



KENTUCKY INDIVIDUAL INCOME TAX RETURN Full-Year Residents Only



For calendar year or other taxable year beginning \_\_\_\_\_, 2011, 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 checkboxes for Single, Married (separate), Married (joint), and Married (separate returns).

POLITICAL PARTY FUND section with checkboxes 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), Other Supporting Statement(s) and Payment Here - Staple to Top Page Only



**DRAFT**  
6/29/11

**REFUND/TAX PAYMENT SUMMARY**

29	Enter amount from page 1, line 28. This is your <b>Total Tax Liability</b> .....	• 29		00
30	(a) Enter <b>Kentucky income tax withheld</b> as shown on <b>attached</b> 2011 Form W-2(s) and other supporting statements.....	• 30(a)	00	
	(b) Enter 2011 Kentucky estimated tax payments .....	• 30(b)	00	
	(c) Enter 2011 refundable certified rehabilitation credit (KRS 141.382(1)(b)) .....	• 30(c)	00	
	(d) Enter 2011 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 <b>AMOUNT OVERPAID</b> (see instructions) .....	32		00
<i>Fund Contributions; See instructions.</i>				
▶ (Enter amount(s) checked)				
33	<b>Nature and Wildlife Fund</b> ..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other .....	• 33	00	
34	<b>Child Victims' Trust Fund</b> .....	• 34	00	
35	<b>Veterans' Program Trust Fund</b> ..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other .....	• 35	00	
36	<b>Breast Cancer Research/Education Trust Fund</b> .....	• 36	00	
37	Add lines 33 through 36 .....	37		00
38	Amount of line 32 to be <b>CREDITED TO YOUR 2012 ESTIMATED TAX</b> .....	• 38		00
39	Subtract lines 37 and 38 from line 32. Amount to be <b>REFUNDED TO YOU</b> .....	• 39	<b>REFUND</b>	00
40	If line 29 is larger than line 31, enter <b>ADDITIONAL TAX DUE</b> .....	• 40		00
41	(a) Estimated tax penalty and/or interest. <input type="checkbox"/> <b>Check if Form 2210-K attached</b> ....	41(a)	00	
	(b) Interest .....	41(b)	00	
	(c) Late payment penalty .....	41(c)	00	
	(d) Late filing penalty.....	41(d)	00	
42	Add lines 41(a) through 41(d). Enter here.....	• 42		00
43	Add lines 40 and 42 and enter here. This is the <b>AMOUNT YOU OWE</b> .....	43	<b>OWE</b>	00

- Make check payable to **Kentucky State Treasurer** or visit [www.revenue.ky.gov](http://www.revenue.ky.gov) for more options.
- Write your Social Security number and "KY Income Tax—2011" on the check.

OFFICIAL USE ONLY	
	<b>PWR</b>

**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-I).....	19	00	19	00
20	Enter Endow Kentucky credit (attach Schedule ENDOW) .....	20	00	20	00
21	Add lines 1 through 20, Columns A and B. <b>Enter here and on page 1, line 15</b> ..	21	00	21	00

**SECTION B—PERSONAL TAX CREDITS**      **Check Regular**      **Check both if 65 or over**      **Check both if blind**

1 (a) Credits for yourself:                                                                                          1 Enter number of boxes checked on line 1 .....

(b) Credits for spouse:                                                                                          2 Enter number of dependents who:

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"/>

- 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* .....

4 Multiply credits on line 3A by \$20 and enter on line 4A. Multiply credits on line 3B by \$20 and enter on line 4B. **Enter here and on page 1, line 17, Columns A and B** .....

Spouse	Yourself
•3A	•3B
x \$20	x \$20
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.)      Spouse's Signature      Date Signed      (      )  
Telephone Number (daytime)

\_\_\_\_\_  
Typed or Printed Name of Preparer Other than Taxpayer      I.D. Number of Preparer      Date

\_\_\_\_\_  
Firm Name      EIN      Date

**DRAFT**  
6 / 30 / 11

Mail to: **REFUNDS**      Kentucky Department of Revenue, Frankfort, KY 40618-0006.

**PAYMENTS**      Kentucky Department of Revenue, Frankfort, KY 40619-0008.

**SCHEDULE A**

**Form 740**

42A740-A

Department of Revenue



**KENTUCKY ITEMIZED DEDUCTIONS**

➤ See instructions.  
➤ Attach to Form 740.

