

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 18, 2023.

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 account information.

You will be notified only if the Application for Extension is denied. To avoid the late filing penalty, a copy of this form must be attached to your return when filed. Keep a copy for yourself.

Section I

A six-month extension is requested for filing the income tax return of the taxpayer(s) listed below for the taxable year ending _____

REASON FOR REQUEST(A reason must be given before any request can be considered. Inability to pay is not a valid reason.)

Signature of Taxpayer Date		Signature of Paid Preparer	Date
0 1 3	v Department of Revenu	e, P.O. Box 1190, Frankfort, KY 40602-1190≪	
	ed after return date)	Other:	
Section II - Direct Debit of Tax Due (Comp	ete only if filing electron	ic extension)	
Routing Transit number (RTN)		The first 2 numbers of the RTN must be	
		01 through 12 or 21 through 32.	
Depositer account number (DAN)			
Type of account: Savings Checking Ta	due debit amount \$	Debit date / /	
indicated above for payment of my state taxes owed and th I notify the Kentucky Department of Revenue to terminate 564-4581 no later than two business days prior to the payr taxes to receive confidential information necessary to answ	the authorization. To revoke (nent (debit) date. I also author ver inquiries and resolve issues	cancel) a payment, I must contact the Kentucky Departme ize the financial institutions involved in the processing of t	ent of Revenue at (502)
Your Signature (If joint or combined return, both must sig	gn) Sp	oouse's Signature Date	
	Detach here and mail vouch	er with your payment	
740EXT (12/22)	entucky Extens	ion Payment Voucher	2022
		2/31/2022 ear Ending SPOUSE'S SOCIAL SECURITY NUMBER.	
LAST NAME	FIRSTNAME	SPOUSE'S NAME	
		Amount Paid	0 0
NUMBER AND STREET OR P.O. BOX		Make check payable to: Kentucky	State Treasurer
CITY, TOWN OR POST OFFICE STATE	ZIP CODE		
Check type of return:		ЦП	A7050005
Individual 🛛 Fiduciary	Mail to:		XIOLOOOL
General Partnership	Kentucky Depart P.O. Box 1190	tment of Revenue	
For informational purposes only. General Partnerships DO NOT have a tax liability.	Frankfort, KY 40	602-1190	
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