FORM **740-NP-R**
Commonwealth of Kentucky
Department of Revenue

1900070003

KENTUCKY INCOME TAX RETURN
Nonresident—Reciprocal State

2019

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

INSTRUCTIONS This form may be used by qualifying full-year nonresidents to claim a refund of Kentucky income taxes withheld during 2019. To determine if you qualify, you must check "Yes" or "No" for the applicable statements below. *If eligible, complete lines 1–4.* Enter only the taxpayer's name for 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. Enclose Schedule KW-2 and a copy of the 2019 return filed with your state of residence.**

A I was a **nonresident** of Kentucky during all of 2019. ☐ Yes ☐ No

B My only 2019 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.

1 Enter total **Kentucky income tax withheld** as shown on Schedule KW-2. Do not include local tax withheld 1 00

2 **FUND CONTRIBUTIONS**; *see instructions.*

a	Nature and Wildlife Fund	2a	00	f	Local History Trust Fund	2f	00
b	Child Victims' Trust Fund	2b	00	g	Special Olympics Kentucky	2g	00
c	Veterans' Program Trust Fund	2c	00	h	Pediatric Cancer Research Trust Fund	2h	00
d	Breast Cancer Research/ Education Trust Fund	2d	00	i	Rape Crisis Center Trust Fund	2i	00
e	Farms to Food Banks Trust Fund	2e	00	j	Court Appointed Special Advocate Trust Fund	2j	00
				k	YMCA Youth Association Fund	2k	00

3 **Total Fund Contributions**. Add lines 2(a) through 2(k) 3 00

4 Subtract the total of line 3 from line 1. Amount to be **REFUNDED** 4 00

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, Frankfort, KY 40620-0012