## **740** 42A740 Department of Revenue



## KENTUCKY INDIVIDUAL INCOME TAX RETURN Full-Year Residents Only



| For                              | r calendar year or other taxable year beginning  | g, 2010, and ending            | , 20               |                             | -ull-Year Residei                       | its U | nıy      |          | UIU.     |
|----------------------------------|--|--------------------------------|--------------------|-----------------------------|---|-------|----------|----------|----------|
|                                  | A. Spouse's Social Security Number   | B. Your Social Security Number |                    |                             |   |       |          |          |          |
|                                  |  |                                |                    |                             |   |       |          |          |          |
| <b>&gt;</b>                      | Name — Last, First, Middle Initial (Joint or combined return, give both names and initials.) |                                |                    |                             |   |       |          |          |          |
| L<br>A<br>B                      | Mailing Address (Number and Street or P.O. Box)  | Apartment N                    | umber              |                             |   |       |          |          |          |
| E                                |  |                                |                    |                             |   |       |          |          |          |
| >                                | City, Town or Post Office  | State ZIP Code                 | e                  |                             |   |       |          |          |          |
|                                  | FILING STATUS (see instruction   | uns)                           |                    |                             | POLI                                    | TICAL | PARTY    | / FUND   |          |
| 1                                | Single   |                                |                    |                             | Designating \$2 will                    |       |          |          |          |
| 2                                | Married, filing joint return.  |                                |                    |                             |   |       | Spous    | 7        | Yourself |
| 3<br>4                           |  |                                |                    | Democratic (1 Republican (2 |   |       |          | 4        | (4)      |
| 4                                | and full name here.  |                                | y Hullibel ab      | 000                         | No Designation                          |       | 3)       | 4        | (6)      |
| IN                               | COME/TAX   |                                |                    | Α. σ                        | Spouse (Use if                          |       | B.       | Yoursel  |          |
| 5                                | Enter amount from federal Form 1040,   | line 37; 1040A, line 21 or     |                    | Filing S                    | Status 2 is checked.)                   |       |          | (or Join |          |
|                                  | 1040EZ, line 4. (If total of Columns A a   |                                | Ī                  |                             | 00                                      |       |          |          | 00       |
|                                  | may qualify for the Family Size Tax Cre  |                                |                    |                             | 00                                      | • 5   |          |          | 00       |
| 6                                | ,  |                                |                    |                             | 00                                      | • 6   |          |          | 00       |
| 7                                |  |                                |                    |                             | 00                                      | 7     |          |          | 00       |
| 8                                | , , , ,  |                                |                    |                             | 00                                      | • 8   |          |          | 00       |
| 9                                | ,  |                                | ı <b>e</b> 9       |                             | 00                                      | 9     |          |          |          |
| 10                               | Itemizers: Enter itemized deductions fr  | -                              |                    |                             | 00                                      |       | ĺ        |          | 00       |
| š'                               | Nonitemizers: Enter \$2,210 in Columns   |                                | 1                  |                             | 00                                      | • 10  |          |          | 00       |
| 11                               | Subtract line 10 from line 9. This is you  | r Taxable Income               | • 11               |                             | 00                                      | • 11  | <u> </u> |          | - 00     |
