

Your first name and middle initial

KENTUCKY
INCOME TAX RETURN
Nonresident-Reciprocal State

Your Social Security No.



Did you file a Kentucky income

Last name

740-NP-R

42A740-NP-R

Department of Revenue

							tax return for 20 No□. If no, give		
Mailing Address (Number and Street including A or P. O. Box)			partment No.	City, town or post office	State	ZIP code			
Τ	INSTRUCTIONS								
	201 <i>line</i> Do	This form may be used by qualifying full-year nonresidents to claim a refund of Kentucky income taxes withheld during 2015. To determine if you qualify, you must check "Yes" or "No" for the applicable statements below. <i>If eligible, complete lines 1–8.</i> 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 .							
Ē	A. I was a nonresident of Kentucky during all of 2015.						🗆 No		
	В.	 My only 2015 Kentucky income was from salaries or wages earned while a resident of any of the following states:							
0	For Virginia residents only: C. I commuted daily to a place of employment in Kentucky.								
Her				-					
Attach Kentucky Wage and Tax Statements Here	Nonresidents who answered "No" to any of the statements above must file Form 740-NP to report Kentuc Enter name and address of principal employer in Kentucky Name Yo u must Number and street Yo u must					ou must a entucky wage a tatements.	ttach		
cy Wa	City State ZIP code					latements.			
t tr	1.								
Ker	Attach 2015 wage and tax statement(s)						00		
ttac	2.	Nature and Wildlife Fund Contri		Enter amount abooks	d				
Ā	3.	Child Victims' Trust Fund Contri \$10 \$25 \$50 Other	bution				00		
	4.	Veterans' Program Trust Fund C	ontribution						
	□\$10 □\$25 □\$50 □Other Enter amount checked								
	5.	Breast Cancer Research/Educat	ion Irust Fund	Contribution Enter amount checke	d	5	00		
	6.	Farms to Food Banks Trust Fund	Contribution	Enter amount checke			00		
	7.	Local History Trust Fund Contrib □\$10 □\$25 □\$50 □Other	oution	Enter amount checke	d	7	00		
	8. From line 1, subtract lines 2, 3, 4, 5, 6 and 7. Amount to be REFUNDED								
-+	 ATTACH A COPY OF THE 2015 RETURN FILED WITH YOUR STATE OF RESIDENCE. 								
l dec	lare ur	nder the penalties of perjury that I hav						e return.	
Your	Signati	ure			Date Sign	() Telephone Number (daytime)	
Type	d or Pri	nted Name of Preparer Other than Taxpa	ver	I.D. Number of Preparer	Date				
, 1				Department of Revenue,		40618-000	6		
			should file a co	want to prevent their Kentuc py of Revenue Form 42A809, er, the Kentucky Departmen	Certificate of No	onresidence	e, with their emplo	oyer.	