**2011**

Enter name(s) as shown on Form 740, page 1.

Your Social Security Number

<b>Medical and Dental Expenses</b>	<b>Do not include expenses reimbursed or paid by others.</b>				
	1. Medical and dental expenses.....	1			
	2. Enter 7.5% (.075) of the amount from Form 740, line 9.....	2			
	3. <b>Total medical and dental.</b> Subtract line 2 from line 1. If zero or less, enter -0- .....	➤ 3			00
<b>Taxes</b>  <i>Note: Sales and use taxes and new motor vehicle taxes are not deductible.</i>	4. Local income taxes (do not include state income tax).....	4			
	5. Real estate taxes.....	5			
	6. Personal property taxes.....	6			
	7. Other taxes (list) _____	7			
	8. <b>Total taxes.</b> Add lines 4 through 7. Enter here .....	➤ 8			00
<b>Interest Expense</b>  <i>Note: Personal interest is not deductible.</i>	9. Home mortgage interest and points reported to you on federal Form 1098.....	9			
	10. Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, show that person's name, identifying number and address) _____	10			
	<b>See instructions for lines 11 and 12.</b>				
	11. Points not reported to you on federal Form 1098.....	11			
	12. Qualified mortgage insurance premiums .....	12			
	13. Investment interest (attach federal Form 4952 if required) .....	13			
	14. <b>Total interest.</b> Add lines 9 through 13. Enter here .....	➤ 14			00
<b>Contributions</b>  <i>Note: For any contribution of \$250 or more, see instructions.</i>	15. Contributions by cash or check .....	15			
	16. Other than cash or check (attach federal Form 8283 if over \$500) .....	16			
	17. Artistic charitable contributions deduction (attach copy of appraisal) .....	17			
	18. Carryover from prior year.....	18			
	19. <b>Total contributions.</b> Add lines 15 through 18. Enter here .....	➤ 19			00
<b>Casualty and Theft Losses</b>	20. Enter amount from attached federal Form 4684, Section A, line 16.....	20			
	21. Enter 10% (.10) of the amount from Form 740, line 9 .....	21			
	22. <b>Total casualty or theft loss(es).</b> Subtract line 21 from line 20. If zero or less, enter -0- .....	➤ 22			00
<b>Job Expenses and Most Other Miscellaneous Deductions</b>	23. Unreimbursed employee expenses—job travel, union dues, job education, etc. (attach Form 2106 or 2106-EZ if applicable) list _____	23			
	24. Tax preparation fees.....	24			
	25. Other (investment, safe deposit box, etc.) list _____	25			
	26. Add the amounts on lines 23, 24 and 25. Enter here .....	26			
	27. Enter 2% (.02) of the amount from Form 740, line 9.....	27			
	28. <b>Total.</b> Subtract line 27 from line 26. If zero or less, enter -0- .....	➤ 28			00
<b>Other Miscellaneous Deductions</b>	29. Other (see instructions) _____	➤ 29			00
<b>Total Itemized Deductions</b>	30. Add lines 3, 8, 14, 19, 22, 28 and 29. Enter here .....	➤ 30			00

**DRAFT**  
6/8/11

★ If single or married filing jointly, enter the total itemized deductions from line 30 on Form 740, line 10, column B.  
★ All others go to page 2.

**SCHEDULE M**



**2011**

Form 740  
42A740-M

**KENTUCKY  
FEDERAL ADJUSTED GROSS INCOME  
MODIFICATIONS**

Department of Revenue

➤ **Attach to Form 740.**

Enter name(s) as shown on tax return.	Your Social Security Number : : :
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DRAFT  
6/8/11

**PART I ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME**

- 1 Enter interest income from bonds issued by other states and their political subdivisions.....
- 2 Enter self-employed health insurance deduction from federal Form 1040, line 29.....
- 3 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1.....
- 4 Enter federal depreciation from Form 4562.....
- 5 Enter federal Net Operating Loss .....
- 6 Enter federal domestic production activities deduction from federal Form 8903, line 25.....
- 7 Other additions (list and enter total):  
(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_
- 8 Total Additions. Enter here and on Form 740, page 1, line 6 .....

