

Date \_\_\_\_\_

**Kentucky**

(Round to nearest dollar)

Date \_\_\_\_\_

(Round to nearest dollar)

**Kentucky**

(Round to nearest dollar)

Date \_\_\_\_\_

(Round to nearest dollar)

**Kentucky**

(Round to nearest dollar)

## INSTRUCTIONS FOR FILING

## CORPORATION INCOME/LIMITED LIABILITY ENTITY TAX ESTIMATED TAX VOUCHER

**Who Must File**—Every corporation or pass-through entity subject to the corporation income tax imposed by KRS 141.040 and/or the limited liability entity tax imposed by KRS 141.0401 shall make a declaration of estimated tax and must pay installments if the combined tax liability under KRS 141.040 and 141.0401 can reasonably be expected to exceed \$5,000. **Safe harbor:** A corporation or pass-through entity can satisfy its declaration requirement if its estimated tax payments are equal to the combined tax liability under KRS 141.040 and 141.0401 for the prior tax year, and its combined tax liability for the prior tax year was equal to or less than \$25,000. **KRS 141.042 and KRS 141.044**

**NOTE:** Limited liability pass-through entities as defined in KRS 141.010(28) are subject to the LLET as imposed by KRS 141.0401. Corporations as defined in KRS 141.010(24)(a) are subject to the taxes imposed by KRS 141.040 and KRS 141.0401. Corporations will have the same account number for the LLET and corporation income tax.

**Payment Dates for Calendar Year Filers**—If the estimated tax exceeds \$5,000 before June 2, the following payment dates are applicable:

First Installment	June 15	50% of Estimated Tax Due
Second Installment	September 15	25% of Estimated Tax Due
Third Installment	December 15	25% of Estimated Tax Due

**If Income or LLET Changes**—If an entity's estimated tax exceeds \$5,000 after June 1, or if changes in estimated tax affect the amount of the installments, the following payment dates are applicable:

When Estimated Tax Exceeds \$5,000 or Amendment Required	Estimated Tax Due	
	September 15	December 15
June 2–September 1	75%	25%
September 2–December 1	N/A	100%

**Payment Dates for Fiscal Year Filers**—For entities filing on a fiscal year basis, the following is substituted for the payment dates in the two charts above:

Calendar Year Date	Fiscal Year Date (following fiscal year end)
June 15	15th day of sixth month
September 15	15th day of ninth month
December 15	15th day of 12th month
June 2–September 1	After the first day of the sixth month and before the second day of the ninth month
September 2–December 1	After the first day of the ninth month and before the second day of the 12th month

**NOTE:** If a payment date falls on a holiday or weekend, the applicable payment date is the next working day.

**Short Taxable Year**—No estimated payment is required if the taxable year is five months or less. For taxable years of more than five months but less than 12 months, estimated payments are required if the tax liability exceeds \$5,000. For a short taxable year, annualize the taxable net income in accordance with KRS 141.140(3) to determine if estimated payments are required. For a short taxable year, the payment dates and amount of payment required are as prescribed by KRS 141.044 except that any installments unpaid at the close of the short taxable year shall be paid when the income tax return is filed. **103 KAR 15:060**

## —LLET rates are as follows:

Kentucky Gross Receipts	.00095
Kentucky Gross Profits	.0075

## —Corporation income tax rates are as follows:

Income At Least	But Not Over	Rate
\$ 1	\$ 50,000	4%
50,001	100,000	5%
100,001	—	6%

**Installments 1, 2 and 3**—Enter the amount(s) paid with the voucher in the correct field to identify the payment as LLET and/or corporation income tax. Calculate these amounts on the worksheet on page 3.

**Electronic Funds Transfer (EFT)**—Kentucky estimated payments may be made by EFT for only corporation income tax. If paying both, the payments must be mailed. For questions concerning EFT, contact the Department of Revenue at 1-800-839-4137 or (502) 564-6020.

**Do not submit the estimated tax voucher if the estimated payment is made by EFT.**

**MAKE CHECK PAYABLE TO: KENTUCKY STATE TREASURER**  
**MAIL TO: KENTUCKY DEPARTMENT OF REVENUE, FRANKFORT, KENTUCKY 40619**

## CORPORATION INCOME/LIMITED LIABILITY ENTITY TAX ESTIMATED TAX WORKSHEET

(Keep For Your Records)

TAX YEAR \_\_\_\_\_

	Column A LLET	Column B Corporation Income Tax
1. Estimated Kentucky tax .....	\$ _____	\$ _____
2. Statutory credits * .....	\$ _____	\$ _____
3. Subtract line 2 from line 1 .....	\$ _____	\$ _____
4. Statutory exemption .....	5,000	_____
5. LLET estimated tax: Subtract Column A, line 4 from Column A, line 3....	\$ _____	_____
6. If line 5 is negative, enter as positive (not greater than \$5,000).....	_____	\$ _____
7. LLET credit (Enter Column A, line 3 less \$175) .....	_____	\$ _____
8. Corporation estimated tax: Subtract Column B, lines 6 and 7 from line 3...	_____	\$ _____

\* *Economic development tax credits, certified rehabilitation tax credit, unemployment tax credit, recycling/composting equipment tax credit, coal conversion tax credit, enterprise zone tax credit, Kentucky investment fund tax credit, coal incentive tax credit, qualified research facility tax credit, GED incentive tax credit, voluntary environmental remediation tax credit, biodiesel tax credit, environmental stewardship tax credit, clean coal incentive tax credit, ethanol tax credit, cellulosic ethanol tax credit, energy efficiency products tax credit, ENERGY STAR home or ENERGY STAR manufactured home tax credit, railroad maintenance and improvement tax credit, railroad expansion tax credit, ENDOW Kentucky tax credit and new markets development program tax credit.*

### RECORD OF ESTIMATED TAX PAYMENTS SCHEDULE

Voucher Number	Col. A Payment Date	Col. B 50% of amount from line 5A and line 8B above.	Col. C 25% of amount from line 5A and line 8B above.	Col. D Overpayment credit from previous return. Subtract from Col. B or Col. C.**	Col. E Amount to be paid. (Col. B or C less Col. D) (Enter here and on voucher.)
1 A-LLET		A		A	A
B-Corporation		B		B	B
2 A-LLET			A	A	A
B-Corporation			B	B	B
3 A-LLET			A	A	A
B-Corporation			B	B	B
<b>Total</b>		A B	A B	A B	A B

\*\* If amount credited exceeds amount of installment, enter excess in Column D of next line.

### AMENDED COMPUTATION SCHEDULE

	(A) LLET	(B) Corporation Income Tax
<b>Use if estimated tax changes are made after the first payment.</b>		
1. Enter amended estimated tax .....	_____	_____
2. (a) Amount of any overpayment credited and/or applicable tax credits..	_____	_____
(b) Payments of estimated tax for current year .....	_____	_____
(c) Total of lines 2(a) and 2(b) .....	_____	_____
3. Unpaid balance (line 1 less line 2(c)) .....	_____	_____
(see instructions for: <b>If Income or LLET Changes</b> )		