740-NP

42A740-NP Department of Revenue

Attach Form W-2(s), Other Supporting Statement(s) and Payment Here—Staple to Top Page Only

Check if return is: Amended (Attach copy of original return.)



KENTUCKY INDIVIDUAL INCOMETAX RETURN Nonresident or Part-Year Resident



00

V 2012

For calendar ye	ar or other taxable year begini	ning, 2012, and ending, 20	Nonresident or	Part-Year	Resident	20	
A. Spous	e's Social Security Number	B. Your Social Security Number					
	1 I 1 I						
Name—Last, Fi	rst, Middle Initial (Joint or combined	d return, give both names and initials.)					
		,,					
Marina Adday	(A) C) C)						
Mailing Address	s (Number and Street including Apa	rtment Number or P.O. Box)					
City, Town or Po	ost Office	State ZIP Code					
				DOLUTION.	DADTY FUN		
FILING	1 Single		Designating S		. PARTY FUN hange your re		ax due.
STATUS	2 Married, filing jo				A. Spouse	B. You	
(see		parate returns. Enter spouse's Social Secu	Demodrat		(1)	(4)	
instructions)	number above ai	nd full name here	Republica No Design		(2) <u> </u> (3)	(5) (6)	H
						. ,	<u> </u>
RESIDENCY	1 = '	ident. I did not live in Kentucky during the ye nt. Complete appropriate line(s) below.	ar. Enter state of residen	ice as of De	cember 31, 2	012	·
STATUS	1 - '	. 10	te moved from				
(check			te moved to				
one box)		nt of a reciprocal state with Kentucky incom	e ≻ IL	IN MI	OH VA	WV	WI
	or wages and sa	alaries only. Circle the state of residence.					
🗢 сомри	ETE SECTIONS A, B, C AN	ID D ON PAGES 2 THROUGH 4 BEFORE CO	MPLETING LINES 7 THE	ROUGH 30.		1 USE ONI 3 4	5
INCOME/TAX	(\top
7 Enter pe	rcentage from page 4, line	36	> 7	%			
8 Enter am	ount from page 4, line 35,	Column A. This is your Federal Adjusted G	ross Income	• 8			00
9 Enter am	ount from page 4, line 35,	Column B. This is your Kentucky Adjusted	Gross Income	• 9			00
10 Nonitem	izers: Enter \$2,290 (do not	prorate). Skip lines 11 and 12		10			00
11 Itemizers	s: Enter itemized deduction	ns from Kentucky Schedule A, Form 740-NP	• 11	00			
12 Multiply	line 11 by the percentage of	on line 7	12	00			
13 Subtract	line 10 or 12 from line 9.	This is your Taxable Income		13			00
14 Enter tax	from Tax Table			14			00
15 Enter am	ount from page 3, Section	A, line 22		15			00
16 Subtract	line 15 from line 14		<u></u>	16			00
17 Enter	personal tax credit amount	ts from page 3, Section B, line 4	• 17	00			
18 Multiply	line 17 by the percentage of	on line 7	18	00			
19 Subtract	line 18 from line 16			19			00
20 Check th	e box that represents your	total family size (see instructions for lines	20 and 21)	• 20	1 🔲 2 🗀	3 🗌	4 🗆
21 Multiply	line 19 by the Family Size	Tax Credit decimal amount (%) and enter here	• 21			00
22 Subtract	line 21 from line 19			22			00
23 Enter the	Education Tuition Tax Cre	edit from Form 8863-K		• 23			00
24 Subtract	line 23 from line 22			24			00
25 Enter Ch	ild and Dependent Care Cr	redit from worksheet in the instructions		• 25			00
26 Income	Гах Liability. Subtract line 2	25 from line 24. If line 25 is larger than line	24, enter zero	26			00
27 Enter KE	NTUCKY USE TAX due on	Internet, mail order, or other out-of-state	ourchases (see instruction	ons) • 27			00

Add lines 26 and 27. Enter here and on page 2, line 29.....



