



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

A LLET Exemption Code Enter Code ____	B Federal Identification Number _____			C Kentucky Corporation/LLET Account Number (Required) _____		
	Name of LLC _____ <input type="checkbox"/> Change of Name				Taxable Year Ending ____ / ____	
	Number and Street _____				State and Date of Organization _____	
	City _____ State _____ ZIP Code _____ Telephone Number _____				Principal Business Activity in KY _____	
	D Check if applicable: <input type="checkbox"/> Initial return <input type="checkbox"/> Change of accounting period <input type="checkbox"/> Qualified investment partnership				<input type="checkbox"/> Final return (Complete Part IV) <input type="checkbox"/> Short-period return (Complete Part IV) <input type="checkbox"/> Amended return (Complete Part V)	
E Is Single Member a... <input type="checkbox"/> Kentucky Resident <input type="checkbox"/> Non-Resident				F Provider 3-Factor Apportionment Code _____		

If non-resident, LLC must file Form 740NP-WH

PART I—KENTUCKY NET DISTRIBUTABLE INCOME				PART II—LLET COMPUTATION			
1 Ordinary income (loss).....	1		00	1 Schedule L, Section D, line 1 (Page 4)	1		00
2 Net income (loss) from rental real estate activities.....	2		00	2 Tax credit recapture.....	2		00
3 Net income (loss) from other rental activities.....	3		00	3 Total (add lines 1 and 2).....	3		00
4 Interest income.....	4		00	4 Nonrefundable LLET credit from Kentucky Schedule(s) K-1.....	4		00
5 Dividend income.....	5		00	5 Nonrefundable tax credits (attach Schedule TCS).....	5		00
6 Royalty income.....	6		00	6 LLET liability (greater of line 3 less lines 4 and 5 or \$175 minimum).....	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 Estimated tax payments.....	7		00
8 IRC §1231 net gain (loss).....	8		00	8 Certified rehabilitation tax credit..	8		00
9 Other income (attach schedule).....	9		00	9 Film industry tax credit.....	9		00
10 Other deductions (attach schedule)	10		00	10 Extension payment.....	10		00
11 Total net distributable income (lines 1 through 9 less line 10).....	11		00	11 Prior year's tax credit.....	11		00
12 Enter 100% or the apportionment fraction from Schedule A. (see instructions).....	12	%		12 LLET paid on original return.....	12		00
				13 LLET overpayment on original return.....	13		00
				14 LLET due (lines 6 and 13 less lines 7 through 12).....	14		00
				15 LLET overpayment (lines 7 through 12 less lines 6 and 13).....	15		00
				16 Credited to 2018 Interest.....	16		00
				17 Credited to 2018 Penalty.....	17		00
				18 Credited to 2019 LLET.....	18		00
				19 Amount to be refunded	19		00

TAX PAYMENT SUMMARY (Round to nearest dollar)			OFFICIAL USE ONLY	
LLET			P W 2 0 4 V A L #	
1	LLET due (Part II, line 14)	\$.00		
2	Interest	\$.00		
3	Penalty	\$.00		
4	Total Payment	\$.00		



PART III – LLET CREDIT FOR MEMBER

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

PART IV – EXPLANATION OF FINAL RETURN AND/OR SHORT-PERIOD RETURN

- | | |
|---|--|
| <input type="checkbox"/> Ceased operations in Kentucky | <input type="checkbox"/> Change in filing status |
| <input type="checkbox"/> Change of ownership | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Successor to previous business | <input type="checkbox"/> Other _____ |

PART V – EXPLANATION OF AMENDED RETURN CHANGES

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 Member	Date
	Name of Member	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	All supporting federal forms and schedules, including Federal Schedule(s) C, E, and/or F.	Refund or No Payment	Kentucky Department of Revenue P. O. Box 856905 Louisville, KY 40285-6905
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov	With Payment	Kentucky Department of Revenue P. O. Box 856910 Louisville, KY 40285-6910



SCHEDULE Q—SINGLE MEMBER LIMITED LIABILITY COMPANY QUESTIONNAIRE

IMPORTANT: Questions 3—10 must be completed by all single member limited liability companies (LLC). If this is the single member LLC's initial return or if the single member LLC did not 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.**

<p>1 Single member's (owner) name, address, and Social Security number or federal I.D. number _____ _____ _____</p> <p>2 If a foreign limited liability company, enter the date qualified to do business in Kentucky. ___ / ___ / ___</p>

3 List the following **Kentucky** account numbers. Enter N/A for any number not applicable.

KY Secretary of State Organization _____
 Nonresident Income Tax Withholding _____
 Employer Withholding _____
 Sales and Use Tax Permit _____
 Consumer Use Tax _____
 Unemployment Insurance _____
 Coal Severance and/or Processing Tax _____

4 The limited liability company's books are in care of: (name and address)

5 Are disregarded entities included in this return?
 Yes No

If yes, list name, address, and federal I.D. number of the entity(ies).

6(a) Was the limited liability company a partner in a pass-through entity doing business in Kentucky for the tax year being reported? Yes No

If yes, list name and federal I.D. of the pass-through entity(ies).

6(b) Was the limited liability company doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky? Yes No

7 Is the entity filing this Kentucky tax return organized as a statutory trust or a series statutory trust per KRS Chapter 386A? Yes No

If yes, is the entity filing this Kentucky tax return a series within a statutory trust? Yes No

If yes, enter the name, address, and federal I.D. number of the statutory trust registered with the Kentucky Secretary of State: _____

8 Was this return prepared on: (a) cash basis, (b) accrual basis, (c) other _____

9 Did the limited liability company file a Kentucky tangible personal property tax return for January 1, 2019? Yes No

If yes, list the name and federal I.D. number of entity(ies) filing return(s): _____

<p>10 Is the single member limited liability company currently under audit by the Internal Revenue Service? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, enter years under audit _____</p> <p>If the Internal Revenue Service has made final and unappealable adjustments to the LLC's taxable income which have not been reported to this department, check here <input type="checkbox"/> and file an amended Form 725 for each year adjusted. Attach a copy of the final determination to each amended return.</p>
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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 instructions) ...	(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.**

SECTION B – Computation of Gross Receipts LLET

1 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) – $\left[\frac{\$2,850 \times (\$6,000,000 - \text{Column A, line 2})}{\$3,000,000} \right]$ but in no case shall the result be less than zero	1		00		
2 If gross receipts from all sources (Column B, line 2) are \$6,000,000 or greater, enter the following: Column A, line 2 x 0.00095.....	2		00		
3 Enter the amount from line 1 or line 2.....	3		00		

SECTION C – Computation of Gross Profits LLET

1 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) – $\left[\frac{\$22,500 \times (\$6,000,000 - \text{Column A, line 5})}{\$3,000,000} \right]$ but in no case shall the result be less than zero	1		00		
2 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.....	2		00		
3 Enter the amount from line 1 or line 2.....	3		00		

SECTION D – Computation of LLET

1 Enter the lesser of Section B, line 3 or Section C, line 3. If less than \$175, enter the minimum of \$175 here and on Page 1, Part II, line 1	1		00		
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