

KENTUCKY NONRESIDENT INCOME TAX WITHHOLDING
ON DISTRIBUTIVE SHARE INCOME REPORT
AND COMPOSITE INCOME TAX RETURN

2017

(To be completed by a Pass-through Entity Only)

➤ See instructions. Taxable period beginning _____, 201____, and ending _____, 201____.

A Federal Identification Number _____		B Kentucky NRW Account Number _____	
C Name of Pass-Through Entity _____		<input type="checkbox"/> Change of Name	
Number and Street _____		D Taxable Year Ending ____ / ____	
City _____	State _____	ZIP Code _____	Telephone Number _____

F Check applicable box: ☐ Nonresident Income Tax Withholding on Distributive Share Income Report and/or Composite Income Tax Return
☐ Amended-Nonresident Income Tax Withholding on Distributive Share Income Report and/or Composite Income Tax Return

1. Number of nonresident individuals, estates, trusts, and corporations included in this withholding	1	
2. Number of nonresident individuals, estates, trusts, and corporations exempt from this withholding	2	
3. Number of nonresident individuals included in this composite income tax return	3	
4. Net distributive share income subject to withholding / composite return before apportionment	4	00
5. 100% or the apportionment fraction from the pass-through entity's Schedule A, Part I, Line 12	5	%
6. Kentucky distributive share income subject to withholding/composite return (Line 4 multiplied by Line 5)	6	00
7. Tax before tax credits (Line 6 multiplied by .06 (6%))	7	00
8. Enter the partners', members', or shareholders' nonrefundable tax credits	8	00
9. Kentucky income tax liability (Line 7 less Line 8)	9	00
10. Estimated tax payments	10	00
11. Extension payment	11	00
12. Prior year's tax credit	12	00
13. Total Tax Paid on original return	13	00
14. Total Payments (Lines 10 through 13)	14	00
15. Tax overpayment on original return	15	00
16. Income Tax Due (Line 9 and 15 less Line 14) TAX DUE	16	00
17. Income tax overpayment (Line 14 less Line 9 and 15)	17	00
18. Credited to 2017 Interest	18	00
19. Credited to 2017 Penalty	19	00
20. Credited to 2018 NRW	20	00
21. Amount to be refunded (Line 17 less Lines 18 through 20) REFUND	21	00

OFFICIAL USE ONLY	TAX PAYMENT SUMMARY
V A L # P W 2 0 4	1. Tax (Line 16) \$ _____ .00 2. Interest \$ _____ .00 3. Penalty \$ _____ .00 4. Total Payment \$ _____ .00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of Partner, Member, or Shareholder	Date
	Name of Partner, Member, or Shareholder	Title
Paid Preparer Use	Signature of Preparer	Date
	Name of Preparer or Firm	ID Number
	Email and/or Telephone No.	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Enclose	Include PTE-WH for each partner, member, or shareholder.	Refund or No Payment Kentucky Department of Revenue Frankfort, KY 40619-0006
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov	With Payment Kentucky Department of Revenue Frankfort, Kentucky 40619-0006