| 10 11 12 13                      | Enter tax from Tax Table, Computation Check if from Schedule J                               | or Schedule J.                 | 12                 |                             | 00                                      | 12    |          |          | 00       |
| , 13<br>13                       | Enter tax from Form 4972-K; Sche   |                                | [                  |                             | 00                                      | • 13  |          |          | 00       |
| 1)                               | Add lines 12 and 13 and enter total her  |                                |                    |                             | 00                                      | 14    |          |          | 00       |
|                                  |  |                                |                    |                             | 00                                      | 15    |          |          | 00       |
| บ                                |  |                                |                    |                             | 00                                      | 16    |          |          | 00       |
| 16<br>17<br>18<br>19<br>20<br>21 | 1  |                                |                    |                             | 00                                      | • 17  |          |          | 00       |
| 18                               | •  |                                | • •                |                             | 00                                      | 18    |          |          | 00       |
| 19                               |  |                                |                    |                             |   | •     |          |          | 00       |
| 20                               |  |                                |                    |                             |   |       | 1        | ] 2 [] 3 | 3 4      |
| 21                               |  |                                |                    |                             |   |       |          |          | 00       |
|                                  | Subtract line 21 from line 19  |                                |                    |                             |   |       |          |          | 00       |
| 22                               | Enter the Education Tuition Tax Credit   |                                |                    |                             |   |       |          |          | 00       |
| 22<br>23<br>24                   |  |                                |                    |                             |   |       |          |          | 00       |
|                                  | Enter Child and Dependent Care Credit  |                                |                    |                             |   | 24    |          |          |          |
| 25                               | from federal Form 2441, line 9 >   |                                | <b>x 20%</b> (.20) |                             |   | • 25  | 1        |          | 00       |
|                                  |  |                                |                    |                             |   |       |          |          | 00       |
| 27                               | Enter the New Home Tax Credit (see in  |                                |                    |                             |   |       |          |          | 00       |
|                                  | Income Tax Liability. Subtract line 27 fr  |                                |                    |                             |   |       |          |          | 00       |
|                                  |  |                                |                    |                             |   |       |          |          | 00       |
| ğ                                | Add lines 28 and 29. Enter here and or   |                                |                    |                             |   |       |          |          | 00       |
| , 50                             | a miloo 20 ama 20. Emtor more and or   | P~30 =,0 01                    |                    |                             | *************************************** | 50    |          |          |          |



| RE  | FUND/TAX PAYMENT SUMMARY   |   |               |  |  |             |   |
|---|--|---|---------------|--|--|-------------|---|
| 31  | Enter amount from page 1, line 30. This is your <b>Total Tax Liability</b>   |   |               |  | • 31   |             | 00  |
| 32  | (a) Enter Kentucky income tax withheld as shown on attached  |   |               |  |  |             |   |
|   | 2010 Form W-2(s) and other supporting statements   |   |               |  | 00   |             |   |
|   | (b) Enter 2010 Kentucky estimated tax payments   |   |               |  | 00   |             |   |
|   | (c) Enter 2010 refundable certified rehabilitation credit (KRS 141.382(1)(b))  |   |               |  | 00   |             |   |
| 22  | (d) Enter 2010 film industry tax credit (KRS 141.383)  |   |               |  | • 33   |             | 00  |
|   | If line 33 is larger than line 31, enter <b>AMOUNT OVERPAID</b> (see instructions)   |   |               |  | 34   |             | 00  |
|   | nd Contributions; See instructions.  |   | ► (Enter amou |  |  |             | 00  |
|   | Nature and Wildlife Fund \$10 \$25 \$50  | _   | r • 35        | 11(0) 011001   | 00   |             |   |
