





For calendar year 2022 or tax years beginning (MM-DD-	YY) 20, and ending (MM-DD-	YY) 20
A Federal Identification Number	B LLET Account Number (If available)	D Check the applicable boxes

c	Name of Pass-Through Entity			· <u> </u>	Change of Name	 ☐ Change of accounting period ☐ Final return 		
	Number and Street					 ☐ Amended ☐ Election to pay income tax at the 		
_	City	State	ZIP Code	Telephone Number		entity level		

1	Number of individual partners, members, or shareholders included in this return	▶ 1	
2	Number of other entities included in this return	▶2	
3	Net distributive share income from Form PTE	▶3	0 0
4	100% or the apportionment fraction from the pass-through entity's Schedule A (see instructions)	▶ 4	%
5	Kentucky distributive share income subject to withholding (Line 3 multiplied by Line 4)	►5	0 0
6	Tax before tax credits (Line 5 multiplied by 5% (.05))	▶6	0 0
7	Enter the partners', members', or shareholders' nonrefundable tax credits	▶7	0 0
8	Kentucky income tax liability (Line 6 less Line 7)	▶8	0 0

► Continue to next page to calculate tax due or overpayment

TAX PAYMENT SUMMARY (FOR ADDITIONAL TAX DUE)	
1 Tax, line 17 \$	
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FORM 740-PTET

(2022)

9	Estimated tax payments	▶9	0 0
10	Extension payment	▶10	0 0
11	Prior year's tax credit	▶ 11	0 0
12	Total tax paid on original return	▶12	0 0
13	Total payments (Lines 9 through 12)	▶13	0 0
14	Tax overpayment on original return	▶14	0 0
15	Income Tax (Line 8 and 14 less Line 13)	▶15	0 0
16	Estimated Tax Penalty	▶16	0 0
17	Income tax and Estimated Tax Penalty due		
17	(Line 15 plus Line 16)	TAX DUE ► 17	0 0
10	la serve terre erre erre ert (Line 40 lags Line 0, 44		
18	Income tax overpayment (Line 13 less Line 8, 14 and 16)	•, ▶18	0 0
19	Credited to 2022 interest	▶19	
20	Credited to 2022 penalty	▶20	
21	Credited to 2023 PTET	▶21	0 0
22	Amount to be refunded (Line 18 less Lines 19 through 21)	REFUND ►22	

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	
	Signature of Preparer			Date	
	Paid Preparer Name of Preparer or Firm (Please print)			ID Number	
036	Email and/or Telephone No.			May the DOR discuss this return with this preparer?	
Enclose	Include Form PTET-CR for each owner.	Refund or No Payment	Kentucky Department of Revenue Frankfort, KY 40619-0006		
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov	With Payment	Kentucky Department of Revenue Frankfort, Kentucky 40619-0006		