00 |
| 27 | Enter KENTUCKY USE TAX 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: revenue.ky.gov Include: Your Social Security number and "KY Income Tax—2021" | | With Payment | Kentucky Department of Revenue Frankfort, KY 40619-0008 |