

KENTUCKY CORPORATION INCOMETAX AND LLET RETURN

2017

➤ See instructions.	Taxable period be	gin	ning			, 201 _		, and ending			_, 201	
A LLET Exemption Code	D Federal Identification Number							y Corporation/LLET t Number (Required)				
Enter Code	Name of Corporation							☐ Change of Name	Ta	xable \	ear Ending	
B Income Tax Exemption Code	Number and Street								N	<u>М</u>	/ <u>Y</u> <u>Y</u>	
Enter Code	City		State	ZIP Code	1		- 1	Telephone Number	State ar	nd Date of	f Incorporation	_
☐ Mandatory NEXUS												
C Check if applicable:	F Name of Common Paren	t				Kentucky (Corpora	ation/LLET Account Number	Principal Business Activity in KY			
☐ Amended return ☐ Amended return—RAR												
Provide explanation of changes in Part V — Explanation of Amended Return Changes.	G Check if applicable: □ Initial retu □ Change o		ounting perio	od 🗆	Short- Final r	period re eturn (Co	eturn ompl			ICS Code Number in KY e www.census.gov)		
PA	RT I-LLET COMPUT	ATIC	N				PAF	RT II—INCOMETAX CO	ОМР	JTATIC	N	
1. Schedule L, Sect	ion D, line 1 (Page 4)	1	·	00	1. 1	ncome	tax (s	see instructions)		1	0	00
2. Tax credit recapt	ure	2		00	2.	Tax cred	lit re	capture		2	0	00
3. Total (add lines 1	I and 2)	3		00				ent on LIFO recapture.		3		00
4. Nonrefundable L	LET credit from							nes 1 through 3)ble LLET credit		4	0	00
Kentucky Schedu	ule(s) K-1	4	i	00				pie LLET credit rporation				
5. Nonrefundable t	ax credits							Worksheet(s)				
(attach Schedule	TCS)	5	i	00				ions)		5	0	00
6. LLET liability (gr	eater of line 3 less				6.	Nonrefu	ındal	ble LLET credit (Part I,				
lines 4 and 5 or 9	\$175 minimum)	6	i	00				175)		6	0	00
7. Withholding tax	(Form PTE-WH)	7		00	1			ble tax credits		7		
8. Estimated tax pa	yments					•		duleTCS) tax liability (line 4 less		/		00
□ Check if Form	2220-K attached	8	i	00				igh 7, but not less than	_			
9. Certified rehabili	tation tax credit	9		00					_	8	0	00
10. Film industry tax	credit	10		00				x payments				
11. Extension payme	ent	11	1	00				orm 2220-K attached		9		00
12. Prior year's tax o	redit	12		00				ayment	_	10 11		00
13. Income tax over								tax credit yment from Part I,		-		70
Part II, line 17		13	i	00					1	12	0	00
14. LLET paid on ori	ginal return	14		00	13. (Corpora	ition	income tax paid on				_
15. LLET overpayme	ent on original					-		rn		13	0	00
return		15	i	00				income tax overpayme				
16. LLET due (lines 6	3 and 15 less lines		1			_		eturn l ue (lines 8 and 14 less		14		00
7 through 14)		16		00				gh 13)	1	15	o	00
17. LLET overpayme	ent (lines 7		i					overpayment (lines 9				
through 14 less l	ines 6 and 15)	17		00		_		ess lines 8 and 14)		16		00
18. Credited to 2017	income tax	18		00				2017 LLET		17		00
19. Credited to 2017	interest	19		00				2017 interest 2017 penalty		18 19		00 00
20. Credited to 2017	penalty	20		00				2018 corporation		3		
21. Credited to 2018	LLET	21		00					2	20	0	00
22. Amount to be re	funded	22	ı	00	21. /	Amount	t to b	e refunded	2	21	0	00
TAX PAYMENT SUMMARY (Round			nearest dollar	•)				OFFICIAL US	SE ONI	Y		
LLET	INCO	ME				Р						
1. LLET due			tax due			. W						
(Part I, Line 16) \$			Line 15) \$			00 0						
2. Interest \$		erest				00 4						_
3. Penalty \$		nalty				00 V A						
4. Subtotal \$.00 4. Su	btota	al \$			00 L						
TOTAL PAYMENT (Add St	ubtotals)	> \$.00		#						



