Your Signature

Typed or Printed Name of Preparer Other than Taxpayer



KENTUCKY INCOME TAX RETURN



Department of Revenue Nonresident-Reciprocal State Last name Your first name and middle initial Your Social Security no. Did you file a Kentucky income tax return for 2010? Yes □ No \square . If no, give reason: Number and street or P.O. box City, town or post office ZIP code Apt. no. State Mailing Address **INSTRUCTIONS** This form may be used by qualifying full-year nonresidents to claim a refund of Kentucky income taxes withheld during 2011. To determine if you qualify, you must check "Yes" or "No" for the applicable statements below. If eligible, complete lines 1-6. Enter only the taxpayer's name in which the Kentucky wages and salaries were earned in the name box above. Do not include your spouse's name. If both spouses earned only Kentucky wages and salaries as a resident of a reciprocal state, each spouse must file a separate Form 740-NP-R. ☐ Yes I was a **nonresident** of Kentucky during all of 2011. □ No My only 2011 Kentucky income was from salaries or wages earned while a resident of any of the following states: □ No ☐ Yes 7-Wisconsin (circle state(s)) **1**–Illinois **2**–Indiana **3**–Michigan **4**–Ohio **5**–Virginia **6**–West Virginia Note: Race track, lottery and other gambling winnings are not salaries or wages. For Virginia residents only: ☐ Yes I commuted daily to a place of employment in Kentucky. □ No Attach Kentucky Wage and Tax Statements Here Nonresidents who answered "No" to any of the statements above must file Form 740-NP to report Kentucky income. Enter name and address of principal employer in Kentucky Name You must attach Kentucky wage and tax Number and street statements. City ZIP code Enter total Kentucky income tax withheld. Do not include local tax withheld. Attach 2011 wage and tax statement(s) • 1 00 2. Nature and Wildlife Fund Contribution □\$10 □\$25 □\$50 □Other Enter amount checked ● 2 00 **Child Victims' Trust Fund Contribution** □\$10 □\$25 □\$50 □Other _ Fnter amount checked ● 3 00 **Veterans' Program Trust Fund Contribution** □\$10 □\$25 □\$50 □Other ___ Enter amount checked • 4 00 **Breast Cancer Research/Education Trust Fund Contribution** □\$10 □\$25 □\$50 □Other Enter amount checked ● 5 00 From line 1, subtract lines 2, 3, 4 and 5. Amount to be REFUNDED 00 lacktriangle attach a copy of the 2011 return filed with your state of residence. I declare under the penalties of perjury that I have examined this return and to the best of my knowledge and belief, it is a true, correct and complete return.

Mail to: Kentucky Department of Revenue, Frankfort, KY 40618-0006

Date Signed

Date

Telephone Number (daytime)

Note: Nonresidents of reciprocal states who want to prevent their Kentucky employer from withholding Kentucky income tax from their paychecks should file a copy of Revenue Form 42A809, Certificate of Nonresidence, with their employer. The form is available from the employer, the Kentucky Department of Revenue, Frankfort, KY 40620, or by visiting www.revenue.ky.gov

I.D. Number of Preparer