RE	FUND/TAX PAYMENT SUMMARY				
29	Enter amount from page 1, line 28. This is your Total Tax Liability			• 29	00
30	(a) Enter Kentucky income tax withheld as shown on attached				
	2012 Form W-2(s) and other supporting statements			00	
	(b) Enter 2012 Kentucky estimated tax payments			00	
	(c) Enter 2012 refundable certified rehabilitation credit (KRS 141.382(1)(b))			00	
	(d) Enter 2012 film industry tax credit (KRS 141.383)			00	
21	(e) Enter Nonresident Withholding from Form PTE-WH, line 9 (KRS 141.206(4)(b)(1))		•	00	
	Add lines 30(a) through 30(e)				00
	nd Contributions; See instructions.		Enter amount(s) cl		00
	Nature and Wildlife Fund		• 33	00	
	Child Victims' Trust Fund	_	• 34	00	
	Veterans' Program Trust Fund \$10 \$25 \$50 C		• 35	00	
	Breast Cancer Research/Education Trust Fund	_	• 36	00	
	Add lines 33 through 36	-			00
	Amount of line 32 to be CREDITED TO YOUR 2013 ESTIMATED TAX			ł	00
	Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU			9 39	00
	If line 29 is larger than line 31, enter ADDITIONAL TAX DUE				00
	(a) Estimated tax penalty and/or interest. Check if Form 2210-K attached	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 AMOUNT YOU OWE		OWE	43	00
	Make check payable to Kentucky State Treasurer or visit www.revenue.ky.gov	v for m	ore options.	[OFFICIAL USE ONLY
	 Write your Social Security number and "KY Income Tax—2012" on the check. 		·		PWR
SE	CTION A-BUSINESS INCENTIVE AND OTHER TAX CREDITS			<u> </u>	
	Enter nonrefundable limited liability entity credit (KRS 141.0401(2))			1	00
	Enter Kentucky small business investment credit			1	00
	·			t	
	Enter skills training investment credit (attach copy(ies) of certification)			ı	00
	Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))			i	00
5	Enter credit for tax paid to another state (attach copy of other state's return(s))			5	00
	Enter unemployment credit (attach Schedule UTC)			t	00
7	Enter recycling and/or composting equipment credit (attach Schedule RC)			7	00
8	Enter Kentucky investment fund credit (attach copy(ies) of certification)			8	00
9	Enter coal incentive credit			9	00
10	Enter qualified research facility credit (attach Schedule QR)			10	00
11	Enter GED incentive credit (attach Form DAEL-31)			11	00
12					
	Enter voluntary environmental remediation credit (attach Schedule VERB)			T I	00
	Enter voluntary environmental remediation credit (attach Schedule VERB)			12	00
13	Enter biodiesel and renewable diesel credit			12 13	00
13 14	Enter biodiesel and renewable diesel credit Enter environmental stewardship credit			12 13 14	00
13 14 15	Enter biodiesel and renewable diesel credit Enter environmental stewardship credit Enter clean coal incentive credit			12 13 14 15	00 00 00
13 14 15 16	Enter biodiesel and renewable diesel credit Enter environmental stewardship credit Enter clean coal incentive credit Enter ethanol credit (attach Schedule ETH)			12 13 14 15 16	00 00 00 00
13 14 15 16 17	Enter biodiesel and renewable diesel credit Enter environmental stewardship credit Enter clean coal incentive credit			12 13 14 15 16	00 00 00