|   | Child Victims' Trust Fund  | =   | r • 36        |  | 00   |             |   |
|   | Veterans' Program Trust Fund         \$10         \$25         \$50  | =   | r • 37        |  | 00   |             |   |
| 38  |  | _   | r • 38        |  | 00   |             |   |
|   |  |   |               |  | 39   |             | 00  |
| 40  | Amount of line 34 to be CREDITED TO YOUR 2011 ESTIMATED TAX  |   |               |  | • 40   |             | 00  |
| 41  |  |   |               |  | • 41   |             | 00  |
|   | If line 31 is larger than line 33, enter ADDITIONAL TAX DUE  |   |               | -  | • 42   |             | 00  |
|   | (a) Estimated tax penalty and/or interest. Check if Form 2210-K attached   |   |               |  | 00   |             | 00  |
| 40  | (b) Interest   |   |               |  | 00   |             |   |
|   | (c) Late payment penalty   |   | ` '           |  |  |             |   |
|   | (d) Late filing penalty  |   | * *           |  | 00   |             |   |
|   |  |   |               |  |  |             | 00  |
|   | Add lines 43(a) through 43(d). Enter here  |   | _             | OWE  | • 44   |             | 00  |
| 45  | Add lines 42 and 44 and enter here. This is the <b>AMOUNT YOU OWE</b>  |   | L             | OVVE   | 45   |             | 00  |
|   |  |   |               |  |  |             |   |
|   | Make check payable to Kentucky State Treasurer or visit www.revenue.ky.go  | <b>ov</b> for   | more options. |  |  | OFFICIAL US | SE ONLY   |
|   | <ul> <li>Make check payable to Kentucky State Treasurer or visit www.revenue.ky.go</li> <li>Write your Social Security number and "KY IncomeTax—2010" on the check</li> </ul>  |   | more options. |  |  | OFFICIAL US | PWR   |
| <u></u>   | Write your Social Security number and "KY IncomeTax—2010" on the check   |   |               |  |  |             | PWR   |
|   | Write your Social Security number and "KY IncomeTax—2010" on the check  CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS   |   | A. Spouse     |  |  | B. Yours    | PWR   |
| <b>SE</b> (   | Write your Social Security number and "KY IncomeTax—2010" on the check  CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS  Enter nonrefundable limited liability entity credit (KRS 141.0401(2))  | k.  |               |  | 1  |             | PWR   |
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| 1 2 3   | Write your Social Security number and "KY IncomeTax—2010" on the check  CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS  Enter nonrefundable limited liability entity credit (KRS 141.0401(2))  (attach Kentucky Schedule(s) K-1 or Form(s) 725)  Enter skills training investment credit (attach copy(ies) of certification)  Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))  | 1<br>2<br>3   |               | 00   | 2  |             | PWR 00 00 00  |
| 1<br>2<br>3<br>4  | Write your Social Security number and "KY IncomeTax—2010" on the check  CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS  Enter nonrefundable limited liability entity credit (KRS 141.0401(2))  (attach Kentucky Schedule(s) K-1 or Form(s) 725)  | 1<br>2<br>3<br>4  |               | 00<br>00<br>00   | 2<br>3<br>4  |             | PWR    00   |
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| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8  | Write your Social Security number and "KY IncomeTax—2010" on the check  CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS  Enter nonrefundable limited liability entity credit (KRS 141.0401(2))  (attach Kentucky Schedule(s) K-1 or Form(s) 725)  Enter skills training investment credit (attach copy(ies) of certification)  Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))  Enter credit for tax paid to another state (attach copy of other state's return(s))  Enter unemployment credit (attach Schedule UTC)  Enter recycling and/or composting equipment credit (attach Schedule RC)  Enter Kentucky Investment Fund credit (attach copy(ies) of certification)  Enter coal incentive credit   | 1 2 3 4 5 6 7 8   |               | 00<br>00<br>00<br>00<br>00<br>00<br>00                         | 2<br>3<br>4<br>5<br>6<br>7<br>8  |             | 9WR  00 00 00 00 00 00 00 00 00   |
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| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10   | Write your Social Security number and "KY IncomeTax—2010" on the check CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS  Enter nonrefundable limited liability entity credit (KRS 141.0401(2))  (attach Kentucky Schedule(s) K-1 or Form(s) 725)  Enter skills training investment credit (attach copy(ies) of certification)  Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))  Enter credit for tax paid to another state (attach copy of other state's return(s))  Enter unemployment credit (attach Schedule UTC)  Enter recycling and/or composting equipment credit (attach Schedule RC)  Enter Kentucky Investment Fund credit (attach copy(ies) of certification)  Enter coal incentive credit  Enter qualified research facility credit (attach Schedule QR)  Enter GED incentive credit (attach Form DAEL-31)  Enter voluntary environmental remediation credit (attach Schedule VERB)  Enter biodiesel and renewable diesel credit   | 1 2 3 4 5 6 7 8 9 10 11   |               | 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00                   | 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10                                     |             | 9WR  00 00 00 00 00 00 00 00 00 00 00 00 0  |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12                                     | Write your Social Security number and "KY IncomeTax—2010" on the check CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS  Enter nonrefundable limited liability entity credit (KRS 141.0401(2))  (attach Kentucky Schedule(s) K-1 or Form(s) 725)  Enter skills training investment credit (attach copy(ies) of certification)  Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))  Enter credit for tax paid to another state (attach copy of other state's return(s))  Enter unemployment credit (attach Schedule UTC)  Enter recycling and/or composting equipment credit (attach Schedule RC)  Enter Kentucky Investment Fund credit (attach copy(ies) of certification)  Enter coal incentive credit  Enter qualified research facility credit (attach Schedule QR)  Enter GED incentive credit (attach Form DAEL-31)  Enter voluntary environmental remediation credit (attach Schedule VERB)  Enter biodiesel and renewable diesel credit  Enter environmental stewardship credit | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11             |               | 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00             | 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11                               |             | 9WR    OO   OO   OO     OO   OO     OO   OO     OO   OO     OO   OO     OO   OO     OO   OO     OO   OO     OO   OO     OO   OO     OO   OO |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14                         | Write your Social Security number and "KY IncomeTax—2010" on the check CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS  Enter nonrefundable limited liability entity credit (KRS 141.0401(2)) (attach Kentucky Schedule(s) K-1 or Form(s) 725)  Enter skills training investment credit (attach copy(ies) of certification)  Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))  Enter credit for tax paid to another state (attach copy of other state's return(s))  Enter unemployment credit (attach Schedule UTC)  Enter recycling and/or composting equipment credit (attach Schedule RC)  Enter Kentucky Investment Fund credit (attach copy(ies) of certification)  Enter qualified research facility credit (attach Schedule QR)  Enter GED incentive credit (attach Form DAEL-31)  Enter voluntary environmental remediation credit (attach Schedule VERB)  Enter biodiesel and renewable diesel credit  Enter clean coal incentive credit                                    | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13 |               | 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00       | 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13                   |             | 9WR  self  00  00  00  00  00  00  00  00  00   |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15                   | ● Write your Social Security number and "KY IncomeTax—2010" on the check  CTION A—BUSINESS INCENTIVE AND OTHERTAX CREDITS  Enter nonrefundable limited liability entity credit (KRS 141.0401(2))  (attach Kentucky Schedule(s) K-1 or Form(s) 725)  Enter skills training investment credit (attach copy(ies) of certification)  Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))  Enter credit for tax paid to another state (attach copy of other state's return(s))  Enter unemployment credit (attach Schedule UTC)  Enter recycling and/or composting equipment credit (attach Schedule RC)  Enter Kentucky Investment Fund credit (attach copy(ies) of certification)  Enter coal incentive credit  | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15                               |               | 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00       | 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14             |             | 9WR    OO   OO   OO   OO   OO   OO   OO   |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16             | ● Write your Social Security number and "KY IncomeTax—2010" on the check CTION A—BUSINESS INCENTIVE AND OTHERTAX CREDITS  Enter nonrefundable limited liability entity credit (KRS 141.0401(2)) (attach Kentucky Schedule(s) K-1 or Form(s) 725)  Enter skills training investment credit (attach copy(ies) of certification)  | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16                            |               | 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00 | 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16 |             | 9WR    OO   OO   OO   OO   OO   OO   OO   |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17       | Write your Social Security number and "KY IncomeTax—2010" on the check CTION A—BUSINESS INCENTIVE AND OTHERTAX CREDITS  Enter nonrefundable limited liability entity credit (KRS 141.0401(2)) (attach Kentucky Schedule(s) K-1 or Form(s) 725)  Enter skills training investment credit (attach copy(ies) of certification)  | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17                         |               | 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00 | 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16 |             | 9WR    OO   |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18 | Write your Social Security