

740-EZ

Single Persons With No Dependents

42A740-EZ
Department of Revenue

0800010003

KENTUCKY
INDIVIDUAL INCOME TAX RETURN

Kentucky UNBRIDLED SPIRIT
2008

Your Social Security Number

Name—Last, First, Middle Initial

Mailing Address (Number and Street or P.O. Box) Apartment Number

City, Town or Post Office State ZIP Code

DRAFT
6/19/08

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.

INCOME 1. Enter federal Adjusted Gross Income from Form 1040EZ, line 4. This is your Kentucky Modified Gross Income (If \$13,832 or less, you may qualify for the Family Size Tax Credit. See instructions on page 2.) 2. Standard deduction 3. Subtract line 2 from line 1. This is your Taxable Income

TAX 4. Enter tax from Tax Table or Tax Computation for amount on line 3 5. Personal tax credit 6. Subtract line 5 from line 4. If line 5 is larger than line 4, enter zero 7. Multiply line 6 by the Family Size Tax Credit for Family Size 1 decimal amount 8. Subtract line 7 from line 6. This is your Income Tax Liability 9. Enter Kentucky Use Tax 10. Add lines 8 and 9. This is your Total Tax Liability 11. Enter Kentucky Income Tax withheld as shown on attached 2008 Form W-2, Wage and Tax Statement(s) 12. If line 11 is larger than line 10, enter AMOUNT OVERPAID (see instructions) See instructions for a detailed description of funds. 13. a Nature and Wildlife Fund Contribution (Enter amount checked) b Child Victims' Trust Fund Contribution (Enter amount checked) c Veterans' Program Trust Fund Contribution d Breast Cancer Research and Education Trust Fund Contribution 14. Add amounts contributed on lines 13a, 13b, 13c and 13d 15. Subtract line 14 from line 12. Amount to be refunded to you 16. If line 10 is larger than line 11, enter amount you owe. Enclose check payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax—2008" on the check

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.

Your Signature Telephone Number (daytime) Date Signed
Typed or Printed Name of Preparer Other Than Taxpayer I.D. Number of Preparer Date

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

Official Use Only
NT P B F R

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