19 Enter railroad maintenance and improvement 20 Enter Endow Kentucky credit (attach Schedul 21 Enter New Markets Development Program cr 22 Add lines 1 through 21. Enter here and on passection B—PERSONAL TAX CREDITS Check 1 (a) Credits for yourself:	e ENDOW)				20 21		00 00 00
21 Enter New Markets Development Program cr 22 Add lines 1 through 21. Enter here and on pa SECTION B—PERSONAL TAX CREDITS Check	edit ge 1, line 15				21		
22 Add lines 1 through 21. Enter here and on pa	ge 1, line 15						00
SECTION B—PERSONAL TAX CREDITS Chec					22		
	k Regular						00
1 (a) Credits for yourself:	_	Check both if 65	or over Ch	eck both if blind			
	\sqcup					r number of	
(b) Credits for spouse:						es checked ne 1	
2 Dependents:				_		er number of endents who:	
First name Last name		ependent's Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit		ed with you	
		1 1				d not live with you	
		!!!			_ (se	ee instructions)	
		!!!			• otl	ner dependents	
		1 1					
				•	-		
3 Add lines 1 and 2 and enter here						•3	
							x \$20
4 Multiply credits on line 3 by \$20. Enter here a	and on page	1, line 17				4	
SECTION C—FAMILY SIZE TAX CREDIT (List the Section B.)	name and So	ocial Security nu	mber of qualify	ving children tha	t are not cla	aimed as depend	ents in
First name Last name	Social Securit	y number First	name	Last name		Social Security n	umber
	1	1				I I I I	
	<u> </u>	1				1 1	
	l I	I I				I I	
A copy of pages 1 and 2 of your federal inc	ome tax retu	ırn and all supp	orting schedu	lles must be att	ached to l	Kentucky Form 7	40-NP.
I, the undersigned, declare under penalties of pe to the best of my knowledge and belief, it is true, the provisions of Regulation 103 KAR 17:020 will a for all taxes accruing under this return.	correct and c	omplete. I also u	nderstand and	agree that our el	ection to fi	le a combined ret	urn under
				()		
Your Signature (If joint return, both must sign.)	Spouse's S	ignature		Date Signed	Teleph	none Number (daytim	ie)
Typed or Printed Name of Preparer Other than Taxpayer	I.	D. Number of Prepa	rer	Date			
Firm Name	E	IN		Date			
Mail to: REFUNDS	Ken	tucky Departn	ent of Reven	ue, Frankfort.	KY 40618	-0006.	

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

PAYMENTS



	CTION D COME	A. Total from <i>Attached</i> Federal Return	B. Kentucky
	Enter all wages, salaries, tips, etc. (attach wage		
	and tax statements) Do not include moving expense reimbursements 1	00	00
2	Moving expense reimbursement (attach Schedule ME)	00	00
3	Interest	00	00
4	Dividends	00	00
5	Taxable refunds, credits or offsets of state and local income taxes 5	00	00
6	Alimony received	00	00
7	Business income or loss (attach federal Schedule C or C-EZ)	00	00
	Capital gain or loss (attach federal Schedule D)	00	00
	Other gains or losses (attach federal Form 4797)	00	00
10	(a) Federally taxable IRA distributions, pensions and annuities10(a)	00	00
	(b) Pension income exclusion (attach Schedule P if more than \$41,110)10(b)		(00)
11	Rents, royalties, partnerships, estates, trusts, etc. (attach federal Schedule E) 11	00	00
	Farm income or loss (attach federal Schedule F)	00	00
	Unemployment compensation (see instructions)	00	00
	Taxable Social Security benefits	00	
	Gambling winnings	00	00
	Other income (list type and amount)		
10	The income (list type and amount)	00	00
17		00	00
	Combine lines 1 through 16. This is your Total Income 17		
	JUSTMENTS TO INCOME	00	00
	RESERVED		
19	Certain business expenses of reservists, performing artists and fee-basis government officials (attach federal Form 2106 or 2106-EZ)	00	00
20	Health savings account deduction (attach federal Form 8889)	00	00
21	Moving expenses (attach Schedule ME)	00	00
22	Deductible part of self-employment tax	00	00
23	Self-employed SEP, SIMPLE, and qualified plans deduction	00	00
24	Self-employed health insurance deduction	00	
25	Penalty on early withdrawal of savings	00	00
	Alimony paid (enter recipient's name and Social Security number)		
	26	00	00
27	IRA deduction	00	00
28	Student loan interest deduction	00	00
29	RESERVED	00	00
30	Domestic production activities deduction	00	00
	Long-term care insurance premiums (see instructions)		00
	Health insurance premiums (see instructions)		00
	Other deductions (list type and amount)		
		00	00
34	Add lines 18 through 33. Total Adjustments to Income	00	00
5 +			
35	Subtract line 34 from line 17. This is your Adjusted Gross Income	00	00
	Divide line 35, Column B, by line 35, Column A. If amount is equal to or	1001	
	greater than 100%, enter 100%. This is your Percentage of Kentucky		0.4
	Adjusted Gross Income to Federal Adjusted Gross Income		· %