



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> ..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other .....	• 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 **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.....

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

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** .....

**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

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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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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 .....

5695-K

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



**DRAFT**  
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**

	Yes	No
■ 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? .....		

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**

<b>Residence or Single-family or Multifamily Residential Rental Unit:</b>			
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
<b>Residence or Single-family Residential Rental Unit:</b>			
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



**DRAFT**  
6/23/11

**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.

## Credit for Taxes Paid to Other State Worksheet

**Kentucky residents/part-year residents only. Complete a separate worksheet for each state. See instructions for Form 740, Section A, Line 5.**

▶ **TIP** – Credit for taxes paid to another state may be reduced or eliminated if gambling losses are claimed on Schedule A.

**Taxpayer SSN** .....

**Taxpayer First Name** .....

**Name of other state** .....

**Type of Income Reported to Other State**.....

1. List Kentucky taxable income from Form 740, Line 11 .....
2. List any gambling losses from Schedule A, Line 29 .....
3. Add Lines 1 and 2 and enter total here .....
4. List income reported to other state included on Kentucky return .....
5. Subtract Line 4 from Line 3 and enter total here .....
6. Adjusted gambling losses. Compute gambling losses allowed on Kentucky return if income from other state is ignored .....
7. Subtract Line 6 from Line 5 and enter total here .....
8. Enter Kentucky tax on income amount on Line 7 .....
9. Enter Kentucky tax on income amount on Line 1 .....
10. Subtract Line 8 from Line 9. This is the tax savings on return if other state's income is ignored .....
11. Enter tax paid to other state on income claimed on Kentucky return .....
12. Enter the lesser of Line 10 or Line 11. This is your credit for tax paid to other state. Carry this total to Form 740, Section A, Line 5 .....

# Kentucky Limited Liability Entity Tax Credit Worksheet

Complete a separate worksheet for each LLE. Retain for your records. See instructions for Form 740, Section A, Line 1.

Entity Name

Entity Address

Entity FEIN

Entity KY Corporate Account #

Percentage of Ownership .....

Form 720-S

Form 765

Form 765-GP

Form 725

1. Enter Kentucky taxable income from Form 740, Line 11 .....
2. Enter LLE income as shown on Kentucky Schedule K-1 or Form 725 .....
3. Subtract Line 2 from Line 1 and enter total here .....
4. Enter Kentucky tax on income amount on Line 1 .....
5. Enter Kentucky tax on income amount on Line 3 .....
6. Subtract Line 5 from Line 4. If Line 5 is larger than Line 4, enter zero. This is your tax savings if income is ignored ...
7. Enter nonrefundable limited liability entity tax credit (from Kentucky Schedule K-1 or Form 725) .....
8. Enter the lesser of Line 6 or Line 7. This is your credit. Enter here and on Form 740, Section A, Line 1 .....

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 for routing transit number (RTN), depositor account number (DAN), and account type. Includes questions about direct deposit and debit.

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
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.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Foreign country name Foreign province/county Foreign postal code

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
6a Yourself. If someone can claim you as a dependent, do not check box 6a
b Spouse
c Dependents:
(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 (see instructions)
d Total number of exemptions claimed

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
b Qualified dividends
10 Taxable refunds, credits, or offsets of state and local income taxes
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
14 Other gains or (losses). Attach Form 4797
15a IRA distributions
b Taxable amount
16a Pensions and annuities
b Taxable amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits
b Taxable amount
21 Other income. List type and amount
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

Adjusted Gross Income
23 Educator expenses
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 Deductible part of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN
32 IRA deduction
33 Student loan interest deduction
34 Tuition and fees. Attach Form 8917
35 Domestic production activities deduction. Attach Form 8903
36 Add lines 23 through 35
37 Subtract line 36 from line 22. This is your adjusted gross income

CORRECTED (if checked)

**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>2009</b>	
		2a Taxable amount			
PAYER'S federal identification number		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 federal identification number		RECIPIENT'S identification number			
RECIPIENT'S name  Street address (including apt. no.)  City, state, and ZIP code		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
		7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>	
		9a Your percentage of total distribution %		9b Total employee contributions \$	
		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		15 Local distribution	
		\$		\$	
		\$		\$	

**Copy 2  
File this copy  
with your state,  
city, or local  
income tax  
return, when  
required.**

Form **1099-R**

Department of the Treasury - Internal Revenue Service