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		PART III—TAXABLE IN	ICOME COMPUTATION	DN			
line 28) ADDITIONS 2. Interest obligati 3. State ta income 4. Depreci 5. Deducti income 6. Related Schedu 7. Dividen	taxable income (Form 1120, S: income (state and local ons) axes based on net/gross diation adjustmentons attributable to nontaxable I party expenses (attach le RPC)	1 00 2 00 3 00 4 00 5 00 6 00 7 00	14. Federal work op 15. Depreciation ad 16. Other (attach Sc 17. Revenue Agent 18. Net income (line through 17) 19. Current net oper adjustment (mar 20. Kentucky net in and 19) 21. Taxable net inco (attach Schedule 22. Net operating lo	portunity credit justment	15 0 16 0 17 0 18 0 19 0 20 0	000000000000000000000000000000000000000	
deducti 9. Other (a 10. Revenu 11. Total (a SUBTRACT	onattach Schedule O-720) e Agent Report (RAR)dd lines 1 through 10)	9 00 10 00 11 00	23. Taxable net inco (line 21 less line 24. Kentucky domes activities deduc	e 22) stic production tion (KDPAD)	23 0	00	
	_	13 00		24)	25 0	0	
	PART IV—EXPLA	NATION OF FINAL RE	TURN AND/OR SHOR	T-PERIOD RETURN		٦	
□ Ceased operations in Kentucky □ Change in filing status □ Change of ownership □ Merger □ Successor to previous business □ Other							
OFFICER IN	FORMATION						
Has the atta President's President's	nedule listing the name, home add iched officer information changed Name Social Security Number ne President /			□ No	easurer.		
	ies of perjury, I declare that I have exa					d	
Sign	Signature of Officer	or proparor (outsor than take	ye., zacea e ae	Date	yan, memeage.	_	
Here	Name of Officer		Title				
D : 1	Signature of Preparer		Date				
Paid Preparer	Name of Preparer or Firm	Name of Preparer or Firm				\neg	
Use	Email and/orTelephone No.	May the DOR discuss this return with this preparer? ☐ Yes ☐ No					
						_	
						_	

Enclose	Include federal Form 1120 with all supporting	Refund or No Payment	Kentucky Department of Revenue P. O. Box 856905 Louisville, KY 40285-6905			
Payment	Chook i dyddioi itoniadky Ctato ii cacaioi	With Payment	Kentucky Department of Revenue P. O. Box 856910 Louisville, KY 40285-6910			



SCHEDULE Q-KENTUCKY CORPORATION/LLET QUESTIONNAIRE

file a return under the same name and same federal I.D. number for the preceding year, questions 1 and 2 must be answered. Failure to do so may result in a request for a delinquent return.	
1. Indicate whether: (a) ☐ new business; (b) ☐ successor to previously existing business which was organized as: (1) ☐ corporation; (2) ☐ partnership; (3) ☐ sole proprietorship; or (4) ☐ other ☐ ☐ If successor to previously existing business, give name, address and federal I.D. number of the previous business	cky at any time of the dress and federal I.D.
organization 10. The federal tax return attached to this Ker	ntucky tax return is:
2. If a foreign corporation, enter the date qualified to do business □ a pro forma federal tax return □ a copreturn filed with the Internal Revenue Service.	
in Kentucky / / 1 3. List the following <i>Kentucky</i> account numbers. Enter N/A for any number not applicable. KY Secretary of State Organization Employer Withholding Sales and Use Tax Permit Consumer Use Tax 11. Is the entity filing this Kentucky tax return or in the tax return organized as a limited coop per KRS Chapter 272A? ☐ Yes ☐ No. If ye consolidated return, enter each limited coop name, address and federal I.D. number included the consumer use Tax 12. Is the entity filing this Kentucky tax return or in the tax return organized as a limited coop per KRS Chapter 272A? ☐ Yes ☐ No. If ye consolidated return, enter each limited coop name, address and federal I.D. number included the coop name in the tax return organized as a limited coop per KRS Chapter 272A? ☐ Yes ☐ No. If ye consolidated return, enter each limited coop name, address and federal I.D. number included the coop name in the tax return organized as a limited coop per KRS Chapter 272A? ☐ Yes ☐ No. If ye consolidated return, enter each limited coop name, address and federal I.D. number included the coop name in the tax return organized as a limited coop per KRS Chapter 272A? ☐ Yes ☐ No. If ye consolidated return, enter each limited coop name, address and federal I.D. number included the coop name in the tax return organized as a limited coop per KRS Chapter 272A? ☐ Yes ☐ No. If ye consolidated return, enter each limited coop name, address and federal I.D. number included the coop name in the tax return organized as a limited coop name in the tax return organized as a limited coop name in the tax return organized as a limited coop name in the tax return organized as a limited coop name in the tax return organized as a limited coop name in the tax return organized as a limited coop name in the tax return organized as a limited coop name in the tax return organized as a limited coop name in the tax return organized as a limited coop name in the tax return organized as a limited coop name in the tax return org	perative association es, and this is a nexus perative association's
Unemployment Insurance 12. Is the entity filing this Kentucky tax re included in this tax return organized as a	
4. The corporation's books are in care of: (name and address) Series statutory trust per KRS Chapter 38	36A? □ Yes □ No return or any entity
If yes, for each series within a statutory true address and federal I.D. number of the statutory of each entity.	utory trust registered
12. Was this return prepared any (a) \square such basis	a (h)∏agarual basia
13. Was this return prepared on: (a) □ cash basis (c) □ other	s, (b) 🗆 accidai basis,
14. Did the corporation file a Kentucky tangible p	personal property tax
6. (a) Was the corporation a partner or member in a pass-through entity doing business in Kentucky?	of entity(ies) filing
15. Is the corporation currently under audit by the	ne Internal Revenue