**A. Spouse**  
*(Use if Filing Status 2 is checked.)*

**B. Yourself**  
*(or Joint)*

1		00	1		00	
2		00	2		00	
3		00	3		00	
4		00	4		00	
5		00	5		00	
6		00	6		00	
7		00	7		00	
8		00	8		00	
9		00	9		00	
10		00	10		00	
11		00	11		00	
12		00	12		00	
13		00	13		00	
14		00	14		00	
15		00	15		00	
16		00	16		00	
17		00	17		00	
18		00	18		00	
19		00	19		00	
20		00	20		00	

**PART II SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME**

- 9 Enter state income tax refund or credit reported as income on federal Form 1040.....
- 10 Enter interest income from U.S. government bonds and securities.....
- 11 Enter excludable amount of retirement income (attach Schedule P if more than \$41,110) .....
- 12 Enter taxable amount of Social Security and Railroad Retirement Board benefits from federal Form 1040, line 20(b) (1040A, line 14(b)) .....
- 13 Enter long-term care insurance premiums.....
- 14 Enter health insurance premiums not previously deducted from income. Do not include premiums paid with pretax dollars (cafeteria plan).....
- 15 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1 .....
- 16 Enter Kentucky depreciation from revised Form 4562 .....
- 17 Enter Kentucky Net Operating Loss .....
- 18 Enter Kentucky domestic production activities deduction (see instructions).....
- 19 Other subtractions (list and enter total):  
(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_
- 20 Total Subtractions. Enter here and on Form 740, page 1, line 8 .....

SCHEDULE P



2011

42A740-P

Department of Revenue

Use this form to calculate
excludable retirement income.

KENTUCKY
PENSION INCOME EXCLUSION

Attach to Form 740, 740-NP or 741.

DRAFT
6/8/11

Enter name(s) as shown on tax return. Your Social Security Number

Complete this schedule and file with Form 740 if:

- 1. your taxable pension and retirement income from all sources is greater than \$41,110; and
(a) you are retired from the federal government, the Commonwealth of Kentucky or a Kentucky local government; or
(b) you receive supplemental (Tier 2) U.S. Railroad Retirement Board benefits.
2. you file Form 4972-K, Tax on Lump-Sum Distributions.

All others, STOP, you do not need to complete Schedule P. See instructions for Schedule M, line 11.

PART I—EXEMPT RETIREMENT INCOME (Do Not Include Income From Deferred Compensation Plans)

- 1. Enter on line (a) or (b) the amount of federal, Kentucky state and Kentucky local government pension income attributable to service credit earned before January 1, 1998, and supplemental (Tier 2) U.S. Railroad Retirement Board benefits included on federal Form 1040, line 16(b) (Form 1040A, line 12(b)). Also include federal or Kentucky disability retirement income attributable to service credit earned before January 1, 1998.

(a) If date of retirement is before January 1, 1998, enter here.

Table with 4 columns: Names of Payers, Date of Retirement, A. Spouse, B. Yourself. Includes a Total row.

(b) If date of retirement is after December 31, 1997, see the instructions.

Table with 6 columns: Names of Payers, Date of Retirement, Taxable Pension, Exempt Percentage, A. Spouse, B. Yourself. Includes a Total row.

(c) Add lines 1(a) and 1(b)..... (c)

PART II—OTHER RETIREMENT INCOME (Amounts Not Included in Line 1(c))

2. Enter the total of taxable retirement income not included in line 1(c) above as reported on federal Form 1040, line 15(b) and 16(b) (Form 1040A, line 11(b) and 12(b)). Also report other disability retirement income or deferred compensation included on federal Form 1040, line 7 (Form 1040A, line 7)..... 2

PART III—TOTAL TO BE EXCLUDED THIS YEAR

3. Enter the lesser of line 2 or \$41,110..... 3
4. Add lines 1(c) and 3. Enter here and on Schedule M, line 11 (Form 740-NP, page 4, line 10(b) or Form 741, line 11)..... 4

Joint filers—Combine lines 4(a) and 4(b) and enter on appropriate form.



Stop here unless you have a lump-sum distribution reported on Form 4972-K.



Attach to Form 740 or Form 740-NP.

KENTUCKY EDUCATION TUITION TAX CREDIT

Enter name(s) as shown on Form 740 or Form 740-NP, page 1.

Your Social Security Number

If you have a credit carry forward from previous years, see Page 2, Part V.

Caution: Requirements for the 2011 Kentucky Education Tuition Tax Credit are different from the federal education requirements. Please review instructions to determine if you meet the qualifications for this credit.

