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 18, 2023.

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.

to

your return when filed. Keep a copy		void the late filing penalty, a copy of this f	orm must be attached to
Section I			
A six-month extension is requested for	or filing the income tax return of the t	axpayer(s) listed below for the taxable year	ending
REASON FOR REQUEST (A reason	must be given before any request ca	n be considered. Inability to pay is not a va	alid reason.)
Signature of Taxpayer [Date	Signature of Paid Preparer	Date
1 3		, P.O. Box 1190, Frankfort, KY 40602-119	
	(postmarked after return date)	Other:	
Section II - Direct Debit of Tax Due	(Complete only if filing electronic	c extension)	
		The first 2 numbers of the RTN must be	
Routing Transit number (RTN)		01 through 12 or 21 through 32.	
Depositer account number (DAN)			
Type of account: Savings Checking	Tax due debit amount \$		_
- · · · · · · · · · · · · · · · · · · ·	•	tiate an ACH electronic funds withdrawal entry to th	
		e entry to this account. This authorization is to rem ancel) a payment, I must contact the Kentucky Dep	
564-4581 no later than two business days prior	or to the payment (debit) date. I also author	ze the financial institutions involved in the processir	* *
taxes to receive confidential information neces	sary to answer inquiries and resolve issues	related to payment.	
Your Signature (If joint or combined return,	poth must sign) Sp	ouse's Signature [Date
	Detach here and mail vouch	er with your payment	
740EXT (12/22)	Vanduralas Fredama	ion Downsont Voucher	2022
740EXT (12/22)	Kentucky Extens	ion Payment Voucher	2022
	12/31	/2022	
YOUR SOCIAL SECURITY NUM	Year E 1BER / FEIN	nding SPOUSE'S SOCIAL SECUR	ITY NI IMRER
TOOK GOODE GEOCHTT NOW	IDLIY / I LIIV	31 3332 3 333/AZ 323311	TTTTVOWDELL
LAST NAME	FIRST NAME	SPOUSE'S NAME	
		Amount Paid	0 0
NUMBER AND STREET OR P.O. BOX		Make check payable to: Ken	tucky State Treasurer
NOWIDER AND STREET OR P.O. BOX			,
CITY, TOWN OR POST OFFICE	STATE ZIP CODE		
Check type of return:			4047050003
☐ Individual ☐ Fiduciary	Mail to:		108705003
General Partnership		ment of Revenue	
For informational purposes only. General Partnerships DO NOT have a tax liability.	P.O. Box 1190		
General ratheronipo DO NOT Have a lax liability.	Frankfort KV 101	502-1190	
,	Frankfort, KY 400 DO NOT ATTACH CH		