## Department of Revenue



## **KENTUCKY** INDIVIDUAL INCOMETAX RETURN



F	For calendar year or other taxable year beginning _					ng	, 2016, and ending						, 20			Full-Year Residents Only							2016					
-	A. Spouse's Social Security Number						B. Your Social Security Number																					
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	Mai	ling Add	ress (Nu	ımber	and Str	eet in	cluding	Apart	tment Nu	ımber	or P.O	. Box																
	City	,Town o	r Post O	ffice																				Stat	e		ZIP Co	de
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	6	Additio	ons fro	m So	chedu	le M	l, line	8										6					00	6	-			0
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	8	Subtra	ctions	from	Sche	edule	e M, I	ine 2	0									8					00	8	-			0
	9	9 Subtract line 8 from line 7. This is your <b>Ke</b> i					r <b>Kent</b>	tucky Adjusted Gross Income 9					9					00	9	-			0					
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RF	FUND/TAX PAYMENT SUMMARY	
	Enter amount from page 1, line 28. This is your <b>Total Tax Liability</b>	00
	(a) Enter <b>Kentucky income tax withheld</b> as shown on <b>attached</b> 2016 Form W-2(s) and other supporting statements	
	(b) Enter 2016 Kentucky estimated tax payments	
	(c) Enter 2016 refundable certified rehabilitation credit (KRS 141.382(1)(b)) 30(c)	
	(d) Enter 2016 film industry tax credit (KRS 141.383)	
31	Add lines 30(a) through 30(d)	00
32	If line 31 is larger than line 29, enter <b>AMOUNT OVERPAID</b> (see instructions)	00
33	Fund Contributions; See instructions.	
(a)	Nature and Wildlife Fund 00 (e) Farms to Food Banks Trust Fund 00	
, ,	Child Victims' Trust Fund 00 (f) Local History Trust Fund 00	
	Veterans' Program Trust Fund	
(d)	Breast Cancer Research/ (h) Pediatric Cancer Research Trust Fund 00	
	Education Trust Fund	_
24	Add lines 33(a) through 33(i)	00
	OPERIT FORMARD	00
	Amount of time 32 to be children to foot 2017 Estimated tax	00
36	Subtract lines 34 and 35 from line 32. Amount to be <b>REFUNDED TO YOU</b>	00
	REFUND OPTIONS (Not available for amended returns)  Check here if you would like your refund issued on a Bank of America Prepaid Debit Card  Check here if you would like to receive your Debit Card material in Spanish	
37	If line 29 is larger than line 31, enter <b>ADDITIONAL TAX DUE</b>	00
38	(a) Estimated tax penalty and/or interest.   Check if Form 2210-K attached 38(a)	
	(b) Interest	
	(c) Late payment penalty	
	(d) Late filing penalty	
39	Add lines 38(a) through 38(d). Enter here	00
	Add lines 37 and 39 and enter here. This is the <b>AMOUNT YOU OWE</b>	00
•	Visit www.revenue.ky.gov for electronic payment options; or	
•	Make check payable to <b>Kentucky State Treasurer</b> , include your Social Security number and "KY Income Tax – 2016."	

SE	CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS		A. Spouse			B. Yourself	_
1	Enter nonrefundable limited liability entity credit (KRS 141.0401(2))	1	(	00	1	0	00
2	Enter Kentucky small business tax credit	2	(	00	2	0	00
3	Enter skills training investment credit (attach copy(ies) of certification)	3	(	00	3	0	00
4	Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))	4	(	00	4	0	00
5	Enter credit for tax paid to another state (attach copy of other state's return(s))	5	(	00	5	0	00
6	Enter unemployment credit (attach Schedule UTC)	6	(	00	6	0	00
7	Enter recycling and/or composting equipment credit (attach Schedule RC)	7	(	00	7	0	00
8	Enter Kentucky investment fund credit (attach copy(ies) of certification)	8	(	00	8	0	00
9	Enter coal incentive credit	9	(	00	9	0	00
10	Enter qualified research facility credit (attach Schedule QR)	10	(	00	10	0	00
11	Enter GED incentive credit (attach Form DAEL-31)	11	(	00	11	0	00
12	Enter voluntary environmental remediation credit (attach Schedule VERB)	12	(	00	12	0	00
13	Enter biodiesel and renewable diesel credit	13	(	00	13	0	00
14	Enter environmental stewardship credit	14	(	00	14	0	00
15	Enter clean coal incentive credit	15	(	00	15	0	00
16	Enter ethanol credit (attach Schedule ETH)	16	(	00	16	0	00
17	Enter cellulosic ethanol credit (attach Schedule CELL)	17	(	00	17	0	00
18	Enter energy efficiency products credit carryforward from 2015	18	(	00	18	0	00



