92A205 (6-16) Commonwealth of Kentucky **DEPARTMENT OF REVENUE**

Kentucky Inheritance Tax Return

(Short Form)

FOR DEPARTMENT USE ONLY							
/	4 6 /	/					
Account Number	Tax	Mo	Year				

This form is designed for small, uncomplicated estates. Requirements for use of this return—This return may be used when (1) a federal estate tax return is not required to be filed, (2) the assets of the estate consist of 10 items or less, (3) no gifts or transfers were made within three years of death without full consideration, (4) no real or personal property was transferred with a retained life interest, (5) the decedent did not possess any power to appoint any real or personal property or have the use of any qualified terminable interest property, and (6) the decedent had not received any real or personal property from another decedent within five years and paid inheritance tax on the property. Pursuant to KRS 140.190, the beneficiaries as well as the personal representative(s) may be held personally liable for the tax.

Return Status (check one):
□ Original Return
☐ Amended Return—Refund
☐ Amended Return—Tax Due

Decedent's Name Last	F	irst		Middle Initial	Date of Deat	h
Social Security Number	Occupation (If decedent was retired at death, state occu- pation prior to retirement.)	Age at Death	Ca	use of Death	HR Code Nui	mber (if known)
Residence (Domicile) at Time	of Death					
Number and Stre	eet	City		State	ZIP Code	County
Name and Address of Execut	or/Administrator/Benefici	ary Na	me and A	Address of Prep	arer	
□ Exec			Atty			
□ Admr			CPA			
o						
nterest and Penalty Interest for late payment (s Late filing penalty (see gen Late payment penalty (see Total due (tax plus interest Total previously paid	ee general information). eral information) general information) and penalties, if applicab	ole)				\$ \$ \$
Balance due/Refund						
=	Attach check payable to "Kent Kentucky Departm				l to	
Under criminal penaltie is, to the best of my kno	s, I declare that this return owledge and belief, true, co	n, including a	accompar omplete.	nying document	ts, has been ex	camined by me, ar
Signature of Executor/Administra	tor/Beneficiary Se	ocial Security N	Number		Date	Telephone Number
E-mail Address of Executo	r/Administrator/Beneficiary	~	()			
Signature of Prepare	er Date		relephone i	Number	E-mail	Address

SECTION I—GROSS ESTATE

List all items which decedent owned or in which the decedent had an interest. Complete Form 92A204, Real Estate Valuation Information Form, for each parcel of real estate. For stocks and bonds, a balance sheet, at a date nearest the decedent's death, together with a statement of net earnings and dividends paid for the five-year period immediately preceding the date of death, must be supplied in support of these valuations (ex. financial institution's monthly statement.)

		Owners	ship (Check	or fill in applica	ble blocks)	Fair Cook	
Description and Location	Joint					Fair Cash Value of 100%	Decedent's
of Real or Personal Property	Indi- vidual	ual Survivorship Da		Date Placed in Joint Names	Name of Co-Owner	Interest at Date of Death	Interest
		With	Without	REQUIRED			
TOTAL GROSS ESTATE						\$	Į.
		3	ECTION	II—DEDUC	HONS		
Funeral expenses				. \$			
Monument							
Cemetery lot and maintenance of lot.							
Subtotal (not to exceed \$5,000)						\$	
Personal representatives' commissio	ns					\$	
Attorneys' fees							
Appraisers' fees and court costs						\$	
Mortgages and liens (decedent's share	re)					\$	
Other debts of decedent (itemize only	y if total d	lebts exc	eed \$ 500):				
						· · · · · · · · · · · · · · · · · · ·	
TOTAL DEDUCTIONS						\$	
NET EST	ATE (To	tal Gross	Estate Les	s Total Deduction	ns) (enter on page	1) \$	

SECTION III—TAX COMPUTATION SCHEDULE

List Names of Heirs and Beneficiaries or Exempt Organizations. Itemize shares of property received. (See General Information)	Social Security Number	Relationship (If Any)	Age	Distributive Share	Тах
				\$	\$
Total distributive shares (must equal net estate)				\$	
Total Inheritance Tax Due (enter on page 1)					6