



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 for various income items and tax 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

Table with 3 columns: Description, Amount, and Total. Rows include Total Tax Liability (29), Kentucky income tax withheld (30), Fund Contributions (33-36), CREDITED TO YOUR 2012 ESTIMATED TAX (38), REFUNDED TO YOU (39), ADDITIONAL TAX DUE (40), and AMOUNT YOU OWE (43).

- Make check payable to Kentucky State Treasurer or visit www.revenue.ky.gov for more options.
• Write your Social Security number and "KY Income Tax—2011" on the check.

OFFICIAL USE ONLY table with PWR field.

SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS

Table with 4 columns: Line number, Description, A. Spouse, and B. Yourself. Rows 1-18 list various tax credits like limited liability entity credit, small business investment credit, etc.

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	•3A	•3B
<b>x \$20</b>	<b>x \$20</b>	<b>x \$20</b>	<b>x \$20</b>
4A	4B	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

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6 / 30 / 11

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

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

**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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**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 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

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★ 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.



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**PART I—DIVIDING DEDUCTIONS BETWEEN SPOUSES**

Use this schedule if married filing separately on a combined return.

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1. Total itemized deductions from page 1, line 30 ..... \_\_\_\_\_
  2. Percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B) ..... \_\_\_\_\_ %
  3. Percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B) ..... \_\_\_\_\_ %
  4. Percent on line 2 times total deductions entered on line 1 (enter here and on Form 740, line 10, Column A) ..... \_\_\_\_\_
  5. Percent on line 3 times total deductions entered on line 1 (enter here and on Form 740, line 10, Column B) ..... \_\_\_\_\_
-

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.

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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))

Table with 1 row for line 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

Table with 2 rows for lines 3 and 4. Line 3: Enter the lesser of line 2 or \$41,110..... 3. Line 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.



42A740-S1

Commonwealth of Kentucky
DEPARTMENT OF REVENUE

UNDERPAYMENT OF ESTIMATED TAX
BY INDIVIDUALS

Attach to Form 740 or 740-NP.

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

PART I - EXCEPTIONS AND EXCLUSIONS

The penalty shall not apply if one of the following exceptions is met. If one or more of the following applies to you, check the appropriate block(s), complete any necessary blank(s) and check the "Form 2210-K attached" block on Form 740, line 41a (Form 740-NP, line 41a). If none of the exceptions apply, go to Part II.

Check applicable block(s).

- 1. The taxpayer died during the taxable year.
2. The declaration was not required until after September 1, 2011, and the taxpayer files a return and pays the full amount of the tax computed on the return on or before January 31, 2012.
3. Two-thirds (2/3) or more of the gross income was from farming; this return is being filed on or before March 1, 2012; and the total tax due is being paid in full.

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Table with 2 columns for calculations related to farming exception (lines a, b, c) and prepaid tax exception (lines a, b).

PART II - FIGURING THE UNDERPAYMENT AND PENALTY (Complete Part II only if the additional tax due exceeds \$500; otherwise, proceed to page 2, Part III.)

Table with 2 columns for calculations of underpayment and penalty (lines 1a-9).

To Avoid Underpayment Penalty in the Future, Obtain and File Form 740-ES.

\*Do not include amounts prepaid with extension after the due date of the fourth declaration installment.



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

Main table for Hope Credit with columns for Student Name/SSN, Qualified Expenses, smaller amount, sum of columns, and one-half amount.

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 for Student Name/SSN, Name and Address of Kentucky Institution, and Qualified Expenses.

- 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.**

5695-K

41A720-S7 (10-11)  
Commonwealth of Kentucky  
DEPARTMENT OF REVENUE



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6/23/11

2011

➤ See instructions.

➤ Attach to Form 720, 720S, 725, 740, 740-NP, 741, 765 or 765-GP

**Kentucky Energy Efficiency Products Tax Credit**

**KRS 141.435 to KRS 141.436**

Name of Entity	Federal Identification Number	Kentucky Corporation/LLET Account Number (if applicable)
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**Part I-Qualifications**

- Was the installation of the energy efficiency products completed before January 1, 2011? .....
- Was the installation of the energy efficiency products completed after December 31, 2011? .....
- Have you taken a tax credit as provided by KRS 141.437 for an ENERGY STAR home or an ENERGY STAR manufactured home? .....

Yes	No

If you answered "yes" to any of the questions above, STOP; you do not qualify for these credits.

If you answered "no" to all of the questions above, go to Part II.

**Part II-Installation of Energy Efficiency Products**

**Residence or Single-family or Multifamily**

**Residential Rental Unit:**

1. Qualified upgraded insulation costs .....	1		00		
2. Multiply line 1 by 30% (.30) .....	2		00		
3. Credit from pass-through entities .....	3		00		
4. Add lines 2 and 3 .....	4		00		
5. Maximum Credit amount .....	5	\$100	00		
6. Enter the smaller of line 4 or line 5 .....	6			00	
7. Qualified energy-efficient windows and storm doors .....	7		00		
8. Multiply line 7 by 30% (.30) .....	8		00		
9. Credit from pass-through entities .....	9		00		
10. Add lines 8 and 9 .....	10		00		
11. Maximum Credit amount .....	11	\$250	00		
12. Enter the smaller of line 10 or line 11 .....	12			00	
13. Qualified energy property .....	13		00		
14. Multiply line 13 by 30% (.30) .....	14		00		
15. Credit from pass-through entities .....	15		00		
16. Add lines 14 and 15 .....	16		00		
17. Maximum Credit amount .....	17	\$250	00		
18. Enter the smaller of line 16 or line 17 .....	18			00	
19. Add lines 6, 12 and 18 .....	19			00	
20. Maximum Credit amount .....	20			\$500	00
21. Enter the smaller of line 19 or line 20 .....	21				00

