



APPLICATION FOR EXTENSION OF TIME TO FILE

USE FOR INDIVIDUAL, GENERAL PARTNERSHIP, AND FIDUCIARY INCOME TAX RETURNS FOR KENTUCKY

> SEE INSTRUCTIONS FOR PAYMENT REQUIRMENTS

Use this form if you are requesting a Kentucky extension of time to file. Taxpayers who request a federal extension are not required to file a separate Kentucky extension, unless an amount is due with the extension. The requirement may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

You may choose to electronically file your Kentucky extension for Individual returns. Filing electronically allows you the option to pay electronically through a direct debit transaction scheduled on or before April 17, 2018.

All taxpayers filing this Application for Extension must complete Section I and the Payment Voucher. If no payment is being remitted, leave the Amount Paid box on the Payment Voucher blank. If you are filing your Application of Extension electronically and choose to pay by direct debit, complete Section II with your banking account information.

to

You will be notified only if the Application for your return when filed. Keep a copy for yourse		ne late filing penalty, a copy of this	form must be attached to
Section I			
A six-month extension is requested for filing the	income tax return of the taxpaye	er(s) listed below for the taxable yea	ar ending
REASON FOR REQUEST (A reason must be g	given before any request can be c	onsidered. Inability to pay is not a	valid reason.)
Signature of Taxpayer Date		Signature of Paid Prepare	er Date
➤ Mail to: Kentuck	y Department of Revenue, P.O.	Box 1190, Frankfort, KY 40602-11	90 <
DENIED: Late (postmark	ked after return date)	Other:	
Section II - Direct Debit of Tax Due (Compl	ete only if filing electronic exter	nsion)	
Routing Transit number (RTN)		2 numbers of the RTN must be gh 12 or 21 through 32.	
Depositer account number (DAN)			
	x due debit amount \$	Debit date / //	
I authorize the Kentucky Department of Revenue and its o			
Your Signature (If joint or combined return, both must si	gn) Spouse's S Detach here and mail voucher with	•	Date
740EXT (09/17)	Kentucky Extension I	Payment Voucher	2017
YOUR SOCIAL SECURITY NUMBER / F	12/31/2017 Year Ending EIN	SPOUSE'S SOCIAL SECI	JRITY NUMBER.
LAST NAME	FIRST NAME	SPOUSE'S NAME	
		Amount Paid	0 0
NUMBER AND STREET OR P.O. BOX		Make check payable to: Ke	entucky State Treasurer
CITY, TOWN OR POST OFFICE STATE	ZIP CODE		
Check type of return:			4041020003
☐ Individual ☐ Fiduciary	Mail to:		1041050003
General Partnership	Kentucky Department P.O. Box 1190	ot Revenue	
For informational purposes only. General Partnerships DO NOT have a tax liability.	Frankfort, KY 40602-11	190	

DO NOT ATTACH CHECK TO VOUCHER