SE	CTION A – BUSINESS INCENT	IVE AND OTH	IERTAX	( CRED	DITS (coi	ntinue	ed)		Α	. Spo	use			B.	Yoursel	f	
19	Enter railroad maintenance a	tach Sch	edule	RR-I)	19				00	19			00				
20	Enter Endow Kentucky credit	(attach Sche	dule EN	(WODI				20			(	00	20			00	
21	Enter New Markets Developr	ment Program	n credit					21			(	00	21			00	
22	Enter food donation credit (a	ttach Schedu	le FD)					22			(	00	22			00	
23	Enter distilled spirits credit (a	attach Schedu	le DS) .					23			(	00	23			00	
	Enter angel investor credit											00	24			00	
25	Add lines 1 through 24, Colu	mns A and B.	Enter I	here ar	nd on pa	ige 1,	line 15	5 25	ш		(	00	25			00	
SE	CTION B-PERSONALTAX CR	EDITS															
		Check Regular		eck all f 65 or ov		Ch	eck all if bline			both for K ational Gu					_		
1	(a) Credits for yourself:											1		number of checked			
	(b) Credits for spouse:													1			
2	Dependents:											2		number of dents who			
Г								Depend	dent's	Chec	k if qualifying	1					
Fi	rst and Last Name				ependent's Security nu			relation to y		chil siz	ld for family e tax credit		• lived	l with you			
Г												1	• did r	not live wi	th you		
L			-			-		-		_		-	(see	instructio	ns)		
L													• othe	r depende	nts		
Н															_		
4 SE	Add total number of credits of if married filing separately of own credits from line 1, divide filers enter the amount from Multiply credits on line 3A by enter on line 4B. Enter here a CTION C—FAMILY SIZETAX Cost the name and Social Security	n a combined de the credits line 3 in Box / \$10 and ente and on page 1	return on line 3B er on lir	(Filing 2, and ne 4A. <b>7, Colu</b>	Multiply	he tot cred	its on	Boxes 3A line 3B by	* \$10	3B. All c	other	[		x \$10		urself x \$10	
First and Last Name Social Securit					ımber		First	and Last Nan	ne				Soc	cial Security	number		
H						+	_				_	+	-				
Att	ach a complete copy of federa	al Form 1040 i	f you re	eceived	d farm, b	usine	ess, or	rental inc	ome	or loss.	If not requ	ired	l, checl	k here.			
to t	ne undersigned, declare under the best of my knowledge and provisions of Regulation 103 I all taxes accruing under this r	belief, it is tru KAR 17:020 w	ie, corre	ect and	d comple	ete. I a	ılso un	derstand	and	agree tha	at our elec	tion	to file	a combii	ned retu	ırn under	
You	r Signature (If joint or combined retu	ırn, both must si	gn.)		Oriver's Lic	cense/S	State Iss	ued ID No.		Date Signe	ed	1	Telephor	ne Number	(daytime	e)	
Spc	use's Signature				Oriver's Lic	cense/S	State Iss	ued ID No.		Date Signe	ed						
Typed or Printed Name of Preparer Other than Taxpayer					I.D. N	Numbe	r of Pre	parer		Date							
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