**Residence or Single-family Residential**

**Rental Unit:**

22. Qualified active solar space-heating system	22		00		
23. Qualified passive solar space-heating system	23		00		
24. Qualified combined active solar space-heating and water-heating system .....	24		00		
25. Qualified solar water-heating system .....	25		00		
26. Qualified wind turbine or wind machine .....	26		00		
27. Add lines 22 through 26 .....	27		00		
28. Multiply line 27 by 30% (.30) .....	28		00		
29. Credit from pass-through entities .....	29		00		
30. Add lines 28 and 29 .....	30		00		
31. Qualified solar photovoltaic system-Watts of direct current (DC) _____ X \$3 .....	31		00		
32. Credit from pass-through entities .....	32		00		
33. Add lines 31 and 32 .....	33		00		
34. Enter the larger of line 30 or line 33 .....	34			00	
35. Maximum Credit amount .....	35			\$500	00
36. Enter the smaller of line 34 or line 35 .....	36				00



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**Part II-Installation of Energy Efficiency Products (continued)**

<b>Multifamily Residential Rental Unit or Commercial Property:</b>			
37. Qualified active solar space-heating system	37	00	
38. Qualified passive solar space-heating system	38	00	
39. Qualified combined active solar space-heating and water-heating system	39	00	
40. Qualified solar water-heating system	40	00	
41. Qualified wind turbine or wind machine	41	00	
42. Add lines 37 through 41	42	00	
43. Multiply line 42 by 30% (.30)	43	00	
44. Credit from pass-through entities	44	00	
45. Add lines 43 and 44	45	00	
46. Qualified solar photovoltaic system-Watts of direct current (DC) _____ X \$3	46	00	
47. Credit from pass-through entities	47	00	
48. Add lines 46 and 47	48	00	
49. Enter the larger of line 45 or line 48	49	00	
50. Maximum Credit amount	50	\$1,000	00
51. Enter the smaller of line 49 or line 50	51		00
<b>Commercial Property:</b>			
52. Qualified energy-efficient interior lighting system	52	00	
53. Multiply line 52 by 30% (.30)	53	00	
54. Credit from pass-through entities	54	00	
55. Add lines 53 and 54	55	00	
56. Maximum Credit amount	56	\$500	00
57. Enter the smaller of line 55 or line 56	57		00
58. Qualified energy-efficient heating, cooling, ventilation, or hot water system	58	00	
59. Multiply line 58 by 30% (.30)	59	00	
60. Credit from pass-through entities	60	00	
61. Add lines 59 and 60	61	00	
62. Maximum Credit amount	62	\$500	00
63. Enter the smaller of line 61 or line 62	63		00
64. Add lines 57 and 63	64		00
65. Add lines 21, 36, 51 and 64	65		00
66. Enter any unused Energy Efficiency Products Tax Credit earned in 2010, if applicable	66		00
67. Add lines 65 and 66	67		00

**Enter the amounts from Form 5695-K on the applicable tax return as follows:**

Individual, estate or trust filing:

- Form 740-Enter the amount from Line 67 on Form 740, Section A, Line 17.
- Form 740-NP-Enter the amount from Line 67 on Form 740-NP, Section A, Line 17.
- Form 741-Enter the amount from Line 67 on Form 741, Line 18.

Corporation or pass-through entity filing:

- Form 720-Enter the amount from Line 67 on Schedule TCS, Line 16.
- Form 720S-Enter the amounts from Lines 6, 12, 18, 36, 36, 51, 51, 57 and 63 on Form 720S, Schedule K, Lines 27, 28, 29, 30, 31, 32, 33, 34 and 35, respectively; and the amount from Line 67 on Schedule TCS, Line 16.
- Form 725-Enter the amount from Line 67 on Schedule TCS, Line 16.
- Form 765-Enter the amounts from Lines 6, 12, 18, 36, 36, 51, 51, 57 and 63 on Form 765, Schedule K, Lines 28, 29, 30, 31, 32, 33, 34, 35 and 36, respectively; and the amount from Line 67 on Schedule TCS, Line 16.
- Form 765-GP-Enter the amounts from Lines 6, 12, 18, 36, 36, 51, 51, 57 and 63 on Form 765-GP, Schedule K, Lines 28, 29, 30, 31, 32, 33, 34, 35 and 36, respectively.

22222		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	
f Employee's address and ZIP code						13 Statutory employee	Retirement plan	Third-party sick pay	12b
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						14 Other			12c
					12d				
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		

VOID  CORRECTED

**Distributions From  
Pensions, Annuities,  
Retirement or  
Profit-Sharing  
Plans, IRAs,  
Insurance  
Contracts, etc.**

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119	
		\$		<b>2007</b>	
		2a Taxable amount			
PAYER'S federal identification number		\$		Form <b>1099-R</b>	
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
		3 Capital gain (included in box 2a)		4 Federal income tax withheld	
\$		\$			
PAYER'S identification number		RECIPIENT'S identification number			
RECIPIENT'S name		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
		7 Distribution code(s)		8 Other	
Street address (including apt. no.)		IRA/SEP/SIMPLE <input type="checkbox"/>		\$	
		%			
City, state, and ZIP code		9a Your percentage of total distribution %		9b Total employee contributions	
		\$		\$	
1st year of desig. Roth contrib.		10 State tax withheld		11 State/Payer's state no.	
		\$		\$	
Account number (see instructions)		13 Local tax withheld		14 Name of locality	
		\$		\$	
				12 State distribution	
				\$	
				\$	
				\$	
				\$	