PART I - Qualifications

- Are all expenses claimed on this form from an eligible educational institution located within the Commonwealth of Kentucky (Kentucky institution)?
Are all of the expenses claimed on this form for undergraduate studies?
Is your Kentucky filing status single; married filing separately on a combined return; or married filing a joint return?

Table with 2 columns: Yes, No. Includes a large green 'DRAFT 6/8/11' watermark.

If you answered "No" to any of these questions above, STOP, you do not qualify for this credit.

If you answered "Yes" to all questions above, go to Part II.

PART II - Hope Credit (List only expenses from Kentucky institutions.) See Instructions

Table for Hope Credit with columns: (a) Student Name SSN, (c) Qualified Expenses, (d) Enter the smaller of the amount in column (c) or \$1,200, (e) Add column (c) and column (d), (f) Enter one-half of the amount in column (e). Includes rows for institution name and address.

2. Tentative Hope Credit. Add the amounts on line 1, column (f). If you are taking the Lifetime Learning Credit for another student, go to Part III; otherwise, go to line 7

PART III - Lifetime Learning Credit

Table for Lifetime Learning Credit with columns: (a) Student Name, (b) Student SSN, (c) Name and Address of Kentucky Institution, (d) Qualified Expenses (See instructions)

- 4. Add the amounts on line 3, column (d) and enter total here
5. Enter the smaller of line 4 or \$10,000
6. Tentative Lifetime Learning Credit. Multiply line 5 by 20% (.20), enter here
7. Tentative Kentucky Education Credits. Add lines 2 and 6, enter here and on Page 2, line 8

Note: If you have an unused credit from prior year(s), complete Page 2, Part V to determine your carryforward amount. You must have completed Form 8863-K in prior years to claim any allowable unused credit carryforward.



**PART IV – Allowable Education Credits**

8. Enter tentative Kentucky Education Credits from page 1, line 7 .....	8	
9. Enter: \$122,000 if married filing jointly or married filing separately on a combined return; \$61,000 if single.....	9	
10. Enter the amount from Form 1040, line 37, or Form 1040A, line 21 .....	10	
11. Subtract line 10 from line 9. If zero or less, STOP; you cannot take any education credits for Kentucky .....	11	
12. Enter \$20,000 if married filing jointly or married filing separately on a combined return; \$10,000 if single .....	12	
13. If line 11 is equal to or more than line 12, enter the amount from line 8 on line 14 and go to line 15. If line 11 is less than line 12, divide line 11 by line 12. Enter the result as a decimal (rounded to at least three places).....	13	X .
14. Multiply line 8 by the decimal amount on line 13 and enter here.....	14	
15. Multiply the amount on line 14 by 25% (.25) and enter total here .....	15	
16. Enter tentative tax from Form 740 or Form 740-NP, page 1, line 22 .....	16	
17. Enter amount from Part V, line 37. If Part V, line 37 is blank, enter -0- .....	17	
18. Subtract line 17 from line 16 .....	18	
19. Enter the smaller of line 18 or line 15 .....	19	
20. Add lines 17 and 19. Enter here and on Form 740 or Form 740-NP, line 23. This is your allowable 2011 education credit.....	20	
21. If line 18 is smaller than line 15, subtract line 18 from line 15. This is the amount of <b>unused credit carryforward from 2011 to 2012</b> . Enter here and on the 2011 Carryforward Worksheet, Line E, provided below .....	21	

**PART V – Credit Carryforward from Prior Years**

22. Enter tentative tax from Form 740 or Form 740-NP, page 1, line 22 .....	22	
23. Enter your credit carryforward from 2006.....	23	
24. Enter your credit carryforward from 2007.....	24	
25. Enter your credit carryforward from 2008.....	25	
26. Enter your credit carryforward from 2009.....	26	
27. Enter your credit carryforward from 2010 .....	27	
28. Add lines 23 through 27 and enter total here .....	28	
29. Subtract line 23 from line 22. If zero or less, enter -0-.....	29	
30. <b>Enter 2007 credit carryforward to 2012.</b> Subtract line 29 from line 24. If zero or less, enter -0-....	30	
31. Subtract line 24 from line 29. If zero or less, enter -0-.....	31	
32. <b>Enter 2008 credit carryforward to 2012.</b> Subtract line 31 from line 25. If zero or less, enter -0-....	32	
33. Subtract line 25 from line 31. If zero or less, enter -0- .....	33	
34. <b>Enter 2009 credit carryforward to 2012.</b> Subtract line 33 from line 26. If zero or less, enter -0-....	34	
35. Subtract line 26 from line 33. If zero or less, enter -0-.....	35	
36. <b>Enter 2010 credit carryforward to 2012.</b> Subtract line 35 from line 27. If zero or less, enter -0- ....	36	
37. Enter the smaller of line 22 or line 28 .....	37	

