

SCHEDULE CP

Form 725 (2015)

41A725CP

Commonwealth of Kentucky
DEPARTMENT OF REVENUE



2015

Taxable Year Ending

Mo. / Yr.

► Attach to Form 725.

KENTUCKY SINGLE MEMBER LLC INDIVIDUALLY OWNED COMPOSITE RETURN SCHEDULE

Name of Owner	A KY Corp/LLET Acct No.	A KY Corp/LLET Acct No.	A KY Corp/LLET Acct No.	A KY Corp/LLET Acct No.
	B Check applicable box(es): LLET Receipts Method ☐ Gross Receipts ☐ Gross Profits ☐ \$175 minimum Nonfiling Status Code Enter code _____	B Check applicable box(es): LLET Receipts Method ☐ Gross Receipts ☐ Gross Profits ☐ \$175 minimum Nonfiling Status Code Enter code _____	B Check applicable box(es): LLET Receipts Method ☐ Gross Receipts ☐ Gross Profits ☐ \$175 minimum Nonfiling Status Code Enter code _____	B Check applicable box(es): LLET Receipts Method ☐ Gross Receipts ☐ Gross Profits ☐ \$175 minimum Nonfiling Status Code Enter code _____
Social Security Number	C Name _____ FEIN _____	C Name _____ FEIN _____	C Name _____ FEIN _____	C Name _____ FEIN _____
Check box if:	D Qualified investment pass-through entity ☐ Initial Return ☐ Final Return ☐	D Qualified investment pass-through entity ☐ Initial Return ☐ Final Return ☐	D Qualified investment pass-through entity ☐ Initial Return ☐ Final Return ☐	D Qualified investment pass-through entity ☐ Initial Return ☐ Final Return ☐
Check box if: Disregarded entities included (attach schedule)	E ☐	E ☐	E ☐	E ☐
Part I Kentucky Net Distributable Income				
1. Ordinary income (loss)	1	00	1	00
2. Net income (loss) from rental real estate activities..	2	00	2	00
3. Net income (loss) from other rental activities	3	00	3	00
4. Interest income.....	4	00	4	00
5. Dividend income	5	00	5	00
6. Royalty income	6	00	6	00
7. Net short-term and long-term capital gain (loss). If net (loss), do not include more than (\$3,000)	7	00	7	00
8. Section 1231 net gain (loss)	8	00	8	00
9. Other income (attach schedule)	9	00	9	00
10. Other deductions (attach schedule)	10	00	10	00
11. Total net distributable income (lines 1 through 9 less line 10)	11	00	11	00
12. Enter 100% or the apportionment fraction from Schedule A, Section I, line 12	12	%	12	%

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Social Security Number	B Name _____ FEIN _____		B Name _____ FEIN _____		B Name _____ FEIN _____		B Name _____ FEIN _____	

Part II—LLET Computation									
1. Schedule LLET, Section D, line 1	1		00	1		00	1		00
2. Tax credit recapture.....	2		00	2		00	2		00
3. Total (add lines 1 and 2).....	3		00	3		00	3		00
4. Nonrefundable LLET credit from Kentucky Schedule(s) K-1.....	4		00	4		00	4		00
5. Nonrefundable tax credits (attach Schedule TCS).....	5		00	5		00	5		00
6. LLET liability (greater of line 3 less lines 4 and 5 or \$175 minimum).....	6		00	6		00	6		00
7. Estimated tax payments	7		00	7		00	7		00
8. Certified rehabilitation tax credit.....	8		00	8		00	8		00
9. Film industry tax credit.....	9		00	9		00	9		00
10. Extension payment	10		00	10		00	10		00
11. Prior year's tax credit	11		00	11		00	11		00
12. LLET due (line 6 less lines 7 through 11)	12		00	12		00	12		00
13. LLET overpayment (lines 7 through 11 less line 6)	13		00	13		00	13		00
14. Credited to 2015 Interest.....	14		00	14		00	14		00
15. Credited to 2015 Penalty	15		00	15		00	15		00
16. Credited to 2016 LLET	16		00	16		00	16		00
17. Amount to be refunded	17		00	17		00	17		00

Part III—LLET Credit									
1. LLET liability (Part II, the total of lines 4 and 6).....	1		00	1		00	1		00
2. Minimum tax	2	175	00	2	175	00	2	175	00
3. Member's LLET credit (line 1 less line 2).....	3		00	3		00	3		00

	Tax Payment Summary			Tax Payment Summary			Tax Payment Summary			Tax Payment Summary		
1. <i>LLET due</i> (Part II, line 12)	1	\$	00	1	\$	00	1	\$	00	1	\$	00
2. <i>Interest</i>	2	\$	00	2	\$	00	2	\$	00	2	\$	00
3. <i>Penalty</i>	3	\$	00	3	\$	00	3	\$	00	3	\$	00
4. Total Payment	4	\$	00	4	\$	00	4	\$	00	4	\$	00