



Name—Last, First, Middle Initial

Your Social Security Number

Mailing Address (Number and Street including Apartment Number or P.O. Box)

City, Town or Post Office

State

ZIP Code

Did you file a Kentucky income tax return for 2017? Yes ☐ No ☐ If no, give reason:

INSTRUCTIONS This form may be used by qualifying full-year nonresidents to claim a refund of Kentucky income taxes withheld during 2018. To determine if you qualify, you must check "Yes" or "No" for the applicable statements below. *If eligible, complete lines 1–11.* Enter only the taxpayer's name in which the Kentucky wages and salaries were earned in the name box above. Do not include your spouse's name. If both spouses earned only Kentucky wages and salaries as a resident of a reciprocal state, **each spouse must file a separate Form 740-NP-R.**

A I was a **nonresident** of Kentucky during all of 2018. ☐ Yes ☐ NoB My only 2018 Kentucky income was from salaries or wages earned while a resident of any of the following states: ☐ Yes ☐ No(check state(s) box) **1**—Illinois ☐ **2**—Indiana ☐ **3**—Michigan ☐ **4**—Ohio ☐ **5**—Virginia ☐ **6**—West Virginia ☐ **7**—Wisconsin ☐**Note:** Race track, lottery and other gambling winnings are not salaries or wages.C For Virginia residents only: I commuted **daily** to a place of employment in Kentucky. ☐ Yes ☐ No**Nonresidents who answered "No" to any of the statements above must file Form 740-NP to report Kentucky income.**

Enter name and address of principal employer in Kentucky

Name

Address

City

State

ZIP code

1	Enter total Kentucky income tax withheld as shown on Schedule KW-2. Do not include local tax withheld	1		00
2	Nature and Wildlife Fund Contribution	2		00
3	Child Victims' Trust Fund Contribution	3		00
4	Veterans' Program Trust Fund Contribution	4		00
5	Breast Cancer Research/Education Trust Fund Contribution	5		00
6	Farms to Food Banks Trust Fund Contribution	6		00
7	Local History Trust Fund Contribution	7		00
8	Special Olympics Kentucky	8		00
9	Pediatric Cancer Research Trust Fund	9		00
10	Rape Crisis Center Trust Fund	10		00
11	Court Appointed Special Advocate Trust Fund	11		00
12	From line 1, subtract lines 2 through 11. Amount to be REFUNDED	12		00

ENCLOSE SCHEDULE KW-2 AND A COPY OF THE 2018 RETURN FILED WITH YOUR STATE OF RESIDENCE.

I declare under the penalties of perjury that I have examined this return and to the best of my knowledge and belief, it is a true, correct and complete return.

Your Signature

Driver's License/State Issued ID No.

Date Signed

Telephone Number (daytime)

Typed or Printed Name of Preparer Other than Taxpayer

I.D. Number of Preparer

Date Signed

May the DOR discuss this return with this preparer? ☐ Yes ☐ No**Mail to: Kentucky Department of Revenue, P. O. Box 856970, Louisville, KY 40285-6970**

Note: Residents of reciprocal states who want to prevent their Kentucky employer from withholding Kentucky income tax from their paychecks should file a copy of Revenue Form 42A809, Certificate of Nonresidence, with their employer. The form is available from the employer, the Kentucky Department of Revenue, Frankfort, KY 40620, or by visiting **www.revenue.ky.gov**