**2011 Carryforward Worksheet**

- A. From Part V, Line 30, 2007 to 2012 \_\_\_\_\_
- B. From Part V, Line 32, 2008 to 2012 \_\_\_\_\_
- C. From Part V, Line 34, 2009 to 2012 \_\_\_\_\_
- D. From Part V, Line 36, 2010 to 2012 \_\_\_\_\_
- E. From Part IV, Line 21, 2011 to 2012 \_\_\_\_\_

**If you have a carryforward of credit, maintain a copy of this worksheet or Form 8863-K for your records. This information will be needed to prepare future returns.**

DO NOT MAIL! RETAIN FOR YOUR RECORDS.

8879-K

42A740-S22

Department of Revenue



KENTUCKY INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

2011

Declaration Control Number (DCN) ▶

Taxpayer's Name

Taxpayer's Social Security number

Spouse's Name

Spouse's Social Security number

PART I—Tax Return Information (Whole Dollars Only)

Table with 5 rows and 4 columns: Line number, Description, 740 line, 740-EZ line, Amount. Includes a 'DRAFT 6/23/11' watermark.

PART II— Direct Deposit of Refund or Direct Debit of Tax Amount Due (See Instructions)

Form fields for RTN, DAN, account type, and debit amount/date. Includes instructions for RTN and DAN.

PART III—Declaration of Taxpayer (Sign only after Part I is completed.)

- 11. I consent that my refund be directly deposited...
12. I do not want direct deposit of my refund...
13. I authorize the Kentucky Department of Revenue...

If I have filed a balance due return, I understand that if the Kentucky Department of Revenue does not receive my full and timely payment...

Under penalties of perjury, I declare that the information I have given my electronic return originator (ERO) or transmitter...

Your Signature (If joint or combined return, both must sign) Spouse's Signature Telephone Number (daytime) Date Signed

PART IV—Declaration and Signature of Electronic Return Originator and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on Form 8879-K are complete and correct to the best of my knowledge.

Check [ ] if also paid preparer. Check [ ] if self-employed.

ERO's Use Only

Signature, Date, I.D. Number of ERO, Firm's name, FEIN, ZIP code

Paid Preparer's Use Only

Check [ ] if self-employed.

Preparer's Signature, Date, I.D. Number of Preparer, Firm's name, FEIN, ZIP code

Keep this form with your tax return. Do not mail!

Attach Copy of Forms W-2, W-2G and 1099-R Here

KENTUCKY

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning , 2011, ending , 20 See separate instructions.

Your first name and initial Last name Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign

Foreign country name Foreign province/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

- 1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here.
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child

Exemptions

Table with columns for dependent details: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) if child under age 17 qualifying for child tax credit. Includes summary boxes for 'Boxes checked on 6a and 6b', 'No. of children on 6c who...', and 'Add numbers on lines above'.

Income

Table for income reporting with lines 7 through 22. Includes sub-rows for taxable and tax-exempt interest (8a, 8b), ordinary and qualified dividends (9a, 9b), and taxable amounts for IRA distributions (15a, 15b) and pensions (16a, 16b).

Adjusted Gross Income

Table for adjusted gross income with lines 23 through 37. Includes deductions for educator expenses, business expenses, health savings account, moving expenses, self-employment tax, SEP/IRA plans, health insurance, student loan interest, tuition, and domestic production activities.

		a Employee's social security number		OMB No. 1545-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld				
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld				
			5 Medicare wages and tips		6 Medicare tax withheld				
			7 Social security tips		8 Allocated tips				
d Control number			9 Advance EIC payment		10 Dependent care benefits				
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a	
						13 Statutory employee	Retirement plan	Third-party sick pay	12b
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						14 Other		12c	
								12d	
f Employee's address and ZIP code									
15 State	Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement

2009

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.