

740-EZ

Single Persons With No Dependents

42A740-EZ
Department of Revenue



KENTUCKY
INDIVIDUAL INCOME TAX RETURN



Form fields for Social Security Number, Name, Mailing Address, City/Town/Post Office, State, and ZIP Code.

FAMILY SIZE 1 POLITICAL PARTY FUND Designating \$2 will not change your refund or tax due. Mark an X in Box 1 for Democratic, Box 2 for Republican, or Box 3 for No Designation.

Table with columns for line number, description, and amount. Includes sections for INCOME (lines 1-3), TAX (lines 4-12), and contributions (lines 13a-d). Total Tax Liability is 00. Amount to be refunded to you is 00. Amount you owe is 00.

I, the undersigned, declare under penalties of perjury that I have examined this return, including any accompanying statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature line with fields for Your Signature, Telephone Number (daytime), and Date Signed.

Typed or Printed Name of Preparer Other Than Taxpayer, I.D. Number of Preparer, and Date.

Mail to: REFUNDS Kentucky Department of Revenue, Frankfort, KY 40618-0006. PAYMENTS Kentucky Department of Revenue, Frankfort, KY 40619-0008.

OFFICIAL USE ONLY PWR

Attach Form W-2, Wage and Tax Statement(s) and Payment Here

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	
		\$		2007	
		2a Taxable amount			
PAYER'S federal identification number		RECIPIENT'S identification number		Form 1099-R	
		\$		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	
\$		\$			
RECIPIENT'S name		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
Street address (including apt. no.)		\$		\$	
City, state, and ZIP code		7 Distribution code(s)		8 Other	
		IRA/SEP/SIMPLE <input type="checkbox"/>		\$ %	
		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		15 Local distribution	
\$		\$		\$	
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\$		\$		\$	