- 6. (b) Was the corporation doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky? ☐ Yes ☐ No
- 7. Are related party costs as defined in KRS 141.205(1)(I) included in this return?

 Yes

 No. If yes, attach Schedule RPC, Related Party Costs Disclosure Statement, and enter any related party cost additions on Part III, Line 6.
- usiness in Kentucky? and federal I.D. number n's voting stock owned tucky at any time of the address and federal I.D. Kentucky tax return is: opy of the federal tax rvice or any entity included operative association f yes, and this is a nexus operative association's cluded in the return: return or any entity a statutory trust or a 386A? □ Yes □ No ax return or any entity thin a statutory trust? trust, enter the name, atutory trust registered asis, (b) □ accrual basis, e personal property tax er of entity(ies) filing
- the Internal Revenue Service? ☐ Yes ☐ No

If yes, enter years under audit

If the Internal Revenue Service has made final and unappealable adjustments to the corporation's taxable income which have not been reported to the department, check here \square and file an amended return. See 2017 Kentucky Corporation Income Tax and LLET Return instructions for information regarding amended returns. Attach a copy of the final determination to each amended return.



SCHEDULE L-LIMITED LIABILITY ENTITY TAX COMPUTATION

Check this box and complete Schedule L-C, Limited Liability Entity Tax—Continuation Sheet, if the corporation or limited liability pass-through entity filing this tax return is a partner or member of a limited liability pass-through entity or general partnership (organized or formed as a general partnership after January 1, 2006) doing business in Kentucky. Enter the total amounts from Schedule L-C in Section A of this schedule.

SECTION A—Computation of Gross Receipts and Gross Profits							
		Column A Kentucky		Column B Total			
1.(a) Gross receipts less returns and allowances	1(a)		00		00		
(b) Kentucky statutory gross receipts reductions (see instructions)	(b)		00				
2. Adjusted gross receipts (line 1(a) less line 1(b))	2		00		00		
3.(a) Cost of goods sold (attach Schedule COGS)	3(a)		00		00		
(b) Kentucky statutory cost of goods sold reductions (see instruction	s) (b)		00				
4. Adjusted cost of goods sold (line 3(a) less line 3(b))	4		00		00		
5. Gross profits (line 2 less line 4)	5		00		00		



If Section A, Column B, Line 2 is \$3,000,000 or less, STOP and enter \$175 in Section D, line 1 below.

SI	ECTION B—Computation of Gross Receipts LLET			
	If gross receipts from all sources (Column B, line 2) are greater than \$3,000,000 but less than \$6,000,000, enter the following: (Column A, line 2 x 0.00095) – \$\begin{align*} \pm 2,850 x \left(\frac{\$6,000,000 - Column A, line 2}{\$3,000,000} \end{align*} \] but in no case shall the result be less than zero	1 2	00	
3.	Enter the amount from line 1 or line 2	3	00	0
SI	ECTION C—Computation of Gross Profits LLET		'	
2.	If gross profits from all sources (Column B, line 5) are greater than \$3,000,000 but less than \$6,000,000, enter the following: (Column A, line 5 x 0.0075) – \$22,500 x (\$6,000,000 – Column A, line 5) \$3,000,000 but in no case shall the result be less than zero. If gross profits from all sources (Column B, line 5) are \$6,000,000 or greater, enter the following: Column A, line 5 x 0.0075	1 2 3	00	0
SI	ECTION D—Computation of LLET			
1.	Enter the lesser of Section B, line 3 or Section C, line 3 or a minimum of \$175 and enter on Page 1, Part I, line 1	1	00	0