



APPLICATION FOR EXTENSION OF TIME TO FILE

> USE FOR INDIVIDUAL, GENERAL PARTNERSHIP, AND FIDUCIARY INCOME TAX RETURNS FOR KENTUCKY

> SEE INSTRUCTIONS FOR PAYMENT REQUIRMENTS

Use this form if you are requesting a Kentucky extension of time to file. Taxpayers who request a federal extension are not required to file a separate Kentucky extension, unless an amount is due with the extension. The requirement may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

You may choose to electronically file your Kentucky extension for Individual returns. Filing electronically allows you the option to pay electronically through a direct debit transaction scheduled on or before April 15, 2020.

All taxpayers filing this Application for Extension must complete Section I and the Payment Voucher. If no payment is being remitted, leave the Amount Paid box on the Payment Voucher blank. If you are filing your Application of Extension electronically and choose to pay by direct debit, complete Section II with your banking account information.

You will be notified only if the Application for your return when filed. Keep a copy for yourse		filing penalty, a copy of this form m	ust be attached to
Section I			
A six-month extension is requested for filing the	e income tax return of the taxpayer(s) lis	sted below for the taxable year ending	J
REASON FOR REQUEST (A reason must be g	given before any request can be conside	red. Inability to pay is not a valid rea	son.)
Signature of Taxpayer Date		Signature of Paid Preparer	Date
➤ Mail to: Kentuck	y Department of Revenue, P.O. Box 1	190, Frankfort, KY 40602-1190 ≺	
DENIED: Late (postmari	ked after return date)	Other:	
Section II - Direct Debit of Tax Due (Comp	lete only if filing electronic extension)		
Routing Transit number (RTN)	The first 2 numb 01 through 12 or	ers of the RTN must be 21 through 32.	
Depositer account number (DAN)			
Type of account: Savings Checking Ta	ax due debit amount \$	Debit date / /	
I authorize the Kentucky Department of Revenue and its of	<u> </u>		
taxes to receive confidential information necessary to ansi Your Signature (If joint or combined return, both must s	> · · ·	re Date	
740EXT (09/19)	Kentucky Extension Payr	nent Voucher	2019
YOUR SOCIAL SECURITY NUMBER / F	12/31/2019 Year Ending FEIN	SPOUSE'S SOCIAL SECURITY NU	JMBER.
LAST NAME	FIRST NAME	SPOUSE'S NAME	
	Ar	mount Paid	0 0
NUMBER AND STREET OR P.O. BOX		Make check payable to: Kentucky S	tate Treasurer
CITY, TOWN OR POST OFFICE STATE	ZIP CODE		
Check type of return:		II O A	1020003
Individual Fiduciary	Mail to:		705000
General Partnership For informational purposes only.	Kentucky Department of Re P.O. Box 1190	venue -	
General Partnerships DO NOT have a tax liability.	Frankfort, KY 40602-1190		

DO NOT ATTACH CHECK TO VOUCHER