



KENTUCKY INDIVIDUAL INCOME TAX RETURN Full-Year Residents Only



For calendar year or other taxable year beginning _____, 2016, and ending _____, 20_____.

Form section for Social Security Numbers (A and B), Name, Mailing Address, and City/State/ZIP Code.

FILING STATUS (see instructions) section with options for Single, Married (separately), Married (joint), and Married (separate).

POLITICAL PARTY FUND section with options for Democratic, Republican, and No Designation for both Spouse and Yourself.

Main table for INCOME/TAX with columns for Spouse (A) and Yourself (B), rows 5-28 detailing various tax items and credits.

Attach Form W-2(s) and Other Supporting Statement(s) here. Enclose payment but Do Not Staple.



REFUND/TAX PAYMENT SUMMARY

29	Enter amount from page 1, line 28. This is your Total Tax Liability	29		00
30	(a) Enter Kentucky income tax withheld as shown on attached 2016 Form W-2(s) and other supporting statements	30(a)		00
	(b) Enter 2016 Kentucky estimated tax payments	30(b)		00
	(c) Enter 2016 refundable certified rehabilitation credit (KRS 141.382(1)(b)).....	30(c)		00
	(d) Enter 2016 film industry tax credit (KRS 141.383).....	30(d)		00
31	Add lines 30(a) through 30(d)	31		00
32	If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions)	32		00
33	<i>Fund Contributions; See instructions.</i>			
(a)	Nature and Wildlife Fund		00	
(b)	Child Victims' Trust Fund		00	
(c)	Veterans' Program Trust Fund ..		00	
(d)	Breast Cancer Research/ Education Trust Fund		00	
(e)	Farms to Food Banks Trust Fund		00	
(f)	Local History Trust Fund		00	
(g)	Special Olympics Kentucky		00	
(h)	Pediatric Cancer Research Trust Fund ..		00	
(i)	Rape Crisis Center Trust Fund		00	
34	Add lines 33(a) through 33(i)	34		00
35	Amount of line 32 to be CREDITED TO YOUR 2017 ESTIMATED TAX	35	CREDIT FORWARD	00
36	Subtract lines 34 and 35 from line 32. Amount to be REFUNDED TO YOU	36	REFUND	00
	REFUND OPTIONS (Not available for amended returns) Check here if you would like your refund issued on a Bank of America Prepaid Debit Card <input type="checkbox"/> Check here if you would like to receive your Debit Card material in Spanish <input type="checkbox"/>			
37	If line 29 is larger than line 31, enter ADDITIONAL TAX DUE	37		00
38	(a) Estimated tax penalty and/or interest. <input type="checkbox"/> Check if Form 2210-K attached	38(a)		00
	(b) Interest	38(b)		00
	(c) Late payment penalty	38(c)		00
	(d) Late filing penalty.....	38(d)		00
39	Add lines 38(a) through 38(d). Enter here.....	39		00
40	Add lines 37 and 39 and enter here. This is the AMOUNT YOU OWE	40	OWE	00

- Visit www.revenue.ky.gov for electronic payment options; or
- Make check payable to **Kentucky State Treasurer**, include your Social Security number and "KY Income Tax—2016."

SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS

	A. Spouse		B. Yourself	
1	1	00	1	00
2	2	00	2	00
3	3	00	3	00
4	4	00	4	00
5	5	00	5	00
6	6	00	6	00
7	7	00	7	00
8	8	00	8	00
9	9	00	9	00
10	10	00	10	00
11	11	00	11	00
12	12	00	12	00
13	13	00	13	00
14	14	00	14	00
15	15	00	15	00
16	16	00	16	00
17	17	00	17	00
18	18	00	18	00

Continue to page 3 to complete Section A



SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS (continued)		A. Spouse		B. Yourself	
19	Enter railroad maintenance and improvement credit (attach Schedule RR-1).....	19	00	19	00
20	Enter Endow Kentucky credit (attach Schedule ENDOW)	20	00	20	00
21	Enter New Markets Development Program credit	21	00	21	00
22	Enter food donation credit (attach Schedule FD).....	22	00	22	00
23	Enter distilled spirits credit (attach Schedule DS)	23	00	23	00
24	Enter angel investor credit	24	00	24	00
25	Add lines 1 through 24, Columns A and B. Enter here and on page 1, line 15 ..	25	00	25	00

SECTION B—PERSONAL TAX CREDITS

	Check Regular	Check all four if 65 or over	Check all four if blind	Check both for Kentucky National Guard	
1 (a) Credits for yourself:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 Enter number of boxes checked on line 1
(b) Credits for spouse:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

2 Dependents:

First name	Last name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

2 Enter number of dependents who:

- lived with you.....
- did not live with you (see instructions).....
- other dependents.....

3 Add total number of credits claimed on lines 1 and 2. If married filing separately on a combined return (Filing Status 2), each taxpayer must claim his or her own credits from line 1, divide the credits on line 2, and enter the totals in Boxes 3A and 3B. All other filers enter the amount from line 3 in Box 3B

3 Enter total credits.....

4 Multiply credits on line 3A by \$10 and enter on line 4A. Multiply credits on line 3B by \$10 and enter on line 4B. Enter here and on page 1, line 17, Columns A and B

Spouse	Yourself
3A	3B
x \$10	x \$10
4A	4B

SECTION C—FAMILY SIZE TAX CREDIT (List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

First name	Last name	Social Security number	First name	Last name	Social Security number

Attach a complete copy of federal Form 1040 if you received farm, business, or rental income or loss. If not required, check here.

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.

_____ Your Signature (If joint or combined return, both must sign.)	_____ Driver's License/State Issued ID No.	_____ Date Signed	() _____ Telephone Number (daytime)
_____ Spouse's Signature	_____ Driver's License/State Issued ID No.	_____ Date Signed	
_____ Typed or Printed Name of Preparer Other than Taxpayer	_____ I.D. Number of Preparer	_____ Date	
_____ Firm Name	_____ EIN	_____ Date	

MAIL TO: REFUNDS Kentucky Department of Revenue, P. O. Box 856970, Louisville, KY 40285-6970.
PAYMENTS Kentucky Department of Revenue, P. O. Box 856980, Louisville, KY 40285-6980.