number and "KY IncomeTax—2010" on the check CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS  Enter nonrefundable limited liability entity credit (KRS 141.0401(2)) (attach Kentucky Schedule(s) K-1 or Form(s) 725)  Enter skills training investment credit (attach copy(ies) of certification)  Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))  Enter credit for tax paid to another state (attach copy of other state's return(s)) Enter unemployment credit (attach Schedule UTC)  Enter recycling and/or composting equipment credit (attach Schedule RC)  Enter Kentucky Investment Fund credit (attach copy(ies) of certification)  Enter coal incentive credit  | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16                            |               | 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00 | 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16 |             | 9WR    OO   OO   OO   OO   OO   OO   OO   |

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| SECTIO               | N B-PERSONALTAX CREDITS C   | heck Regular                              | Check both if 65                     | 5 or over Ch                    | eck both if blind                                    |                    |  |                                    |
|----------------------|---|---|--------------------------------------|---------------------------------|--|--------------------|--|------------------------------------|
|                      | Credits for yourself: Credits for spouse:   |   |                                      |                                 |  | 1                  | Enter number of boxes checked on line 1  |                                    |
| 2 Dep                | pendents:   |   |                                      |                                 |  | 2                  | Enter number of dependents who   |                                    |
| First                | name Last name  |   | ependent's<br>Security number        | Dependent's relationship to you | Check if qualifying child for family size tax credit |                    | <ul> <li>lived with you</li> <li>did not live with (see instruction)</li> <li>other dependent</li> </ul> | th you<br>ns)                      |
| If m                 | d total number of credits claimed on lin<br>narried filing separately on a combined<br>in credits from line 1, divide the credits<br>rs enter the amount from line 3 in Box | return (Filing Si<br>on line 2, and ei    | nter the totals ir                   | n Boxes 3A and                  | 3B. All other  | _                  | Enter total credit Spouse  •3A   | Yourself                           |
| 4 Mu                 | Itiply credits on line 3A by \$20 and ent   | er on line 4A. Mı                         | ultiply credits o                    | n line 3B by \$20               | ) and  |                    | x \$20   | x \$20                             |
| ent                  | er on line 4B. Enter here and on page 1   | , line 17, Columr                         | ıs A and B                           |                                 |  |                    | 4A   | 4B                                 |
|                      |   |   |                                      |                                 |  |                    |  |                                    |
| Attach               | a complete copy of federal Form 1040 i  | f you received fa                         | ırm, business, o                     | r rental income                 | or loss. If not re                                   | equired            | , check here.  |                                    |
| to the b<br>the prov | ndersigned, declare under penalties of<br>est of my knowledge and belief, it is tru<br>visions of Regulation 103 KAR 17:020 w<br>axes accruing under this return.           | ie, correct and co<br>ill result in refun | omplete. I also u<br>ds being made ¡ | understand and                  | agree that our e                                     | lection<br>of us b | to file a combin   | ned return und<br>d severally liab |
|                      |   |   |                                      |                                 |  |                    |  |                                    |
| Typed or             | Printed Name of Preparer Other than Taxpayer  | 1.1                                       | D. Number of Prepa                   | arer                            | Date   |                    |  |                                    |
| Firm Nan             | ne  | EI  | N .                                  |                                 | Date   |                    |  |                                    |
| Mail t               | o: REFUNDS Kentucky De  | partment of R                             | evenue, Frank                        | fort, KY 40618                  | 3-0006.  |                    |  |                                    |
|                      | PAYMENTS Kentucky De  | partment of R                             | evenue, Frank                        | fort, KY 4061                   | 9-0008.  |                    |  |                                    |
|                      |   |   |                                      |                                 |  | OF                 | FICIAL USE ONLY  |                                    |